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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning January 1 , 2009, and ending December 31 , 20 09

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Iowa Consortium for Comprehensive Cancer Control a.k.a. Iowa Cancer C

Number and street (or P O box, if mail is not delivered to street address) Room/suite
100 Oakdale Boulevard N320 OH

City or town, state or country, and ZIP + 4
Iowa City, Iowa 52242

D Employer identification number
26-3898550

E Telephone number
319-335-8816

F Group Exemption Number ▶

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

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

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

I **Website:** ▶ www.CancerIowa.org

J **Tax-exempt status** (check only one) — ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 138,791

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	136,621
	2	Program service revenue including government fees and contracts		2	2,170
	3	Membership dues and assessments		3	0
	4	Investment income		4	0
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less: direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	138,791
Expenses	10	Grants and similar amounts paid (attach schedule)		10	49,256
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	13,903
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	0
	15	Printing, publications, postage, and shipping		15	2,358
	16	Other expenses (describe ▶ Conference expenses, Insurance, Federal Application fees, travel)		16	24,404
	17	**Total expenses.** Add lines 10 through 16 ▶		17	89,921
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	48,870
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	0
	20	Other changes in net assets or fund balances (attach explanation)		20	41,271
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	7,599

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	0	22	48,870
23	Land and buildings	0	23	0
24	Other assets (describe ▶)	0	24	0
25	**Total assets**	0	25	
26	**Total liabilities** (describe ▶ Grants payable $30,655, Grant advance $10,616)	0	26	41,271
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	0	27	7,599

5 99

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **Implement the Iowa Comprehensive Cancer Control Plan.**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)	
28	State Cancer Plan Implementation, reducing the burden of cancer in the state of Iowa. (Grants $ 64,754) If this amount includes foreign grants, check here ▶ ☐	28a	64,754
29	Iowa Cancer Summit. This conference brings together cancer control leaders from around the state for the only multidisciplinary comprehensive cancer control educational forum in Iowa. Leaders joined together for two days of dialogue on best practices in cancer control that can be applied to their local communities. (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	15,708
30	An Iowa Cancer Workforce Assessment was created including current levels of staffing, geographic distribution of providers by specialty, current screening rates for breast and colorectal cancer screening, and projections of the increase in cancer incidence for Iowa by 2015. (additional information attached). (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	10,491
31	Other program services (attach schedule) (Grants $ 14,766) If this amount includes foreign grants, check here ▶ ☐	31a	24,715
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	115,668

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
George Weiner, M.D. 235 Kennedy Parkway, Iowa City, IA 52246	President of Board 2 hrs.	0	0	0
Ronald W. Nielsen 6004 Terrace Drive Johnston, IA 50131	Vice President of Board 1 h	0	0	0
Amber Leed-Kelly, Alegent Health Bergan Mercy Cancer Center 7500 Mercy Road Omaha, NE 68124	Secretary of Board, 1 hr.	0	0	0
Norm Van Klompenburg 1012 South 13th Avenue W, Newton, IA 50208	Treasurer of Board, 1 hr.	0	0	0
Richard Deming, M.D., Mercy Cancer Center, 411 Laurel St. Suite C-100, Des Moines, IA 50314	At-large Director, 1 hr.	0	0	0
Claudia Robinson 1234 East River Drive Davenport, IA 52803	At-large Director, 1 hr.	0	0	0
Peggy Huppert, American Cancer Society 8364 Hickman Road, Des Moines, IA 50325	At-large Director, 1 hr.	0	0	0
Cathy Callaway, American Cancer Society 8364 Hickman Road, Des Moines, IA 50325	At-large Director, 1 hr.	0	0	0
Pat Ouverson 1219 33rd Street Southeast, Cedar Rapids, IA 52403	At-large Director, 1 hr.	0	0	0
Tina Devery* see attachment 4 for total compensation 100 Oakdale Blvd. N320 Oakdale Hall, Iowa City, IA 52242	Executive Director, 26 hrs.	6097	0	0
Sara Comstock* see attachment 4 for total compensation 100 Oakdale Blvd. N320 Oakdale Hall, Iowa City, IA 52242	Associate Director, 28 hrs.	0	0	0
Carolyn Beelner 2518 East Court Street, Iowa City, IA 52245	Project Director, 20 hrs.	3403	0	0
Katherine Jones 1228 Curtis Bridge Road, Swisher, IA 52338	Project Assistant, 10 hrs.	921	0	0
Sarah Knudtson 753 West Benton Street #2, Iowa City, IA 52246	Student Assistant, 10 hrs.	1044	0	0
Mike Krylis 90 Venetian Way Circle, Wheaton, IL 60189	Project Assistant, 5 hrs.	552	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓

41 List the states with which a copy of this return is filed. ▶ Iowa

42a The organization's books are in care of ▶ Tina Devery Telephone no. ▶ 319-335-8816

Located at ▶ 100 Oakdale Boulevard, N320 Oakdale Hall, Iowa City, IA ZIP + 4 ▶ 52242

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(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
NONE				

f Total number of other employees paid over $100,000 . . . . ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 . . ▶ 0

Sign Here

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.

Tina Devery — Signature of officer — Date: 5-11-10

Tina Devery, Executive Director — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	
		Phone no ▶	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
Iowa Consortium for Comprehensive Cancer Control	26 : 3898550

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % 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).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				0	138,791	138,791
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge				0	14,400	14,400
4 **Total.** Add lines 1 through 3				0	153,191	153,191
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 **Public support.** Subtract line 5 from line 4.						153,191

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4				0	153,191	153,191
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on				0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				0	0	0
11 **Total support.** Add lines 7 through 10						153,191

12 Gross receipts from related activities, etc. (see instructions)	12	2,170

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☑

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a **33⅓ % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Iowa Consortium for Comprehensive Cancer Control

a.k.a. Iowa Cancer Consortium

Schedule for Line 10 Grants and Similar Amounts Paid

Implementation Subcontract University of Iowa	$34,490
Gilda's Club of the Quad Cities- MAPS program continuation	$5,040
St. Luke's Foundation Wellness Program	$4,876
Gilda's Club of the Quad Cities- Human Side of Cancer	$2,175
Linn County Public Health- Worksite Wellness	$2,675
Total	$49,256

Line 20 Other changes in net assets or fund balances

Grants payable of $30,655 and Grant advance of $10,616 are liabilities included on line 26.

Part III Statement of Program Service Accomplishments

1 State the organization's primary exempt purpose. The Iowa Consortium for Comprehensive Cancer Control (ICCCC) was formed to facilitate the implementation of the Iowa Comprehensive Cancer Control Plan which addresses critical cancer problems in Iowa. The ICCCC is compromised of over 300 members representing over 100 organizations. Represented on the Consortium are health care providers, cancer survivors, state and local public health agencies, schools, hospice organizations, other cancer societies and support groups, geneticists, researchers, pharmaceutical companies, health systems, faith-based organizations, hospice and palliative care organizations, and a variety of other agencies with interest in cancer control.

2 Achievements for three largest program services (as measured by total expenses incurred).

#28 Implementation of State Cancer Plan- subcontract with the University of Iowa to provide management staff to oversee the implementation $64,754. In addition, over 1,200 volunteer hours were contributed by the Iowa Cancer Consortium members to achieve the following:

Goal 1: Whenever possible, prevent cancer from occurring: 8 African-American churches were trained to implement Body & Soul, an evidence-based program to decrease chronic disease risk through increased fruit and vegetable consumption. 35 Physical Activity and Nutrition toolkits were distributed during outreach forums in southwest and northwest Iowa. These resources are then used by health centers and public health outreach staff with members of the local community. A marketing campaign to engage Iowans in tobacco cessation programs offered at federally qualified health centers was developed and used in Storm Lake. An African-American breast health summit was held in Waterloo.

Goal 2: When cancer does occur, find it in its earliest stage: 133 Iowans attended 8 cancer forums in western Iowa that focused on linking citizens together and providing access to state and national cancer resources. Colon cancer screening sites were identified and placed on an easy to read state of Iowa map, to direct un- and underinsured Iowans to free and reduced cost screening locations. Over 14,500 African-American colon cancer screening campaign pieces (posters, postcards and fans) were distributed through partner organizations across the state. Rural social marketing advertisements promoting colorectal cancer screening ran in select counties in Iowa with higher than expected late-stage diagnosis rates for colorectal cancer to increase public awareness.

Goal 3: When cancer is found, treat it with the most appropriate therapy: A palliative care DVD was created and distributed to cancer centers and targeted oncology practices to educate patients and families about palliative care services. Iowa Cancer Resources: A Guide to Participating in Clinical Trials was published and distributed to cancer centers across Iowa for newly diagnosed cancer patients and their families.

Goal 4: Assure the quality of life of every cancer survivor is the best it can be: www.IowaCancerMAPS.org was created as a user friendly website to promote the

Mentors Assisting and Preparing Survivors (MAPS): Iowa-specific cancer survivorship program.

Goal 5: Move research findings more quickly into prevention, treatment and control practices: Clinical trial providers statewide were surveyed on interest in forming a clinical trials network to increase trials participation. An Iowa Clinical Trials mini-summit was held in conjunction with the Iowa Cancer Consortium fall meeting. Thirty attendees representing 16 cancer centers attended.

#30 Iowa Cancer Workforce $10,491

The report also included national and state trends related to the workforce such as retirements and health science education. Focus groups were conducted around the state to review the findings and determine strategies for implementation to strengthen the Iowa Cancer Workforce.

#31

Fiscal agreements with organizations for implementation of the state cancer plan:

A) Gilda's Club of the Quad Cities $5,040

MAPS program continuation grant. The goal of the MAPS program is to provide one-on-one support to cancer survivors, family members, and/or caregivers that live in the state of Iowa. The program trains mentors and provides a matching service for newly diagnosed patients, family members or caregivers interested in support.

B) St. Luke's Foundation Wellness Program $4,876

The newly formed cancer wellness program has begun enrolling patients. All enrolled patients see a multidisciplinary team of providers and receive a Cancer Wellness Coordination Binder that includes sections on physical activity, psychosocial/quality of life, cancer resources and nutrition.

C) Linn County Public Health Worksite Wellness $2,675

In collaboration with Iowans Fit for Life, focus groups were conducted in Des Moines, Cedar Rapids and with YMCAs statewide to develop a worksite wellness toolkit for small and medium sized businesses in Iowa.

D) Gilda's Club of the Quad Cities $2,175

In partnership with Genesis Cancer Care Institute, an educational workshop was provided to oncology nurses, physicians and other interested health care workers which focused on the psychosocial needs of cancer patients and means of assuring long term follow-up and care. Dr. James Zabora served as the keynote speaker for the Human Side of Cancer event.

E) End of Life Communication and Collaboration educational conference planning. $7,200. A grant was received from C-Change to provide education to strengthen the non-

oncology workforce in Iowa. Planning has started on an event that will be held in 2010 for long term care facility staff in the state.

F) Community outreach cancer control meetings. $2,749. Forums were held in Northwest and Northeast Iowa to receive information from the community about cancer control needs (prevention, early detection, treatment, survivorship and dissemination of research findings); to establish new partners, link interested citizens and organizations together at the local level and provide information and access to state and national cancer resources.

Total compensation for key employees:

Executive director, Tina Devery, received $6,097 from the Iowa Consortium for Comprehensive Cancer Control (ICCCC) and $61,100 from the University of Iowa to provide leadership and oversight for the ICCCC for total compensation of $67,197. This position is a 65% time position.

Associate director, Sara Comstock, received $31,026 from the University of Iowa to provide implementation support to the ICCCC. This grant supported 70% of her effort.