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FILING UNDER APPROVED EXTENSION OF TIME

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)

Department of the Treasury Internal Flevenue Service

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

OMB No 1545-0047 Open to Public

| Contributions and grants (Part Vill, Ine 1b) Southern Front State (Part Vill, Ine 1c) Southern Front Stat | A | For the | 2011 calendar year, or tax year beginning and ending | | . +11 | dhadtiati |
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| Number and street for 0 to bot (if mail is not delivered to Street address) Room/soute 2 - 618 - 0183 | F | □Name | | 86 | -0818253 | ! |
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| City or town, state or country, and 2IP + 4 PHORNIX, AZ 95021-7246 Feather PHORNIX, AZ 9503021-7246 Feather PHOR | F | Termir | | | | .83 |
| PHOENTX, AZ 85021-7246 Hole is the a group return for affiliates of processor o | F | Amen | ford | | | |
| Filame and address of pmicipal officer.MARCIA K HORN Hot For affiliates For affilia | F | Applic | PHOENIX. AZ 85021-7246 | | | |
| SAME AS C ABOVE | | pendir | F Name and address of principal officer:MARCIA K HORN | | | Yes X No |
| Tokeoxempt status: Stifc(3) Stifc(3) (mert no) 4947(a)(1) or 527 H(c) Group exemption number > | | | | | | |
| Websites WWW ASKTCAN ORG Http://www.new.new.new.new.new.new.new.new.new. | $\overline{}$ | Tax-exe | | | | |
| K Form of amanization X Corporation Trust Association Other L Vear of formation 1995 M State of legal domicile, AZ | | | | | • | |
| Brefty describe the organization's mission or most significant activities: ICAN PROVIDES ADVOCACY, INFORMATION, STRATEGIC OPTIONS FOR LATE-STAGE CANCER PATIENTS. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of independent voting members of the governing body (Part VI, line 1a) 3 6 | | | | | | |
| Stretly describe the organization's mission or most significant activities: ICAN PROVIDES ADVOCACY, INFORMATION, STRATEGIC OPTIONS FOR LATE-STAGE CANCER PATIENTS. Check this box | | | | | | |
| INFORMATION, STRATEGIC OPTIONS FOR LATE-STAGE CANCER PATIENTS. Check this box b If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of independent voting members of the governing body (Part VI, line 1a) 3 6 Number of independent voting members of the governing body (Part VI, line 1a) 3 6 Number of independent voting members of the governing body (Part VI, line 1a) 3 6 Number of independent voting members of the governing body (Part VI, line 1a) 3 6 Number of independent voting members of the governing body (Part VI, line 1a) 3 6 Number of independent voting members of the governing body (Part VI, line 1a) 3 6 Number of independent voting members of the governing body (Part VI, line 1a) 3 6 Number of independent voting members of the governing body (Part VI, line 1a) 3 6 Number of independent voting members of the governing body (Part VI, line 1a) 3 6 Number of independent voting members of the governing body (Part VI, line 1a) 3 6 Number of independent voting members of the governing body (Part VI, line 1a) 4 5 Number of independent voting members of the governing body (Part VI, line 1a) 4 5 Number of independent voting members of the governing body (Part VI, line 1a) 4 5 Number of independent voting members of the governing body (Part VI, line 1a) 4 5 Number of independent voting members of the governing body (Part VI, line 1a) 4 5 Number of independent voting members of the governing body (Part VI, line 1a) 5 1 Number of independent voting members of the governing body (Part VI, line 1a) 1 1 1 1 1 1 1 1 1 | | | | VIDES ADVOC | ACY, | |
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| 14 Benefits paid to or for members (Part IX, column (A), line 3) 36,616 . 24,317 . 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 11e) 36,616 . 24,317 . 16a Professional fundraising expenses (Part IX, column (A), line 11e) 360 . 17 Other expenses (Part IX, column (A), line 11a 11d, 11f-24e) 60,361 . 66,903 . 18 Total expenses (Part IX, column (A), line 11a 11d, 11f-24e) 96,977 . 91,220 . 19 Revenue less expenses. Subtract line 18 from line 12 39,067 . 101,663 . 20 Total assets (Part X, line 16) 2,032,848 . 179,248 . 21 Total liabilities (Part X, line 26) 2,151,691 . 196,428 . 22 Net assets or fund balances. Subtract line 21 from line 20 <118,843 . <17,180 . Part II Signature Block Signature Block MARCIA K HORN, CEO Type or print name and title Print/Type preparer's name Preparer's signature Duane Eckel Berg Proparer's signature Duane Eckel Berg Proparer's name Preparer's signature Duane Eckel Berg Proparer's name Preparer's signature Print/Type preparer's name Preparer's name Preparer's name Preparer's | | | | | | |
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| Beginning of Current Year End of Year | | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | |
| 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 peclaration of preparer (other than officer) is based on all information of which preparer has any knewledge Sign Naccol Occurred Occur | | 19 | Revenue less expenses. Subtract line 18 from line 12 | | | |
| 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 peclaration of preparer (other than officer) is based on all information of which preparer has any knewledge Sign Naccol Occurred Occur | Sign | | | | | |
| 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 peclaration of preparer (other than officer) is based on all information of which preparer has any knewledge Sign Naccol Occurred Occur | Sse | 20 | | | | |
| 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 peclaration of preparer (other than officer) is based on all information of which preparer has any knewledge Sign Naccol Occurred Occur | let A | 21 | · | | | |
| 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 knewledge Sign Here MARCIA K HORN, CEO | | | | <110,04 | 3.2 | 17,100. |
| true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knewtedge Charact Check Date | | | Minania | | | and balled the |
| Sign Here MARCIA K HORN, CEO Type or print name and title Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Preparer's name Preparer's name Preparer's name Preparer's name Preparer's name Preparer | | | | | ot my knowleage | and belief, it is |
| Sign Signature of officer Date MARCIA K HORN, CEO Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid DUANE ECKELBERG DUANE ECKELBERG PTIN Preparer Firm's name ECKELBERG & WIENSHIENK, P.C. Firm's EIN 86-0839652 Use Only Firm's address 5843 E ORANGE BLOSSOM LANE PHOENIX, AZ 85018-6730 Phone no 480-423-1888 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No | true | correc | | | | 7 2 2 2 |
| Here MARCIA K HORN, CEO Type or print name and title | C:- | | | | erte 15, | 2000 |
| Type or print name and title Print/Type preparer's name Print/Type preparer's name DUANE ECKELBERG Preparer Firm's name ECKELBERG & WIENSHIENK, P.C. Firm's address 5843 E ORANGE BLOSSOM LANE PHOENIX, AZ 85018-6730 May the IRS discuss this return with the preparer shown above? (see instructions) Preparer's signature Ulfi/2 Check PTIN PTIN PHOENIX PO0106799 Firm's EIN 86-0839652 Phone no 480-423-1888 | | | , , | 22.0 | | |
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| Preparer Use Only Firm's name ECKELBERG & WIENSHIENK, P.C. Firm's EIN 86-0839652 | Pai | d | | | <u></u> | |
| Use Only Firm's address 5843 E ORANGE BLOSSOM LANE PHOENIX, AZ 85018-6730 May the IRS discuss this return with the preparer shown above? (see instructions) The image of the | | | | | 0.00 | |
| PHOENIX, AZ 85018-6730 May the IRS discuss this return with the preparer shown above? (see instructions) Phone no 480-423-1888 X Yes No | | | | I FIIIII S EIN | 00-00 | .0002 |
| May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No | -30 | . Uniy | | Dhone no | 480-423 | 1-1888 |
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| | 990 (2011) INTERNATIONAL CANCER ADVOCACY NETWORK 86-0818 | 2 <u>5</u> 3 | Р | age 3 |
|-----|--|--------------|------|--------|
| Par | t IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1_ | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | _5_ | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6_ | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | | | |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable. | 1 | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | 1 | | 1 |
| | Part VI | 11a | X | |
| ь | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| ė | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | L |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | i | | !] |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | _X_ |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI, XII, and XIII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | |] | • |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X_ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | İ | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | 1 | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | 1 | [| ١. |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | ļ | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 1 | | |

Form **990** (2011)

X

17

18

19

20a

19

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form 990 (2011) INTERNATIONAL CANCER ADVOCACY NETWORK 86-0818253 Page 4

Part IV Checklist of Required Schedules (continued)

| 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | The state of the s | 1 | | |
|--|------------|--|---------------|----------------|---------------|
| Linted States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Part I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Part I and III Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization's accument and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule II and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II in Impair IVI In In Impair IVI In In Im | 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | Yes | No |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Part I and III 20 Did the organization answer "Yes" to Part VII, Section A, line 3,4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 35 Did the organization have a tax-exempt bond sew organization and secretary and the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 46 Did the organization area as in "on behalf of" issuer for bonds outstanding at any time during the year? 47 Did the organization area as in "on behalf of" issuer for bonds outstanding at any time during the year? 48 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 48 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV 48 A Family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 49 Did the organization review for experiments assess to the secondary of these persons? If "Yes," complete Schedule L, Part IV 49 Did the organization review contributions of a rit, historical trea | | · | 21 | | Х |
| column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 | 22 | · | | | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule L Part IV instructions or employee the vary that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No"; or to line 25 Did the organization was not any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 10 defease any tax exempt bonds? Did the organization and tax an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization avaire that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV 25 A current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV 26 A carry or or employee thereof, a grant selection committee member, or to a SSS controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 A carry or experience of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV 28 A carry or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 A carry or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part III IV 29 A ca | - | · · · · · · · · · · · · · · · · · · · | 22 | | X |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. If "No", go to line 25 b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization act as an "on behalf of" issuer for bonds outstanding strong time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at eny time during the year? 24d | 23 | | | | |
| Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 5 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 6 Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds? 7 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 8 Section 501(e)(3) and 501(e)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II b is the organization aware that it engaged in an excess benefit transaction with a disqualified person on a pror year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II 8 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person out standing as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV 8 Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant a selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 8 A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, directo | | | | | i i |
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| Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization ministin an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, eve pemployee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III Was the organization of a current or former officer, director, trustee, or key employees (or a family member of a current or former officer, director, trustee, or key employees (or a family member of a current or former officer, director, trustee, or key employees (or a family member of a current or former officer, director, trustee, or key employees (or a family member of a current or former officer, director, trustee, or key employees (or a family member of a current or former officer, director, trustee, or key employees (or a family member of a current or former officer, director, trustee, or key employees (or a family member of the organization | | · · · · · · · · · · · · · · · · · · · | | | ı |
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| any tax-exempt bonds? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E2? If "Yes," complete Schedule I., Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I., Part II 25c) Und the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I., Part II 25c) Und the organization provide a grant or other assistance to an officer, director, trustee, key employee, bighly compensated employee, or disqualified person outstanding as of the end of the organization aparty to a business transaction with one of the following parties (see Schedule I., Part IV 25c) Institution of a applicable filing thresholds, conditions, and exceptions): 25c) A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV 25c) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II., Part IV 25c) Did the organization receive more than \$25,000 in non-ask nontributions? If "Yes," complete Schedule II., Part IV 25c) Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete | b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person outstanding aware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 27 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions? 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions? 27 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions? 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions? 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M instructions? If "Yes," complete Schedule M instructions in the parties of t | c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I list the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II list was a loan to or by a current or former officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II/ instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructor. trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV instrustee, or director indirector, trustee, or key employee? If "Yes," complete Schedule M in instructions? If "Yes," complete Schedule Instructions? Instructions? If "Yes," complete Schedule Instructions? Instructions? If "Yes," complete Schedule Instructions? Instructio | | any tax-exempt bonds? | 24c | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I list the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II list was a loan to or by a current or former officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II/ instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructor. trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV instrustee, or director indirector, trustee, or key employee? If "Yes," complete Schedule M in instructions? If "Yes," complete Schedule Instructions? Instructions? If "Yes," complete Schedule Instructions? Instructions? If "Yes," complete Schedule Instructions? Instructio | d | | 24d | | |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 20 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 33 Did the organization and 10 N, Part III, III, N, and V, IIne 1 34 Was the organization and 10 N, III "Yes," complete Schedule R, Part I, III V, III Pies," complete Schedule R, Part V, IIne 2 35 D | 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | ı. |
| 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 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A namily member of a current or former officer, director, trustee, or key employee for a family member thereof) was an officer, director underector indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization will not only tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I 32 Did the organization valued and only tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I III. IV, and V, Ine 1 33 Did the organization receive any payment from or engage in any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 34 Did the organization receive any payment from or engage in any transfers to an exempt non-charitable related organization and that its treat | | | 25a | | X |
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| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IIV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IIV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IIV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IIV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IIV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IIV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IIV c An entity of the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M contributions? If "Yes," complete Schedule II, Part II c An entity of III and II | 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | ! | i |
| contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director. trustee. or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I III, III, IV, and V, Iine 1 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, IV, and V, Iine 2 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501 | | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | _X_ | |
| of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization injudate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part I 31 | 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | (|
| Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, IV, and V, Iine 1 August A Schedule Schedule R, Part II, III, IV, and V, Iine 1 Solid the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 Soction 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 To the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, Iine 2 To the organization conduct more than 5% of its activities through an entity that is n | | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| Instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director. trustee. or director indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule C and provide explanations in Schedule O for Part VI, | | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | <u> </u> |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Mes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Mes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Mes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, IV, and V, line 1 33 | 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | i |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director. trustee. or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 AX 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part SI, III, IV, and V, Ime 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Y 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization co | | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director. trustee. or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Inne 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | a | | | | X |
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| Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 | 31 | | | | v |
| Schedule N, Part II 32 | | | 31_ | | _ |
| Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 32 | | 20 | | Y |
| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | ^^ | | 32 | | _ |
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| Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 34 | | 24 | | x |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 25- | | | | |
| section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | | | 55a | | |
| Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | D | | 354 | | X |
| If "Yes," complete Schedule R, Part V, line 2 36 | 36 | | 555 | - | <u> </u> |
| Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | JU | | 38 | } | X |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | 37 | | 1 | | |
| Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | U 1 | | 37 | | Х |
| Note. All Form 990 filers are required to complete Schedule O | 38 | | " | | _ |
| | | | 38 | Х | l |
| | | TOTAL COM COST MOIS are required to complete contentio C | | | 2011 |

86-0818253 Page 5

| , , , , | Check if Schedule O contains a response to any question in this Part V | | | |
|--------------------|---|------------|-------------|--|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| ь | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 1 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2ь | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | <u>X</u> |
| | if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | ļ |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| Ь | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | <u>5a</u> | | X |
| ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| C | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | _5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | v |
| | any contributions that were not tax deductible? | _6a | | X_ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 7a | Х | 1 |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7b | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7.0 | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | X |
| d | If "Yes," Indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | _ |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | <u></u> | ļ |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | 1 |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | ↓ |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | ļ |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | 10- | • | 1 |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | - | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 1 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 13a | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule C. | <u></u> | ļ | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | 1 | | |
| D | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| _ | organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b | i | | |
| | | 14a | · | X |
| 14a h | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| | II 1 631 Has it filed a Form (20 to report these payments) if 110, promos an explanation in occiosolo 5 | • | 990 | (2011) |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | Check if Schedule O contains a response to any question in this Part VI | | | X | | | | | | | |
|-----|--|---------|----------|----------|--|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | | |
| | | | Yes | No | | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 6 | | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | | | | | | | |
| ь | Enter the number of voting members included in line 1a, above, who are independent 5 |] | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | | <u>X</u> | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3_ | | <u>X</u> | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | | | | | | |
| 6 | 6 Did the organization have members or stockholders? | | | | | | | | | | |
| 7a | 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | | |
| | more members of the governing body? | | | | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or |] | | | | | | | | | |
| | persons other than the governing body? | 7b | | X | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | | | | | | |
| | The governing body? | 8a | X | | | | | | | | |
| | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х | | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | | | | | | | | |
| | | | Yes | No | | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | _X | | | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11a | X | | | | | | | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | | | | | | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | | | |
| | in Schedule O how this was done | 12c | _X_ | | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | X | | | | | | | |
| b | Other officers or key employees of the organization | 15b | ļ | X | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | | |
| | taxable entity during the year? | 16a | <u> </u> | X | | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | | | |
| | In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►AZ | | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | avaılab | le | | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | | |
| | Own website X Another's website X Upon request | | | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an | d finar | ncial | | | | | | | | |
| | statements available to the public during the tax year. | | | | | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza THE ORGANIZATION - 602-618-0183 | tion: 🕨 | _ | | | | | | | | |
| | 27 WEST MORTEN AVENUE, PHOENIX, AZ 85021-7246 | | | | | | | | | | |

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

| (A) Name and Title | (B) Average hours per week | box | not c | ss pe | nore | than is bot or/trus | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--------------------------------------|---|--------------------------------|-----------------------|----------|--------------|------------------------------|----------|--|--|--|
| | (describe hours for related organizations in Schedule O) | Individual trustee or director | institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) SHERRY WEINSTEIN | | | | | | | | _ | _ | _ |
| CHAIR-BOARD OF TRUSTEES | 45.00 | X | | X | | ļ | | 0. | 0. | 0. |
| (2) MARCIA K HORN | | | | | | | | | | |
| PRESIDENT AND CEO | 90.00 | X | | X | | ļ.,_ | <u> </u> | 10,000. | 0. | 13,516. |
| (3) ROBERT H TAMIS MD | | | | | | | | | | _ |
| VICE CHAIR | 40.00 | X_ | | X | | ļ | | 0. | 0. | 0. |
| (4) CAREY GREGORY | | | | | | ļ | | | | |
| BOARD GOVERNANCE CHAIRMAN | 15.00 | X | ļ | Х | ļ | <u> </u> | <u> </u> | 0. | 0. | 0. |
| (5) JOAN WEIL | | | | | | | | | • | |
| CHAIR-NATL BD OF ADVISORS | 2.00 | X | <u> </u> | <u> </u> | | <u> </u> | <u> </u> | 0. | 0. | 0. |
| (6) CATHY DALZELL | | | ĺ | ĺ | ĺ | { | ĺ | | | |
| CHAIR-ADVISORY COUNCIL | 8.00 | X | | | _ | <u> </u> | ļ | 0. | 0. | 0. |
| (7) SIDNEY M ROSEN | | | İ | | | | | | | |
| FOUNDING CHAIRMAN | 12.00 | _ | _ | ļ | <u> </u> | ـــــ | <u> </u> | 0. | 0. | 0. |
| (8) BUNNIE MARKS | | | | | | | ŀ | | • | |
| HONORARY TRUSTEE | 0.00 | | <u> </u> | <u> </u> | <u> </u> | ┝ | _ | 0. | 0. | 0. |
| (9) MARLENE & EUGENE SHAPIRO | | | | İ | | ł | | | • | |
| HONORARY TRUSTEES | 3.00 | _ | | _ | ļ | ļ | ļ | 0. | 0. | 0. |
| (10) ELLEN & WM GOLDSTANDT | | | | | | | | | • | _ |
| HONORARY TRUSTEES | 0.00 | | _ | | | <u> </u> | | 0. | 0. | 0. |
| (11) SCOTT KENT KNAUER | | | | | | | | | • | _ |
| SPECIAL ADVISOR-BOARDS & COUNCILS | 1.00 | | - | | | ├- | <u> </u> | 0. | 0. | 0. |
| (12) LINDA BOATWRIGHT | 1 00 | | ļ | | | ļ | ļ | | • | |
| CHAIR REAL ESTATE ADVISORY | 1.00 | | | - | | ┝ | <u> </u> | 0. | 0. | 0. |
| (13) CHERYL HINTZEN-GAINES/IRA GAINE | 1 00 | | ŀ | | | | | | 0 | _ |
| HONORARY CHAIRMEN | 1.00 | | <u> </u> | <u> </u> | <u> </u> | | <u> </u> | 0. | 0. | 0. |
| (14) G. ROBERT PETTIT, PHD | 1 00 | | | l | | | | , | ^ | _ |
| SCIENTIFIC ADVISORY COUNCI | 1.00 | <u> </u> | <u> </u> | ļ. — | | ⊢ | | 0. | 0. | 0. |
| (15) LINDA JENCKES | 1 00 | | | | | | | _ | ^ | _ |
| FEDERAL AFFAIRS & STRATEGIC DEVELOPM | 1.00 | <u> </u> | <u> </u> | \vdash | - | - | \vdash | 0. | 0. | 0. |
| (16) JAY G ALDERSON JR | 0.00 | | | | | | | 0. | 0. | 0. |
| CHAIR EMERITUS | | 1 | | | | | | 1 U.al | l U - | |

| | | | | | | | | | | | CY NETWORK | 86-0 | 818 | <u> 253</u> | P | age 8 |
|----|--------|--|-------------------------|---|--------------------------------|-----------------------|----------------------|--------------|------------------------------|----------|---|---|-------|--|--------------------------------------|----------------|
| Pa | rt VII | | rs, Directors, Tru | | mplo | yee | | | ligh | est | Compensated Employ | rees (continued) | | | | |
| | | (A) Name and title | , | (B) Average hours per week | box | , unle | Pos heck ss pe | more rson | than | th an | (D) Reportable compensation from | (E) Reportable compensation from related | on | an | (F) stimate nount other | |
| | | | | (describe hours for related organizations in Schedule O) | Individual trustae or director | Institutional frustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organization (W-2/1099-Mis | s | com fr org and | pensa om the anizat d relat | e ion ed |
| | | | | | | _ | | | | | | | | | | |
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| 16 | Sub | | sheets to Dort VI | l Costion A | | i | | l | > | <u> </u> | 10,000. | | 0. | 1 | 3,5 | 16. 0. |
| d | | al from continuation s al (add lines 1b and 1 | | i, Section A | | | | | <u></u> | | 10,000. | | 0. | 1 | 3,5 | |
| 2 | | | · • | ot limited to th | ose | liste | ed a | bove | e) wl | ho r | eceived more than \$100 | 0,000 of reportab | le | | | C |
| | com | pensation from the or | rganization > | | | | | | | _ | | | | | Yes | No |
| 3 | | the organization list ar | | | | e, ke | ey er | nplo | yee | , or | highest compensated e | employee on | | 3 | | x |
| 4 | For | • | n line 1a, is the su | ım of reportab | le co | | | | | | her compensation from for such individual | the organization | | 4 | | X |
| 5 | Dıd | | ine 1a receive or a | accrue compe | nsat | ion 1 | from | any | / uni | | ted organization or indiv | ridual for services | • | 5 | | х |
| Se | | B. Independent Cont | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| 1 | | | compensation for | | | | | | | | that received more than the organization's tax | | npens | | | ···· |
| | | Na | (A) ime and business | address | N | INC | E_ | | | | Description of | services | | ompe |) nsatio | n |
| | | | | | | | | | | - | | | | <u>-</u> | | |
| | | | | | | | | _ | | | | | | | - | |
| | | | | | | | | | | | | | | | | |
| | | | | <u> </u> | | | | | | | | | | | | |
| 2 | | al number of independ | | | not li | mite | d to | | se li | stec | d above) who received r | more than | | ······································ | | |

Form **990** (2011)

| | , | | Statement of Reven | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|---------|----------|---|------------------|--|----------------------|--|---|---|
| str str | 1 a | а | Federated campaigns | 1a | | | | | |
| اة ق | ı | b | Membership dues | 1b | | | | | |
| Ağ, C | | C | Fundraising events | 1c | 48,953. | | | | |
| | (| d | Related organizations | 1d | | | | | |
| S.E | (| е | Government grants (contribution | ons) 1e | | | | | |
| 를 일 | 1 | f | All other contributions, gifts, grants | 1 1 | | | | | |
| 들 | | | similar amounts not included abov | e <u> 1f </u> | 150,778. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | _ | Noncash contributions included in lines 1 | la-1f \$ | | 100 701 | | | |
| <u>0 e</u> | | <u>h</u> | Total. Add lines 1a-1f | | P | 199,731. | | | |
| | _ | | | | Business Code | | | | |
| <u> i</u> | 2 | | | | | | | | |
| E S | | b | | | | | | · · · · · · · · · · · · · · · · · · · | |
| E S | | C | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Program Service Revenue | | d | | | | | - | | |
| ۳. ا | | f | All other program service rever | nie | | | | | |
| | | | Total. Add lines 2a-2f | | • | | | | |
| \Box | 3 | | Investment income (including of | dividends, inter | est, and | | | | |
| | | | other similar amounts) | | ▶ | 99. | | | 99. |
| | 4 | | Income from investment of tax | exempt bond | oroceeds 🕨 | | | | |
| | 5 | | Royalties | | • | | | | |
| ļ | | | | (ı) Real | (II) Personal | | | | |
| | 6 | а | Gross rents | | <u> </u> | | | | |
| | | | Less rental expenses | | <u> </u> | | | | |
| | | | Rental income or (loss) | | L | | | | |
| l | | | Net rental income or (loss) | | > | | | | |
| i | 7 | 3 | Gross amount from sales of | (i) Securities | (II) Other | | | | |
| | | | assets other than inventory | | | | | | |
| | | D | Less: cost or other basis and sales expenses | | | | | | |
| | | _ | Gain or (loss) | | | | | | |
| | | | Net gain or (loss) | | • | | | | |
| o o | _ | | Gross income from fundraising | events (not | | ····· | | | |
| | | _ | including \$ 48,9 | 53. of | | | | | |
| Other Revenu | | | contributions reported on line | | | | | | |
| E | | | Part IV, line 18 | а | 18,075. | | | | |
| 姜 | | b | Less: direct expenses | t | 25,022. | | | | |
| ١ | | C | Net income or (loss) from fund | raising events | • | <6,947. | · Þ | | <6,947.> |
| | 9 | а | Gross income from gaming ac | tivities. See | | | | | |
| | | | Part IV, line 19 | a | | | | | |
| | | | Less: direct expenses | | | | | | |
| | | | Net income or (loss) from gam | _ | • | | | | |
| | 10 | а | Gross sales of inventory, less | | | | | | |
| | | _ | and allowances | . a | | | | | |
| | | | Less: cost of goods sold Net income or (loss) from sales | = | `L | | | | 1 |
| | | Ŭ | Miscellaneous Revenue | | Business Code | | | | |
| | 11 | а | - Wildowich Codo Novembr | | | | _ | | |
| | | ь | | | | | | | |
| | | С | | | | | | | <u> </u> |
| | | d | All other revenue . | | | | | | |
| | | е | Total. Add lines 11a-11d | | | | | | |
| | 12 9 | | Total revenue. See instructions | | > | 192,883. | . 0. | 0 | . <6,848.2 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----------|--|-----------------------|------------------------------|--|--|
| 1 | Grants and other assistance to governments and | | | · | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | organizations in the United States See Part IV, line 21 | | | |)(+*-1-**-11+++++++++++++++++++++++++++ |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | ······································ | (************************************ |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 10,000. | 9,400. | 600. | |
| _ | trustees, and key employees | 10,000. | 9,400. | 000. | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| 7 | persons described in section 4958(c)(3)(B) Other salaries and wages | | | | |
| 7 8 | Pension plan accruals and contributions (include | | | | |
| 0 | section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 13,516. | 12,705. | 811. | |
| 10 | Payroll taxes | 801. | 753. | 48. | · |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | 650. | | 650. | |
| С | Accounting | 4,879. | 4,586. | 293. | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | · |
| f | Investment management fees | | | | |
| ş | Other | 9,341. | 8,780. | 561. | |
| 12 | Advertising and promotion | 325. | 325. | 455 | |
| 13 | Office expenses | 7,579. | 7,124. | 455. | 160 |
| 14 | Information technology | 10,556. | 10,396. | | 160. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1 600 | 1 600 | | |
| 17 | Travel | 1,690. | 1,690. | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 3,093. | 3,093. | | |
| 19 | Conferences, conventions, and meetings | 6,177. | 5,806. | 371. | |
| 20 | Interest Payments to offiliates | <u> </u> | 3,000. | | |
| 21 | Payments to affiliates Depreciation, depletion, and amortization | 529. | 497. | 32. | |
| 22 23 | Insurance | 3,771. | 3,498. | 273. | |
| 23 24 | Other expenses Itemize expenses not covered | <u> </u> | | | |
| | above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | BANK/MERCHANT CHARGES | 4,275. | 4,019. | 256. | |
| a b | DELIVERY & POSTAGE | 3,599. | 3,183. | 216. | 200 |
| c | DUES & SEMINARS | 3,065. | 3,065. | | |
| d | PRINTING & PUBLICATIONS | 2,731. | 2,731. | | |
| e | All other expenses | 4,643. | 3,632. | 1,011. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 91,220. | 85,283. | 5,577. | 360 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | <u> </u> |

| Pa | rt X | Balance Sheet | | | | |
|-----------------------------|------|--|------------------------------|--|-----|--|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash · non-interest-bearing | | 62,641. | 1 | 178,790. |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Receivables from current and former officers, di | rectors, trustees, key | | | |
| | | employees, and highest compensated employee | es. Complete Part II | | | |
| | | of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as | defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c |)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of sections | | | | |
| <i>(</i> 0 | | employees' beneficiary organizations (see instru | ctions) | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| Ass | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | 1 | | | |
| | | basis. Complete Part VI of Schedule D | 10a 6,985. | | | |
| | b | Less: accumulated depreciation | 10b 6,527. | 987. | 10c | 458. |
| | 11 | Investments · publicly traded securities | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | l1 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | 11 | | 13 | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | 1,969,220. | 15 | 0. | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | al line 34) | 2,032,848. | 16 | 179,248. |
| | 17 | Accounts payable and accrued expenses | | | 17 | <u></u> - |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 19 | | |
| | 20 | Tax-exempt bond liabilities | • | · · · · · · · · · · · · · · · · · · · | 20 | |
| es | 21 | Escrow or custodial account liability. Complete | Part IV of Schedule D | ······································ | 21 | |
| Liabilities | 22 | Payables to current and former officers, director | rs, trustees, key employees, | | | |
| jab | | highest compensated employees, and disqualifi | ed persons. Complete Part II | | | |
| | | of Schedule L | | 168,656. | 22 | 157,145. |
| | 23 | Secured mortgages and notes payable to unrela | ated third parties | | 23_ | |
| | 24 | Unsecured notes and loans payable to unrelate | d third parties | <u>' </u> | 24 | · |
| | 25 | Other liabilities (including federal income tax, pa | - | | | |
| | | parties, and other liabilities not included on lines | s 17-24). Complete Part X of | 1 000 005 | | 20.002 |
| | | Schedule D | | 1,983,035. | 25 | 39,283. |
| | 26 | Total liabilities. Add lines 17 through 25 | | 2,151,691. | 26 | 196,428. |
| | | Organizations that follow SFAS 117, check he | ere X and complete | | | |
| Ses | | lines 27 through 29, and lines 33 and 34. | | -110 040 | | 417 100 . |
| auc | 27 | Unrestricted net assets | : | <118,843. | | <17,180.> |
| Bal | 28 | Temporarily restricted net assets | | | 28 | |
| 힡 | 29 | Permanently restricted net assets | | | 29 | ······································ |
| Ţ | | Organizations that do not follow SFAS 117, c | heck here 🕨 📖 and | | | |
| ō | | complete lines 30 through 34. | | | | |
| set | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| As | 31 | Paid-in or capital surplus, or land, building, or ed | ' ' | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | come, or other funds | Z110 042 | 32 | Z17 100 - |
| | 33 | Total net assets or fund balances | 1 | <118,843. | | <17,180.> |
| | 34 | Total liabilities and net assets/fund balances | | 2,032,848. | 34 | 179,248. Form 990 (2011) |

| Form | 1990 (2011) INTERNATIONAL CANCER ADVOCACY NETWORK | 86-081 | 8253 | Pag | ge 12 |
|------|--|------------|----------|--------------|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part Xi | | | | |
| | • | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 83. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 20. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | <u>63.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | <11 | 8 , 8 | <u>43.</u> > |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | 0. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | <u> </u> | 7 <u>,1</u> | <u>80.</u> > |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | 1 1 | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | 1 | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | <u>X</u> |
| þ | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | ., |
| | Act and OMB Circular A-133? | | 3a | | <u>X</u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | red audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | 3b | | |
| | | | Form | 990 (| 2011) |

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

2011

Open to Public

Name of the organization

Inspection
Employer identification number

| Part I | Resear | | ity Status (All organiz | | | | | Invotions | 00 | -0018 | 233 | |
|-------------|----------------|-------------------------|--|--------------|--|--------------------|--|--|--|--------------|---------|------|
| | | | | | | | | tructions. | | | | |
| | | | because it is: (For lines | | | | | | | | | |
| 1 2 | | | s, or association of chur | | | ction 170 | (D)(1)(A)(I) | • | | | | |
| 3 🖂 | | | (0(b)(1)(A)(ii). (Attach Sc | | | 470/6\/4\ | (A\Gii\ | | | | | |
| 4 | • | • | tal service organization operated in conjunction | | | | | /6\/4\/A\/ii | ii) Entarth | a haental | 'e nam | |
| - L | city, and stat | | operated in conjunction | WILLI A IIOS | pital desci | ibed iii se | CHOII 170 | (0)(1)(~)(1 | ny. Cinter th | e nospital | S Hall | ΙΟ, |
| 5 🗔 | • | | benefit of a college or ui | olversity o | wned or or | perated by | a governi | mental uni | t describe | | | |
| • | | (b)(1)(A)(iv). (Comple | - | iiversity O | Mileo or op | eraced by | a govern | nomai om | (Geschool | <i>3 111</i> | | |
| 6 🗀 | | | ent or governmental uni | t describe | d in sectio | n 170(b)(| 11/Δ16/1 | | | | | |
| 7 🗓 | | = | eives a substantial part | | | | | r from the | general n | ublic desc | nhed u | n |
| | _ | b)(1)(A)(vi). (Comple | • | 01 113 3000 | on nom a | govornin | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | gonora | 30110 0030 | | ' |
| 8 🔲 | · | | ection 170(b)(1)(A)(vi). | (Complete | Part II.) | | | | | | | |
| 9 🗔 | | | erves: (1) more than 33 | • | • | rom contri | butions, m | nembershi | o fees, and | d aross rea | erots i | from |
| • | | | nctions - subject to certa | | | | | | | | | |
| | | | axable income (less sect | | | | | | | | | |
| | | 509(a)(2). (Complete | • | | · • · · · · · · · · · · · · · · · · · · | | | , | | | -, | |
| 10 🔲 | | | perated exclusively to te | st for publ | ıc safety. S | See sect io | n 509(a)(4 | I). | | | | |
| 11 | | | perated exclusively for the | | | | | | y out the p | urposes o | f one o | or |
| | more publicly | supported organiza | itions described in secti | on 509(a)(| 1) or sectio | n 509(a)(2 | 2). See se c | tion 509(| a)(3). Chec | k the box | that | |
| | | | organization and compl | | | | | | | | | |
| | a Type | b | Type II c | : 🗀 Тур | e III - Func | tionally in | tegrated | | d 🗀 | Type III - C | Other | |
| е 🔲 | By checking | this box, I certify tha | t the organization is not | controlled | directly o | r indirectly | by one o | more dis | qualified p | ersons oth | er tha | n |
| | foundation m | anagers and other t | han one or more publicly | y supporte | ed organiza | tions des | cribed in s | ection 509 | 9(a)(1) or s | ection 509 | (a)(2). | |
| f | If the organiz | ation received a writ | ten determination from t | the IRS tha | at it is a Ty | pe I, Type | II, or Type | e III | | | | |
| | shibbouting o | rganization, check th | nis box | | | | | | | | | |
| 9 | Since Augus | t 17, 2006, has the c | organization accepted ar | ny gift or c | ontribution | from any | of the follo | owing per | sons? | | | |
| | (i) A perso | n who directly or ind | rectly controls, either al | one or tog | ether with | persons o | described | ın (iı) and (| iii) below, | | Yes | No |
| | _ | • • | upported organization? | | | | | | | 11g(i) | | |
| | | | n described in (i) above? | | | | | | | 11g(ii) | | |
| | | • | person described in (i) | | | | | | | 11g(iii) | | |
| h | Provide the f | ollowing information | about the supported or | ganızatıon | (s). | | | | | | | |
| | | | (III) Type of | l | | | | (1) (1) | the | | | |
| (i) Name | of supported | (ii) EIN | (iii) Type of organization | | organization sted in your | | | (vi) is organizati | on in cot 1 | (vii) An | | f |
| orga | inization | | (described on lines 1-9 | | document? | | r support? | (i) organiz U S | ed in the | sup | port | |
| | | | above or IRC section (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | (ace manuchona)) | 165 | 140 | 163 | 140 | 165 | 140 | | | |
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| Total | | | | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 INTERNATIONAL CANCER ADVOCACY NETWORK 86-0818253 Page 2

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Se | ction A. Public Support | | | | | | |
|------|---|-----------------------------|---------------------|--|---|---------------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 204,779. | 93,631. | 100,102. | 144,149. | 199,731. | 742,392. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | ! |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 204,779. | 93,631. | 100,102. | 144,149. | 199,731. | 742,392. |
| 5 | The portion of total contributions | | | ì | | | |
| | 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | **** | H | *************************************** | | 742,392. |
| | ction B. Total Support | | | | | 1- | |
| | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Amounts from line 4 | 204,779. | 93,631. | 100,102. | 144,149. | 199,731. | (f) Total 742,392. |
| 8 | Gross income from interest, | | | | | <u> </u> | |
| | dividends, payments received on | | | ! | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 2,950. | 47. | | | 99. | 3,096. |
| 9 | Net income from unrelated business | | | | | | |
| • | activities, whether or not the | | | | | | |
| | business is regularly carried on | [| | | İ | | İ |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | <63,160. | > 230. | 3,067. | <8,105. | > <6,947. | ><74,915.> |
| 11 | Total support. Add lines 7 through 10 | | 1 | ., ., ., ., ., ., ., ., ., ., ., ., ., . | | | ><74,915.> 670,573. |
| 12 | · · · · · · · · · · · · · · · · · · · | etc. (see instruction | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | | • | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | |
| | organization, check this box and stop | | | | | | <u> </u> |
| Se | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 14 | Public support percentage for 2011 (| line 6, column (f) d | vided by line 11, o | column (f)) | | 14 | 110.71 % |
| 15 | Public support percentage from 2010 | Schedule A, Part | II, line 14 | | | 15 | 102.87 % |
| 168 | 33 1/3% support test - 2011. If the | organization did no | t check the box o | n line 13, and line | 14 is 33 1/3% or n | nore, check this be | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | 1 | | | ightharpoons X |
| Ł | 33 1/3% support test - 2010. If the | organization did no | t check a box on l | ine 13 or 16a, and | l line 15 is 33 1/3% | or more, check t | his box |
| | and stop here. The organization qual | lifies as a publicly s | supported organiz | ation | | | ightharpoons |
| 178 | 10% -facts-and-circumstances tes | t - 2011. If the org | anization did not d | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | test. The organiza | tion qualifies as a | publicly supported | d organization | | ightharpoons |
| t | 10% -facts-and-circumstances tes | t - 2010. If the org | anization did not d | check a box on line | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets ti | | | | | | |
| | organization meets the *facts-and-circ | | | | | | ▶ □ |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17l | b, check this box a | ınd see ınstructior | ns 🕨 🗔 |
| | | · - | | | | dule A (Form 990 | |

Schedule A (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Se | ction A. Public Support | | | | | | |
|-----------|---|----------------------|-----------------------|---------------------------|----------------------|---------------------|-------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | 1 | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | _ | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| Ł | 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 | | | | | | |
| • | Add lines 7a and 7b | | | | | | <u> </u> |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | |
| Se | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| Α | Amounts from line 6 | | | | | | |
| 10 | Gross income from interest, | İ | | 1 | | Ì | |
| | dividends, payments received on securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| ı | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | <u> </u> |
| | Add lines 10a and 10b | | _ | | | | <u> </u> |
| 11 | | | ļ | | | | |
| | activities not included in line 10b, whether or not the business is | | | | | | |
| | regularly carried on | | | | <u> </u> | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | | |
| | Total support (Add lines 9, 10c, 11, and 12) | L | | | | | <u> </u> |
| 14 | First five years. If the Form 990 is fo | r the organization's | s first, second, thir | d, fourth, or fifth t | ax year as a section | on 501(c)(3) organi | zation, |
| _ | check this box and stop here | | | | _ | | |
| | ction C. Computation of Publ | | | | | 1 1 | |
| | Public support percentage for 2011 (| | | column (f)) | | 15 | % |
| | Public support percentage from 2010 | | | | | 16 | % |
| | ction D. Computation of Inve | | | | | 1 | |
| | Investment income percentage for 20 | | | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from | | | | . 45 | 18 | <u>%</u> |
| 19 | a 33 1/3% support tests - 2011. If the | | | | | | 1 / IS NOT |
| | more than 33 1/3%, check this box a | | | | | | |
| l | b 33 1/3% support tests - 2010. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| <u>20</u> | Private foundation. If the organization | n did not check a | box on line 14, 19 | <u>a, or 19b, check t</u> | nis box and see in | structions | |

SCHEDULE D

(Form 990) .

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

2011
Open to Public Inspection

Name of the organization

INTERNATIONAL CANCER ADVOCACY NETWORK

Employer identification number 86-0818253

| Pa | | ed Funds or Other Similar Funds or | Accounts. Complete if the |
|----|--|---|--|
| | organization answered "Yes" to Form 990, Part IV, line | e 6. | · |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advised f | funde |
| • | are the organization's property, subject to the organization's | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| U | | | |
| | for charitable purposes and not for the benefit of the donor o | or donor advisor, or for any other purpose con | Yes No |
| Pa | mpermissible private benefit? II Conservation Easements. Complete if the organization. | rapization answered "Ves" to Form 900. Part | |
| | | | 17, 11.10 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | cally, promortant land area |
| | Preservation of land for public use (e.g., recreation or e | · — | |
| | Protection of natural habitat | Preservation of a certified | nistoric structure |
| _ | Preservation of open space | 6 I | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | lied conservation contribution in the form of a | conservation easement on the last |
| | day of the tax year. | | Hald ships Ford of the Ton Voca |
| _ | The first bound of the same of | | Held at the End of the Tax Year |
| a | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| C | Number of conservation easements on a certified historic stri | • • | 2c |
| đ | Number of conservation easements included in (c) acquired a | after 8/17/06, and not on a historic structure | |
| _ | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rel | leased, extinguished, or terminated by the org | ganization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation eas | | |
| 5 | Does the organization have a written policy regarding the per | | |
| _ | violations, and enforcement of the conservation easements it | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | _ |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170(h)(4 | |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIV, describe how the organization reports conservati | | |
| | include, if applicable, the text of the footnote to the organizat | tion's financial statements that describes the | organization's accounting for |
| | conservation easements. | f A A I lista di al Tura accurata di Odha | w Circilar Access |
| Pa | Organizations Maintaining Collections of | | er Similar Assets. |
| | Complete if the organization answered "Yes" to Form | | |
| 18 | If the organization elected, as permitted under SFAS 116 (AS | | |
| | historical treasures, or other similar assets held for public exh | | of public service, provide, in Part XIV, |
| | the text of the footnote to its financial statements that descri | | |
| ь | If the organization elected, as permitted under SFAS 116 (AS | • | |
| | treasures, or other similar assets held for public exhibition, ed | ducation, or research in furtherance of public | service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | \$ |
| | (ii) Assets included in Form 990, Part X | | . • \$ |
| 2 | If the organization received or held works of art, historical treatment | <u> </u> | in, provide |
| | the following amounts required to be reported under SFAS 1 | 16 (ASC 958) relating to these items: | |
| а | Revenues included in Form 990, Part VIII, line 1 | • | \$ |
| b | Assets included in Form 990, Part X | | ▶ \$ |

| | | <u> TIONAL CAN</u> | CER | ADVOCA | CY NET | WORK | | 86-08 | 18253 | Page 2 |
|------|---|-----------------------|----------------|--|-----------------------|--------------|-----------------------|--------------|---------------------------------------|--------------|
| Par | t III Organizations Maintaining C | ollections of A | rt, His | storical Tr | easures, | or Othe | r Simila | ar Asse | ts (contin | nued) |
| 3 | Using the organization's acquisition, accession | on, and other record | ds, che | ck any of the | following the | at are a sig | gnificant i | use of its | collection | items |
| | (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | · 🖳 | Loan or exc | hange progr | ams | | | | |
| b | Scholarly research | е | , 🗀 | Other | | | | | | |
| C | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. | | | | | | | | | |
| 5 | During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | intained as part of t | the org | anization's co | ollection? | | | | Yes | No |
| Par | reported an amount on Form 990, Par | | ete if th | ne organizatio | n answered | "Yes" to I | Form 990 | , Part IV, | line 9, or | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermed | diary fo | r contribution | s or other a | ssets not i | included | | | |
| | on Form 990, Part X? | | | | | | - | | Yes | L No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the fo | llowing | table: | | | | | | |
| | | | | | | | | | Amount | |
| C | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | ··· |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21? | | | | | | 」Yes | L No |
| | If "Yes," explain the arrangement in Part XIV. | | | | | | - | | | |
| Par | t V Endowment Funds. Complete if | the organization ar | swered | d "Yes" to Fo | | | | | | |
| | | (a) Current year | (b) | Prior year | (c) Two year | rs back (| d) Three y | ears back | (e) Four | years back |
| 1a | Beginning of year balance | | | | | | | | Į | |
| b | Contributions | | | | | | | | ļ | |
| С | Net investment earnings, gains, and losses | | | | | | | | ļ | ····· |
| d | Grants or scholarships | | | | | | | | ļ | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | ······ | | | | | | | ļ | |
| f | Administrative expenses | - | ļ | | | | | | [| |
| 9 | End of year balance | · | | | <u> </u> | | | | <u> </u> | |
| 2 | Provide the estimated percentage of the curr | ent year end baland | e (line | 1g, column (a | a)) held as: | | | | | |
| а | Board designated or quasi-endowment | · | _% | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| C | Temporarily restricted endowment ► | % | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c should | • | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiz | ation th | hat are held a | and administ | ered for th | ne organiz | zation | Г. | |
| | by: | | | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organizations | | | | | | | | 3b _ | i |
| 4 | Describe in Part XIV the intended uses of the | | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| Pai | t VI Land, Buildings, and Equipm | | | | | 1 7.1 | | | 4 B B - 1 | |
| | Description of property | (a) Cost or o | | 1 | t or other (other) | , , , | cumulate reciation | - 1 | (d) Book | value |
| | | basis (investi | nent) | Dasis | (Ottier) | neh | | | | |
| _ | Land | ļ | | | | | | | | |
| b | -·· • | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | |
| | Equipment | | | | 6,985. | | 6,5 | 27 | | 458. |
| _ | Other Add lines 1a through 1e. (Column (d) must e | aud Form 000 Dad | Y 006 | (mn /P) (mn : | | | | <u> </u> | | 458. |
| ivia | <u>. Add iiiles ja tiildugii je. (Columin ja) must e</u> | YUBI FUITH 330, PAR | <u>∧, ∪∪//</u> | min (S), iine i | , ((), / | | | | | |

Schedule D (Form 990) 2011

INTERNATIONAL CANCER ADVOCACY NETWORK

Schedule D (Form 990) 2011

| | dule D (Form 990) 2011 INTERNATIONAL CANCER ADVOC | | | 86-081 | 8253 Page 4 |
|--------|---|------------------------|-------------|-----------------|----------------------|
| Pa | t XI Reconciliation of Change in Net Assets from Form 990 to | Audited Finar | ncial Stat | ements | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | - | 2 | | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 3 | | |
| 4 | Net unrealized gains (losses) on investments | • | 4 | | |
| 5 | Donated services and use of facilities | | 5 | | |
| 6 | Investment expenses | | 6 | | |
| 7 | Prior period adjustments | | 7 | | |
| 8 | Other (Describe in Part XIV.) | | 8 | | |
| 9 | Total adjustments (net). Add lines 4 through 8 | | 9 | | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 an | d 9 | 10 | | |
| Par | t XII Reconciliation of Revenue per Audited Financial Stateme | nts With Reve | nue per | Return | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains on investments | 2a | | _ | |
| b | Donated services and use of facilities | 2b | | _ | |
| C | Recoveries of prior year grants | 2c | | _] | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |] | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | _] | |
| b | Other (Describe in Part XIV.) | 4b | | _ | |
| c | Add lines 4a and 4b | | | 4c | |
| _ 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | |
| Pa | t XIII Reconciliation of Expenses per Audited Financial Statem | ents With Expe | enses pe | <u>r Return</u> | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | | | |
| а | Donated services and use of facilities | 2a | | - | |
| b | Prior year adjustments | 2b | | - | |
| C | Other losses | 2c | | - | |
| ģ | Other (Describe in Part XIV.) | _2d | | - | |
| е | Add lines 2a through 2d | | | Že | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | - | |
| b | Other (Describe in Part XIV.) | 4b | | - | |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | |
| | t XIV Supplemental Information | II trans do and 4. D | | th and Ohi Da | and V. June 4: Don't |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I | | | | |
| A, III | e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp | olete this part to pro | ovide any a | dollional imon | mation. |
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SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization **Employer identification number** INTERNATIONAL CANCER ADVOCACY NETWORK 86-0818253 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Special fundraising events C Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes □ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b if "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) fundraiser have custody or control of contributions? to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events LIBERTY BROADWAY (add col. (a) through MUTUAL INVITMUSICAL THEA col. (c)) (event type) (event type) (total number) 9,990. 55,703. 1,335. 67,028. Gross receipts 42,503. 5,400. 1,050. 48,953. 2 Less: Charitable contributions 4,590. 285. 18,075. 13,200. Gross income (line 1 minus line 2) Cash prizes 629. Noncash prizes 629. Direct Expenses 14,610. 14,610. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9,783. 8,162. 1,391. 230 9 Other direct expenses 25,022 ▶ 10 Direct expense summary. Add lines 4 through 9 in column (d) <6,947. Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes % Yes Yes No No 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: Yes a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: Yes No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2011 INTERNATIONAL CANCER ADVOCACY NETWORK

86-0818253 Page 2

Schedule G (Form 990 or 990-EZ) 2011

132082 01-23-12

| <u>Sch</u> | ledule G (Form 990 or 990-EZ) 2011 INTERNATIONAL CANCER ADVOCACY NETWORK 86- | 1818 | <u> 253</u> | Page 3 |
|------------|--|--------------|-------------|-----------|
| 11 | Does the organization operate gaming activities with nonmembers? | □ ' | Yes | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | | | |
| | to-administer charitable gaming? | \ | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity operated in: | | | |
| а | The organization's facility | 13a | | % |
| | An outside facility | 13b | | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | | | | |
| | Name ▶ | | | |
| | | | | |
| | Address | | | |
| | | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | ☐ No |
| | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | | |
| - | of gaming revenue retained by the third party > \$ | | | |
| _ | of garming revenue retained by the third party: | | | |
| • | on tes, enter hame and address of the third party. | | | |
| | Name ▶ | | | |
| | Name | | | |
| | Address | | | |
| | Address - | | | |
| 40 | | | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name | - | | |
| | | | | |
| | Gaming manager compensation > \$ | | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| | | | | |
| 17 | Mandatory distributions: | | | |
| а | s is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | □ \ | Yes | ∟ No |
| t | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |
| | organization's own exempt activities during the tax year 🕨 💲 | | | |
| Pa | Irt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii |) and (v) | , and | Part III, |
| | lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information | n (see In | struc | tions). |
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SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Employer identification number

OMB No 1545-0047

Open To Public Inspection

Name of the organization

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

INTERNATIONAL CANCER ADVOCACY NETWORK 86-0818253 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved (a) Name of interested (b) Loan to or from (c) Original principal (e) In (g) Written (d) Balance due by board or default? person and purpose the organization? agreement? amount committee? To From Yes No Yes Yes No MARCIA K HORN CEO 180,443. 157,145. Х Х Х 157,145. Total Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and (c) Amount and type of (a) Name of interested person the organization assistance

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

Schedule L (Form 990 or 990-EZ) 2011

SEE PART V FOR CONTINUATIONS

| Part IV Business Tran | sactions Involv | VATIONAL CANCER ADVO ving Interested Persons. 1 'Yes' on Form 990, Part IV, line 28a, 2 | | RK 86-0818 | , <u>,,, </u> | age 2 |
|--|---------------------------------|---|---------------------------------------|--------------------------------|---|---------|
| | . (a) Name of interested person | | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
| | | | | | Yes | No |
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| Part V Supplemental Complete this part | | al information for responses to question | ns on Schedule L (see | Instructions). | <u> </u> | |
| SCHEDULE L, PART | r II, LOANS | TO AND FROM INTERE | STED PERSON | IS: | | |
| (A) NAME OF PERS | SON: MARCIA | A K HORN CEO | | | | |
| (A) PURPOSE OF I | LOAN: PROGE | RAM SERVICES EXPENSE | s | | | |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Name of the organization

INTERNATIONAL CANCER ADVOCACY NETWORK

Employer identification number 86-0818253

| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|--|
| ICAN'S AGGRESSIVE CANCER PATIENT ADVOCACY PROGRAMS AND CLINICAL TRIALS |
| ADVOCACY PROGRAMS PROVIDE PATIENTS WITH DETAILED AND CUSTOMIZED |
| INFORMATION AS WELL AS PATIENT EMPOWERMENT TOOLS TO ASSIST THEM IN |
| THEIR BATTLES FOR LIFE. ICAN'S PROGRAM SERVICES ALSO SEEK TO ENHANCE |
| AND EXPEDITE THE ANTICANCER DRUG DISCOVERY AND DEVELOPMENT PIPELINE |
| THROUGH MORE EFFECTIVE ADVOCACY, EDUCATION, & LEGISLATION AT ALL |
| LEVELS. |

NEARLY 600,000 LIVES WILL BE LOST TO CANCER IN THE UNITED STATES ALONE

THIS YEAR. CANCER PATIENTS WHO HAVE JUST LEARNED THAT THEIR CANCER HAS

METASTASIZED ARE IN QUICK NEED OF CUTTING-EDGE INFORMATION SERVICES AND

TENACIOUS PATIENT ADVOCACY SO THAT THEY CAN ACCESS THE MOST PROMISING

ANTICANCER DRUGS.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS PROVIDED TO
BOARD MEMBERS FOR THEIR REVIEW BEFORE THE FORM 990 IS FILED. THE CHAIRMAN
OF THE BOARD OF TRUSTEES AND THE CHAIRS OF FINANCE/BOARD GOVERNANCE
COMMITTEES REVIEW QUESTIONS AND COMMENTS, FORM 990, AND THE ORGANIZATION'S
FINANCIAL STATEMENTS WITH THE ORGANIZATION'S CEO. THE ORGANIZATION'S
EXECUTIVE COMMITTEE THEN COMPLETES ITS REVIEW, AND FORM 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ANNUALLY DISCLOSE IN WRITING ALL POTENTIAL OR ACTUAL CONFLICTS OF INTEREST TO THE BOARD GOVERNANCE COMMITTEE.

| Schedule O (Form 990 or 990-EZ) (2011) | Page 2 |
|---|---|
| Name of the organization INTERNATIONAL CANCER ADVOCACY NETWORK | Employer identification number 86-0818253 |
| FORM 990, PART VI, SECTION C, LINE 18: FORMS 990 ARE AVAI | LABLE AT THE |
| GUIDESTAR.ORG WEBSITE, AND UPON REQUEST. FORM 1023 IS AV | AILABLE UPON |
| REQUEST. | |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S | WEBSITE HAS A |
| BOARD GOVERNANCE SECTION. THE ORGANIZATION'S GOVERNING D | OCUMENTS, CONFLICT |
| OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABL | E UPON REQUEST. |
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INTERNATIONAL CANCER ADVOCACY NETWORK

Statement of Program Services Accomplishments for 2011

ICAN Provided Rapid-Response and Urgently Needed
Personalized Medicine Cancer Case Management Services,
Cancer Patient Advocacy Programs, and Clinical Trials Advocacy Programs
to Stage IV Cancer Patients in Arizona, throughout the United States, and abroad

I. ICAN's Personalized Medicine Cancer Case Management Services:

Numerous Awards and Recognition for ICAN's Cancer Patient Advocacy Programs and Clinical Trials Advocacy Programs

Throughout 2011, ICAN continued expanding its Personalized Medicine Cancer Case Management Program Services which include Cancer Patient Advocacy Programs, Clinical Trials Advocacy Programs, as well as Public Education and Information Programs in over 200 separate cancers and cancer subtypes directly serving patients diagnosed with Stage IV cancer. Many patients had been given no viable strategic options before approaching ICAN. The mission of the organization is to seek, through its robust direct navigation services, to extend life with the highest achievable quality of life.

ICAN is dedicated to assisting advanced Stage IV adult and pediatric cancer patients throughout the United States and around the world. Headquartered in the Phoenix-Scottsdale area, ICAN was founded in 1996 on a new paradigm of professional patient advocacy that is both tenacious and creative. This direct advocacy provides the men, and women with whom we work—as well as the parents of children and adolescents diagnosed with cancer—the cutting-edge information services and the advocacy support necessary to empower them to manage effectively their personal battles against cancer.

ICAN's Personalized Medicine Cancer Case Management Services are comprehensive and tailored to the needs of each patient and his or her particular cancer ... emphasizing that patient's medical record and status. ICAN's services include, among other things, connecting a patient with world class specialists and laboratories; helping a patient understand how the specific elements in a treatment plan interconnect and relate strategically to the big picture; working to make sure that the patient is not overlooking some key area of treatment or avoiding a promising avenue of life extension because of misinformation or a lack of information; ensuring that the cancer is appropriately analyzed in terms of its highly individualized molecular profile; and empowering the patient along with his or her family to ask the right questions of the patient's medical team throughout the course of treatment.

The organization is grateful to each and every donor as well as to the tireless efforts of hundreds of talented people from around the world who comprise our all-volunteer Program Services Research Department. Each donor and volunteer has helped ICAN to both establish and maintain our impressive global footprint ... allowing us to provide our 24/7/365 Patient Services and expand our continuum of care to assist Stage IV patients in 50 states and 51 countries to date.

Referrals to ICAN are set in motion by a cancer patient's friends, immediate family, relatives, or fellow cancer patients who have previously worked with or who are currently working with ICAN as well as by those who have attended ICAN special events, community outreach meetings, or oncology conferences. Referrals also come in to ICAN from physicians (often, oncologists and anesthesiologists), specialty laboratory professional personnel, and medical centers as well as through networking, health fairs, job fairs (where ICAN seeks additional volunteer research interns), educational meetings, ICAN's website, other cancer organizations' resource suggestions, in addition to ICAN's social media outreach efforts. Complex cases at ICAN typically require between 20 and 80 hours of Patient Services and Program Services Research Department staff/research associate/intern time per patient.

ICAN prides itself on providing, where appropriate, detailed answers for new cancer case referrals to the organization within 24 to 48 hours of the patient's first inquiry. During 2011, hundreds of referrals to major medical centers, medical oncology, surgical oncology, radiation oncology, radiology, interventional radiology, stereotactic radiosurgery, pathology, and specialty laboratories were made on behalf of patients enrolled in ICAN's Cancer Patient Advocacy Programs as a follow-up to the organization's extended patient case analyses. During the last several weeks of 2011—as a result of the profile of ICAN in the December 12, 2011 issue of Newsweek—patient inquiries received from around the world led to hundreds of new cases asking for ICAN services.

The organization is positioned to continue pursuing all of its multi-faceted initiatives at full throttle—an Advocacy Institute project as part of ICAN's overall Research Institute strategic plan; our multi-faceted search system—Remission Coach®—for which ICAN received the official Trademark during the fourth quarter of 2011; our mobile app projects—being developed by ICAN's team of scientists, computer programmers, and clinicians—which will add immeasurable value to the world of drug development; and of course, working to help the growing numbers of patients who are currently on a Wait List because the resources of the organization are perennially overextended, given the endless demand for services.

ICAN has countless anecdotes about bringing patients back from the brink who had otherwise been written off as hopeless. It is due to such successes that ICAN has become a magnet for late-stage cancer patients who have been offered no further options by their medical teams, whether they are in rural settings or in highly-acclaimed comprehensive cancer centers. Because ICAN has a growing world-class reputation for delivering consistent and positive results, other cancer organizations

refer to us patients who have the toughest diagnoses or the rarest of tumors or blood cancers.

Serving as what many patients and medical professionals refer to as a Remission $Coach^{\circledR}$, ICAN provides patients with referrals to top-notch medical teams, recommendations for specific diagnostics that are key to finding the most on-target treatment, cutting-edge information services, patient empowerment tools, clinical trials enrollment strategies, and when appropriate, applications for compassionate use to access promising experimental drugs outside the clinical trials setting.

While the organization's core mission is to provide robust, personalized cancer patient advocacy, ICAN is involved in the drug pipeline across the board—from drug discovery, drug development, and licensing/legal issues through our Scientific Advisory Council; to regulatory issues by virtue of our CEO's participation on the MD Anderson Institutional Review Board (Oncology Panel/Banner Gateway) as well as having an ICAN patient representative on the Oncologic Drugs Advisory Committee of the FDA; to personalized medicine and gene expression profiling issues additionally supported by our International Physicians Advisory Council and our Biomarkers Council; all the way through to our interaction with pharmaceutical companies and biotechs engaged in clinical trials.

ICAN highly values its dream team of more than 700 compassionate volunteers around the world—each a devoted soldier in the fight for the lives of late-stage cancer patients—endowing the organization with critical support behind the scenes, and driving forward the goals of life extension along with the highest possible quality of life for our patients.

ICAN Achievements and Accolades

- ❖ ICAN recently co-sponsored, with the Alliance for Safe Biologic Medicines, an important conference for distinguished scientists and clinicians on the very complex scientific issue of safe biologic medicines and biosimilars. Featured speakers were members of our Biomarkers Council, Eric Thompson, PhD and Brett R. Johnson, PhD. The chairman of our Biomarkers Council, Scott M. Kahn, Ph.D. from Columbia University, and Brett R. Johnson, PhD of Harvard University, represent ICAN as active members of biosimilars organizations and keep ICAN informed of every advance. Monitoring the safety of biosimilars, especially since ICAN deals with biosimilars across its Patient Services network, will continue to be an important issue for the organization.
- ❖ ICAN was profiled in Newsweek's December 12, 2011 issue due to the fact that one of our metastatic breast cancer patients has experienced and enjoyed complete remission for well over six years which she has, in multiple media appearances, attributed to ICAN's special advocacy and referral services as

well as the organization's management of her case. This pivotal feature story in *Newsweek* has led to hundreds of additional cases (many of which were multi-faceted and highly complex dealing with numerous cancer centers) coming in to the organization from around the world over the last 11 months.

- ❖ ICAN was profiled as the leading cancer patient advocacy organization in Pharmaceutical Executive's October 2011 edition which issue saluted 30 years of patient advocacy. The magazine chose to profile four (4) key organizations: one AIDS organization, one Alzheimer's organization, one organization for rare diseases, and selected ICAN to represent the best in cancer patient advocacy.
- ❖ ICAN's CEO Marcia Horn was named a Finalist in the Non-Physician category of Phoenix Business Journal's Health Care Heroes.
- The Drug Information Association announced that the DIA Board would be nominating ICAN's CEO to the board of the leading national clinical trials "think tank" consortium under the auspices of Duke University—the Clinical Trials Transformation Initiative, CTTI. This is a significant honor for ICAN, demonstrating that the foremost association whose membership includes biopharma executives, regulatory executives, and government officials from HHS, NIH, NCI, CMS, CDC, and FDA well understands ICAN's crucial mission on clinical trials advocacy.
- ♣ Having received a full scholarship as a Patient Advocate Fellow to the Drug Information Association's conference in Philadelphia, ICAN's CEO gave two presentations, one of which addressed pharmaceutical company CEOs in a special by-invitation-only executive session at DIA.
- ❖ ICAN's CEO served on evidence-based Technical Advisory Review panels dealing with solid tumors and the issues of comparative effectiveness of current treatments.
- ICAN successfully nominated a patient to the FDA's Office of Special Health Issues to serve on their Oncologic Drug Advisory Committee (ODAC) as a patient representative. His participation on ODAC has been highly regarded.
- ❖ ICAN's CEO was invited to join an Institutional Review Board (IRB) affiliated with the renowned comprehensive cancer center MD Anderson (at Banner Gateway) and has been an active member of that IRB. While ICAN has reviewed in detail many hundreds of Informed Consent documents over the years with our patients, this gives our CEO the opportunity to be involved in reviewing and editing such pivotal documents in order to explain to cancer patients in clear language a clinical trial which seeks to study and evaluate a promising anticancer compound or a multi-agent combination. This new assignment also affords the opportunity for ICAN's CEO to delve into and

understand the many technical and ethical issues that come before an highlyproductive IRB in order to protect patient safety and enhance patient comprehension of the clinical trials process.

- ❖ The FDA's Office of Planning and Analysis in the Center for Drug Evaluation and Research (CDER) invited ICAN to be a special participant at the FDAsponsored inaugural conference on Patient-Focused Drug Development.
- ❖ Elsevier's Pink Sheet—the "go-to" newsletter for the biotech and pharmaceutical industries—requested ICAN's perspective about FDA clinical trials regulations for their high-level pharmaceutical executive suite subscribers, interviewing members of ICAN's Biomarkers Council.
- USA Today's Personalized Medicine research and writing team at MediaPlanet requested ICAN's input on a supplement on Personalized Medicine and molecular diagnostics.
- ❖ ICAN is rated five-star (highest rating) on VolunteerMatch.org
- ❖ ICAN received Constant Contact's 2011 "All Star" Award for the strength of the organization's e-newsletter and incredibly low number of opt-outs (which is the basis for the award). Constant Contact is the leading e-newsletter for nonprofit organizations. Constant Contact invited ICAN's CEO to join its newly-formed advisory council seeking to reach out to nonprofit executives on marketing communications issues.
- ❖ ICAN is five-star rated (highest rating as well) on Great Nonprofits.org, and has received the following Great Nonprofits Awards:
 - 2011 Top-Rated Health Care Organization
 - 2012 Top-Rated Health Care Organization, awarded in July and again in October, 2012
 - Number one ranking in five-star ratings of all Great Nonprofits working with breast cancer, surpassing all other breast cancer organizations: Top-Rated Breast Cancer Organization 2012

With the continuing challenges facing the economy in the U.S. and in the Southwest particularly, organizations such as ICAN continue to experience a downturn in donations compared with those of five years ago. Throughout 2011, ICAN was nonetheless able to make available its 24/7/365 Patient Program Services by virtue of the in-kind services of 718 volunteers hailing from top-notch sources including: volunteermatch.org, internships.com, idealist.org, linkedin.com, local colleges and universities, as well as additional volunteer and professional recruitment and

networking groups. Moreover, when approached to train and assign community service volunteers who had court-ordered hours to fulfill, ICAN staff and key leadership not only acquiesced, but served as a positive role model and provided an exceptional perspective on helping to fight the War on Cancer.

The majority of ICAN volunteers are actively-employed, part-time, or recently-retired physicians, biologists, chemists, and other professionals in the healthcare arena, as well as professionals in law firms, marketing firms, pharmaceutical or corporate positions. In addition, college students, graduate students, and post-doctoral students apply for ICAN volunteer positions. These volunteers—depending on their capabilities, expertise, and/or interest—are assigned to assist ICAN in areas that range from tumor biomarkers and gene expression profiling information to cancer literature research updates on a per-cancer basis or per-clinical trials basis; from printing and sending out certificates in memory/honor of a cancer patient to providing essential services for our fundraising and friend-raising events (such as our annual Liberty Mutual Golf Invitational and our annual Broadway Theatre Party). All told, ICAN's Board Governance Committee estimates that this massive infusion of volunteer support in 2011 amounted to an in-kind donation to ICAN of over \$5 million, given the quality of volunteer talent and the quantity of volunteer hours which flowed so generously throughout the year into ICAN.

By the end of 2011, ICAN had continued to develop and refine its Internship Programs for high school through post-doctoral students and had launched an Academic Internship department as well on issues ranging from ICAN Patient Program Graphic Design, Mobile App Development, to Healthcare Financing Challenges, and many other issues.

During 2011, the following Named Programs were established by ICAN at the request of patients or their families (a complete description of each Named Memorial and Tribute Program is found at www.askican.org):

The Kye Carpenter-Mark Pediatric AML Program (United Kingdom)

The Judy Joseph Palliative Care Program (U.S.)

The Mimi Martin Molecular Profiling Program (U.S.)

The Rivka (Karin) Matitya Breast Cancer Program (Israel)

The Abdelhadi Mustafa Amawi Cancer Advocacy Program (Jordan)

The Susan L. Heffron Cancer Patient Advocacy Program (U.S.)

The Xhevair Sulijmani Pediatric Cancer Patient Advocacy Program (Macedonia)

In 2011, the following programs in tribute to an ICAN cancer survivor or in memory of an ICAN cancer patient were further developed through the continued support of grateful patients and/or their families:

The Dana Michelle Adler Cervical Cancer Patient Advocacy Program

The Maureen Purdy-Aramino Lung Cancer Clinical Trials Advocacy Program

The Patricia A. Berardi Gallbladder Cancer Research Program

The William F. Buck, IV Cancer Research Program (Cancers of Unknown Primary)

The Marilyn Fagan Ovarian Cancer Patient Advocacy Program

The Michael J. Frisby Head and Neck Cancer Research Program

The Wendy Gelber Lung Cancer Research Program

The Patricia B. and William H. Lyons Physicians-Patient Communications Program

The Kim Ian Madsen Prostate Cancer Survivors Program

The Leatrice J. Nach Scientific Writing Program

The Arie Ringelstein Gastric Cancer Patient Advocacy Program

The Carlissa Rodriquez Gynecologic Oncology Biomarkers Program

The Stacey Titens Wizig Cancer Research Program

The Dr. Tom Tyne Cancer Research Program in Head and Neck Cancer

The Nancy Strauss Hematological Cancer Patient Advocacy Program

In 2011, the organization pursued research and volunteer recruitment to aid in the furtherance of the following Cancer Patient Advocacy Programs and Clinical Trials Advocacy Programs at ICAN:

The Lydia Marie Hawkins Public Education Program

The Ognjen ("Ogi") Kovacevic T-Cell Lymphoblastic Lymphoma/ALL Patient Advocacy Program

The Nora Lee Gregory Advocacy Program for Family Caregivers

The Shirley Morrison Lymphoma Patient Advocacy Program

The Mary Ann Granger-Alderson Clinical Trials Advocacy Program

The Fred Runnels Padgett Lung Cancer Patient Advocacy Program

The Peggy Parker Cancer Patient Advocacy Program in Genitourinary Cancers

The Herb Glicksman Patient Advocacy Program for Rare Cancers

The Rick Oertel Colon Cancer Patient Advocacy Program

Throughout 2011, ICAN Program Services in the following named Cancer Patient Advocacy Programs or Clinical Trials Advocacy Programs assisted advanced cancer patients:

The Gary M. Avey Cancer Patient Advocacy Program for Native Peoples

The LaDonna Jean Courtney Colorectal Clinical Trials Advocacy Program

The Lisa Dubow Colorectal Cancer Patient Advocacy Program (Genomic Issues)

The Thad Delos Duel Patient Advocacy Program and Public Education Program on Amyoloidosis

The Florence N. Heffron Rhabdomyosarcoma Patient Advocacy Program

The Janice D. Isbell Carcinoid Cancer Patient and Carcinoid Clinical Trials Advocacy Program

The Kae Robb Breast Cancer Clinical Trials Advocacy Program for Her-2/neu Positive Patients

During 2011, ICAN personnel and volunteers also reviewed and researched the issue of compassionate use and expanded access requests of drugs in the clinical trials pipeline for late-stage cancer patients. The infrastructure for **The Muriel Finlayson Williams Compassionate Use Drug Information Program** at ICAN continued to be pursued on behalf of patients who are seeking information about emergency release of promising compounds from their developmental and pharmaceutical sponsors. ICAN's in-house resources and experience in that area date back to 1996 at which time ICAN's Founding Chairman submitted the most comprehensive request for compassionate use that the National Cancer Institute, the developmental sponsor of a certain anticancer drug, had ever received.

In 2011, ICAN Program Services staff continued to respond to the many hundreds of inquiries from all over the United States and abroad relating to specific anticancer compounds, clinical trials options, physician and specialist referrals, laboratory referrals, as well as major cancer center/oncology practice referrals. Because of heightened publicity, the leading inquiry at ICAN throughout 2011 concerned immunotherapy and novel cancer vaccines, especially in the breast cancer and melanoma contexts. Inquiries regarding the EML4ALK fusion gene and ALK-inhibiting drugs such as *crizotinib* (relevant to a sub-population of non small cell lung cancer patients) were also addressed. ICAN Public Education Program Services and Drug Pipeline Information Programs responded to patient and public inquiries seeking information on specific vaccine clinical trials and immunotherapy issues, molecular profiling, whole-genome sequencing, next-gen sequencing, hormone therapy, brachytherapy, proton beam therapy, antiandrogen therapy, steroid therapy, endocrine therapy, biologic therapy, as well as anticancer compounds characterized as vascular targeting agents and angiogenesis inhibitors.

Other areas of patient and public inquiries included: the blood-brain barrier and anticancer drugs targeting brain metastasis (whether solitary lesions or multiple metastases), conventional surgery, radiation therapy, complementary and alternative medicine, multi-drug resistance issues, pain management issues, and palliative care issues (such as fatigue, cachexia, and nausea management). The issues of small bowel obstruction and ascites continued to be especially prominent among gastrointestinal cancer, pancreatic cancer, and ovarian cancer patients during 2011. ICAN Patient Program Services also responded to requests for additional information concerning new diagnostic procedures, epigenetic biomarkers, signaling pathways, new imaging technology, and cutting-edge interventional radiology procedures.

II. Information Technology/Drug Pipeline Initiatives: Remission Coach® and ICAN Mobile App Projects

Over the last several years, ICAN has succeeded in developing a revolutionary medical information search engine. The search system along with its ancillary programs is called Remission Coach® and represents an innovative service which will be housed on one of ICAN's websites for cancer patients and their families. The search engine will enhance and accelerate retrieval of relevant and specific patient-appropriate information.

The international launch and announcement of this ground-breaking search system will catapult the mission, vision, and reach of ICAN to a new threshold of impact. The vision for ICAN is one of growth, evolutionary change, and expansion of the organization's comprehensive Personalized Medicine Cancer Case Management Program Services, including ICAN's Remission Coach®, to meet the escalating needs of an ever-increasing population of cancer patients across the globe. This will result in ICAN needing to develop crucial capacity-building and bioinformatics

resources in the years ahead to meet the overwhelming patient demand for its life-extending services. Working groups to develop a Capital Campaign and oversee Remission Coach® Metrics/Bioinformatics are in formation.

ICAN continues to develop the infrastructure for the organization's capital campaign which will fund its advanced research initiatives as well as Remission Coach® and other projects.

III. Ongoing Development of ICAN Professional Councils, including the Biomarkers Council at ICAN

ICAN's governing board and staff continued to focus on strategic planning and recruitment for the organization's International Physicians Advisory Council, Pharmaceutical Advisory Council, Biotech Advisory Council, as well as its Biomarkers Council.

After an exhaustive international search concluding in 2011, the organization formally announced Scott M. Kahn, Ph.D., as chairman of ICAN's Biomarkers Council. Dr. Kahn is Director of Basic Urologic Research, St. Luke's-Roosevelt Health Science Center and Assistant Professor of Clinical Urology, Department of Urology as well as a Member, Herbert Irving Comprehensive Cancer Center at Columbia University.

Under the leadership of Dr. Kahn, a concerted effort was made to recruit outstanding senior biomarker advisors for the Biomarkers Council. Over the past year the organization fortunate to bring aboard many proven and accomplished biomarker scientists and experts in molecular diagnostics. The Council's current roster of senior advisors includes scientists presently or formerly with Harvard, Columbia, NIEHS. and with Roche/Genentech; Merck; Novartis; Astra Zeneca; Astellas; Janssen; GNS Healthcare; Lab 21; Caris Life Sciences; Epigenomics; Biomarin; Shanghai Bio; and Quorum Review.

(A) Assisting ICAN on Complex and/or Rare Patient Cases

Over the past year, the Biomarkers Council has assisted on a number of patient cases, from pediatric to elderly cancer patients—in the areas of solid tumors and blood cancers. When requested, the Biomarkers Council took immediate efforts to provide its collective knowledge to anonymized patient cases. With each case, the Biomarkers Council provided support on a number of levels. This work included a comprehensive literature review to identify relevant biomarkers and identification of appropriate biomarker service providers. With the more challenging cases, when asked, the Biomarkers Council utilized the skills and expertise of the Council's Senior Advisors. The Advisors provided individualized biomarker reviews for anonymized patients, and more recently, partial genomic sequencing analysis. The Biomarkers Council made use of our growing academic and industry network, vigorously contacting senior industry scientists and members of the global biopharma

community on the behalf of ICAN patients for the purpose of obtaining targeted therapeutic agents or molecular diagnostics.

(B) Biomarker Databases

The Biomarkers Council was tasked with generating a comprehensive database of cancer-associated biomarkers for ICAN. To this end, the Biomarkers Council recruited over 40 interns who were individually assigned specific research projects to identify biomarkers associated with certain cancer and cancer subtypes, therefore supplementing the vast number of research interns already working in this area in ICAN Patient and Research Services under the direction of either International Physicians Council Chairman Robert H. Tamis, M.D. and/or Director of Research Services Regina Marie Klopfer. Our Biomarkers interns generated extensive biomarker files for many solid tumors. Given the exciting proliferation of whole genome sequencing (WGS) articles being published and the extensive amount of published WGS data published over the past year, Biomarkers Council members and ICAN research interns were inundated with new challenges throughout 2011. Dr. Neil Butters, a Senior Advisor on the Council, provided the Biomarkers Council colleagues and ICAN leadership with weekly biomarker updates.

(C) Biomarkers Council Public Presentations on behalf of ICAN

Scott M. Kahn, PhD, presentations

07-11: World Epigenetics Summit, Boston, MA

10-11: Pharma/Bio Congress on Oncology Drug Development, Philadelphia, PA

11-11: Using Biomarkers to Shorten Clinical Development Cycles, Washington, D.C.

10-12: Boehringer Ingelheim, Ridgefield, NJ (co-presented with ICAN's CEO)

Brett R. Johnson, PhD, presentations

09-14: AmeriSourceBergen Conference, Philadelphia, PA

11-12: World Companion Diagnostics Conference, Boston, MA

Social Media and the Biomarkers Council

Dr. Ajay Malik oversees the social media efforts for the Biomarkers Council. The organization maintains an active presence on LinkedIn, Facebook, and Twitter. Dr. Malik authored the first issue of ICAN's Biomarker Council's newsletter titled On The Mark.

(D) Biomarkers Council Advocacy Projects

The Biomarkers Council actively represented ICAN in many patient advocacy efforts over the past year. Biomarkers Council members actively participated in the Personalized Medicine Coalition, which affords the ability to confer with leaders in the field. Dr. Scott Kahn represented ICAN as an active member of the Physicians

Advisory Board for the Alliance for Patient Access. The AfPA continually monitors and responds to national and regional policy issues that have the potential to influence patient access to treatments and care.

Dr. Kahn attended regional meetings of the AfPA, and participated in Bio Fly-In in Washington, DC, where he met with congressional representatives and their staff members, lobbying on behalf of ICAN and the AfPA. One of the major issues discussed was extension of PDUFA, which was passed by Congress shortly thereafter.

Ajay Malik, PhD and Eric J. Thompson, PhD of the Biomarkers Council assisted with a number of the organization's public releases and statements, including ICAN's response to the FDA's public hearing on Biomarkers, while Brett R.Johnson, PhD represented ICAN as an Advisory Board member for the Alliance for Safe Biologic Medicine.

For additional information about ICAN, its mission, vision, values, and goals in Patient Program Services, or for further information about ICAN's boards, councils, or board governance, please see http://www.askican.org/ or please contact our Program Services and/or Board Governance Committees at 602-618-0183 or please email our board leadership at boardgovernance@askican.org

ICAN...

Experience, creativity, and tenacity in providing the utmost in direct patient navigation services, supported by a global network of volunteers engaging academia, industry, and government to optimize patient outcomes....

Of the many thousands of cancer organizations worldwide, ICAN uniquely assists patients in 50 states, U.S. territories, as well as in more than 50 countries and is the <u>only</u> cancer patient advocacy organization profiled in *Pharmaceutical Executive* magazine's 30th Anniversary Edition on Patient Advocacy....

www.askican.org