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Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black fung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000
and total assets less than \$500,000 at the end of the year may use this form

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

1208 OMB No

Open to Public

Department of the Treasury

A For the 2011 calendar year, or tax year beginning 9/01 , 2011, and ending 8/31 2012. B Cities of expectable CAINCER COMMUNITY CHARITIES Name classes properly interflection numbers (2AINCER COMMUNITY CHARITIES Name classes properly Name classes properly Name classes Properly Name classes Properly Name classes Properly Name classes Properly Name classes Properly Name classes Properly Name classes Properly Name classes Properly Name classes Properly Name classes Properly Name classes Properly Name classes Properly Name classes Properly Name classes Properly Name classes Properly Name classes Properly Name classes Properly Name classes Properly Name classes Name		Inte	nal Rev	venue Service		he organization may ha	ve to use a copy or	this return to satisfy	state reporting req	uirements		mapecuon
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normally not more than \$50.000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return. Ladd lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total satisfies the provided of pr		J	Тах-е	xempt status (ck on	nly one) — X 5	501(c)(3) 501(c)	() ◄ (inse	rt no) 4947(a)(1) or 527	990, 9	190-EZ, or	990-PF)
Instructions) But if the organization chooses to file a return, be sure to file a complete return Add thene \$5, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total sasets (Part II, line 25, column (3) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		K										
Add lines 5h, 6c, and 7h. In line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or of total assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-E2 to assets of Form 990-E2 to asset of Form 990-E2 to a section of Form 990-E2 to a section of Form 990-E2 to asset of Form 990-E2 to a section of Form 990-E2 to asset of Form 990-E2 to a section of Form 990-E2 to asset of Form 990-E2 to a section	~^^		norm	ally not more th	nan \$50,000 A	Form 990-EZ or F	orm 990 retur	n is not require	d though Form	990-N (e	e-postcard)	may be required (see
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Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part)		L	asset	lines 5b, 6c, and ts (Part II, line 2	a /b, to line 9 to 25. column (B)	o determine gross below) are \$500.0	receipts if gi	e Form 990 ins	tead of Form 9	90-EZ	ıı totai ► Ş	135,707.
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AA For Paperwork Reduction Act Notice, see the separate instructions.

Page 2

Par	Check if the organization used Sche		estion in this Part II					X
		1 1			Beginning of	yea	ar	(B) End of year
22	Cash, savings, and investments				4,96	<u> 62</u>	$\overline{}$	6,740.
23	Land and buildings						23	
24	Other assets (describe in Schedule O)						24	
25	Total assets				4,96			6,740.
26	Total liabilities (describe in Schedule O)		· · · · · · · · · · · · · · · · · · ·			<u>45</u>	_	0.
27	Net assets or fund balances (line 27 of				4,91	<u>17</u>	. 27	6,740.
Par						$\overline{\mathbf{x}}$	(Dog	Expenses uired for section
110-1	Check if the organization used Sc					싁	501(c)(3) and 501(c)(4)
What	s the organization's primary exempt purpose? SET ribe the organization's program service a sured by expenses. In a clear and concise	COMPLISHMENTS for each of	its three largest prod	oram	services, as	\dashv	orgai	nizations and section
mea	sured by expenses In a clear and concise	manner, describe the servi	ces provided, the nu	mber	of persons	ı	4947	(a)(1) trusts, optional thers)
28	fited, and other relevant information for e FUNDS ARE RAISED THROUGH		TIND RATSING	विराय	מוא בא פידע	\dashv		
28	DONATED TO NON-PROFIT ORG		OND WISING	12 V 21	AT2 MAD -	- 1		
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	(Grants \$ 81, 250.) If th	s amount includes foreign g	rants check here			ᅱ	28 a	90,599.
29	(Giants 3 01,230.) ii iii	is amount includes loreigh g	rants, check here			┵	200	30,333.
23						-1		
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30	3		· · · · · · · · · · · · · · · · · · ·		•			
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31	Other program services (describe in Sch	edule O)	·		_			
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32	Total program service expenses (add lir					•	32	90,599.
Par					if not compensat	ed	(see th	e instructions for Part IV)
	Check if the organization used Sc	_ 			(d) Health ben	ofite		(2) Estimated amount of
	(a) Name and address	(b) Title and average hours per week	(c) Reportable compensa (Form W-2/1099-MISC) [contributions to e	empl	oyee	(e) Estimated amount of other compensation
		devoted to position	(If not paid, enter -0-)	'	benefit plans, deferred compe			
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DAA		TEE A00121 (12/14/12					Form 990-F7 (2011)

Pai	tt·V Other Information (Note the Schedule A and personal benefit contract statement returns the instructions for Part V) Check if the organization used Schedule O to respond to an	equirements in SE y question in this Par	E SCHE	EDUI	LE O	X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provi	de a detailed descript	tion of	33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	amended documents if they	y reflect	34		х
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year (such as those reported on lines 2, 6a, and 7a, among others)?	ar from business activ	rities	35 a		х
	o If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide and Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sect		ule O	35 b		
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part I' Did the organization undergo a liquidation, dissolution, termination, or significant disposition	II iii		35 c		X
	year? If 'Yes,' complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions	1	0.	36		Х
t	Did the organization file Form 1120-POL for this year?			37b	, (n + m	X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered of the tax year covered of the tax year covered of the total	by this return?		38 a		X
	amount involved Section 501(c)(7) organizations Enter	38 b	N/A			,
	Initiation fees and capital contributions included on line 9	39 a	N/A			
	Gross receipts, included on line 9, for public use of club facilities	39b	N/A	<i>,</i> .		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the	year under			,	
	section 4911 ► 0., section 4912 ► 0.; section 495		0.			į
t	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 49 transaction during the year or did it engage in an excess benefit transaction in a prior year to on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	nat has not been repo	orted	40 ь		X
c	: Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	•	0.			•
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	•	0.		,	
	All preparations. At any time during the toy year was the preparation a party to a probability	ed tax]	, ,	, ′	1
	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE		<u>L</u>	40 e		X
41 42 a	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► DORIS SADLER Located at ► 5269 E DODD ROAD HAYDEN ID	Telephone no ► <u>2</u> ZIP + 4 ► 8	2 <u>08</u> -77 3 <u>835</u>	3-62	2 <u>5</u> 8_	
41 42 a	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE The organization's books are in care of DORIS_SADLER	Telephone no ► <u>2</u> ZIP + 4 ► 8	2 <u>08</u> -77 3 <u>835</u>	3-62		
41 42 a	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE The organization's books are in care of DORIS SADLER Located at 5269 E DODD ROAD HAYDEN ID At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other financial account.)	Telephone no ► 2 ZIP + 4 ► 8 or other authority ove nancial account)?	208-77: 3835 er a	3-62		
41 42 a b	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final Act any time during the calendar year, did the organization maintain an office outside of the Lif 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final Act any time during the calendar year, did the organization maintain an office outside of the Lif 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final Act any time during the calendar year, did the organization maintain an office outside of the Lif 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no ► 2 ZIP + 4 ► 8 or other authority ovenancial account)? Incial Accounts. JS ? neck here 43	208-77: 3835 er a	3-62 42b	Yes	No X
41 42 a b	Shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE The organization's books are in care of DORIS SADLER Located at 5269 E DODD ROAD HAYDEN ID At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other file 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finals At any time during the calendar year, did the organization maintain an office outside of the Life 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year and the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 mot Form 990-EZ	Telephone no > 2 ZIP + 4 > 8 or other authority over nancial account)? Incial Accounts. US ? The phone no > 2 Accounts over nancial accounts. Market of the phone no > 43 The ph	208-77: 3835 er a	3-62 42b	Yes	No X X
41 42 a b	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE The organization's books are in care of DORIS SADLER Located at 5269 E DODD ROAD HAYDEN ID At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other fill 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final At any time during the calendar year, did the organization maintain an office outside of the Lif 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 more form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 mistead of Form 990-EZ	Telephone no > 2 ZIP + 4 > 8 or other authority over nancial account)? Incial Accounts. US ? The phone no > 2 Accounts over nancial accounts. Market of the phone no > 43 The ph	208-77: 3835 er a	3-62 42b 42c	Yes	No X X X N/A No X
41 42 a b	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE The organization's books are in care of DORIS SADLER Located at 5269 E DODD ROAD HAYDEN ID At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other file 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final At any time during the calendar year, did the organization maintain an office outside of the Life 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year of Form 990-EZ Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 more form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	Telephone no > 2 ZIP + 4 > 8 or other authority over nancial account)? Incial Accounts. J S ? The property of the propert	108-77 13835 er a	3-62 42b 42c	Yes	No X X X N/A No X
41 42 a b c c c c c c c c c c c c c c c c c c	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE The organization's books are in care of DORIS SADLER Located at 5269 E DODD ROAD HAYDEN ID At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other file 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final: At any time during the calendar year, did the organization maintain an office outside of the Life 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year of Form 990-EZ Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 more form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' In Schedule O	Telephone no > 2 ZIP + 4 > 8 or other authority over nancial account)? Incial Accounts. JS ? The provide an explanation of the provide an explanation o	tead	42b 42c 44a 44a 44b 44c	Yes	No X X X X No X X
41 42 a b b c c c c c c c c c c c c c c c c c	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE The organization's books are in care of DORIS SADLER Located at 5269 E DODD ROAD HAYDEN ID At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other fill 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final At any time during the calendar year, did the organization maintain an office outside of the Lif 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year of Form 990-EZ Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 more form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' p. Schedule O Did the organization have a controlled entity of the organization within the meaning of section.	Telephone no > 2 ZIP + 4 > 8 or other authority over nancial account)? Incial Accounts. J S ? The completed inside the completed inside the completed inside completed inside the completed inside the completed inside consideration of 512(b)(13)?	tead	42b 42c 44a 44a	Yes	No X X X N/A No X
41 42 a b b c c c c c c c c c c c c c c c c c	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE The organization's books are in care of DORIS SADLER Located at 5269 E DODD ROAD HAYDEN ID At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other file 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final: At any time during the calendar year, did the organization maintain an office outside of the Life 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year of Form 990-EZ Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 more form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' In Schedule O	Telephone no > 2 ZIP + 4 > 8 or other authority over nancial account)? Incial Accounts. J S ? The completed inside the completed inside the completed inside completed inside the completed inside the completed inside consideration of 512(b)(13)?	tead	42b 42c 44a 44a 44b 44c	Yes	No X X X X X X X

Form 990 -	EZ (2011) CANCER COMMUNITY CH	ARITIES			82-03	73954	F	age 4
							Yes	No
46 Did t	the organization engage, directly or indire didates for public office? If 'Yes,' complete	ctly, in political campai Schedule C. Part I	gn activities on	n behalf o	f or in opposition to	46		X
Part VI	Section 501(c)(3) organizations						tion	
	501(c)(3) organizations and sec	tion 4947(a)(1) no	nexempt cha	arıtable	trusts must answe	r question	าร	
	47-49b ánd 52, and complete th	e tables for lines b	o0 and 51.					_
	Check if the organization used Schedu	e O to respond to any	question in this	s Part VI				$-\!\!\perp\!\!\!\perp$
47 Did t	the organization engage in lobbying activi	ties or have a section F	501/b) election	ın effect (during the tay year? If	'Yes '	Yes	No
comp	plete Schedule C, Part II	des of have a section s	or (ii) election	iii cheet t	during the tax year in	47		X
	e organization a school as described in se		•		dule E	48		X
	the organization make any transfers to an	•	related organi	ızatıon?		49a		X
	es,' was the related organization a section	-	amalawaaa (ath	or than a	fficare dispotore trust	49b		l
50 Com empl	plete this table for the organization's five loyees) who each received more than \$10	00,000 of compensation	from the organ	nization	f there is none, enter	'None '		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable con (Forms W-2/109	mpensation 99 MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com	d amou ipensati	nt of on
NONE _								
								
		<u> </u>						
e Total	I number of other employees paid over \$1	00,000				L		
51 Com	plete this table for the organization's five	highest compensated i	ndependent co	ntractors	who each received mo	ore than \$10	0,000	of
	pensation from the organization If there in Name and address of each independent contractor paid			(b) Type o	f senuce	(c) Comp	ensatio	
	Name and address of each independent contractor paid	Thore than \$100,000		(b) Type o	1 30, 4,00	(6) 00111,	701130110	
NONE _								
								
								
e Total	I number of other independent contractors	s each receiving over \$	100,000		•			
	the organization complete Schedule A? N		*	s and 494	7(a)(1) nonexempt			
chari	itable trusts must attach a completed Sch	edule A				► X Yes		No
true, correct,	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other that office	r) is based on all information of	of which preparer has	s, and to the s any knowle	dge	ner, it is		
Sign	Signature of officer M. Jadd	/e~			12-13-13 Date			
Here	DORIS SADLER				TREASURER			
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Da	_	Check III	TIN	A	
Paid	NINETTE GOUCHER		ucher 1	1-00-1	self-employed E	0074517	4	
Preparer Use Only	Firm's name MAGNUSON, MCHUG				Firm's EIN	82-0331	228	
		ID 83814	<u>~</u>			-765-95		
May the IF	RS discuss this return with the preparer sh		uctions			► X Yes		No
						Form 99 6	EZ ((2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2011

CAN	CE	R COMMUNITY CH	HARITIES						82-03	<u> 373954</u>	4	
Par	t l	Reason for Publ	lic Charity Status	(All organizations	must o	comple	te this	part.)	See II	nstruct	ions.	
he o	orgai	nization is not a priva	ite foundation becaus	se it is (For lines 1 thro	ugh 11,	check o	nly one	box)				
1	П	A church, convention	of churches or asso	ciation of churches desc	cribed ir	section	170(b)	(1)(A)(i)				
2	П	A school described ii	n section 170(b)(1)(A)	(ii). (Attach Schedule I	E)							
3	П	A hospital or a coope	erative hospital service	ce organization describe	ed in se	ction 170)(b)(1)(A	()(iii) .				
4	П	A medical research of	organization operated	I in conjunction with a h	ospital	describe	d in sec	tion 17	0(Ь)(1)(А	A)(iii) Er	nter the hospital	's
	_	name, city, and state).									
5		An organization oper 170(b)(1)(A)(iv). (Co	rated for the benefit of mplete Part II)	of a college or university	owned	or oper	ated by	a gover	nmenta	I unit de:	scribed in sectio	on
6				overnmental unit descri								
7		in section 170(b)(1)(/	A)(vi). (Complete Pa			_	vernme	ntal uni	t or from	n the ger	neral public desi	cribed
8	Ц	-		70(b)(1)(A)(vi). (Comple								
9	_	from activities related investment income a	d to its exempt functi) more than 33-1/3% of ons – subject to certain is taxable income (less implete Part III)	n except	tions, an	d (2) no	more t	han 33-	1/3% of	its support from	gross
10	П	An organization orga	nized and operated e	exclusively to test for pu	ublic saf	ety See	section	509(a)	(4).			
11		more publicly suppor	ted organizátions des	exclusively for the benef scribed in section 509(a tion and complete lines	1)(1) or s	section 5	509(a)(2)	ctions o	of, or ca section s	rry out tl 509(a)(3)	he purposes of o	one or x that
		a Type I	b ☐ Type II	c Type III	l – Fund	ctionally	integrat	ed		d 🗌	Type III - Oth	er
е		By checking this box other than foundation section 509(a)(2)	, I certify that the org n managers and othe	anization is not controll r than one or more pub	led dired licly sup	ctly or in oported o	directly organiza	by one tions de	or more escribed	disquali in section	ified persons on 509(a)(1) or	
f			ceived a written dete	rmination from the IRS	that is a	a Type I	Type II	or Type	e III sup	porting	organization,	
g		Since August 17, 200	06, has the organizati	on accepted any gift o	r contrit	oution fro	om any o	of the fo	ollowing	persons		
											Yes	No
		(i) A person who o	directly or indirectly co	ontrols, either alone or pported organization?	togethe	r with pe	ersons d	escribed	d ın (ıı)	and (III)	11 g (i)	
			er of a person descri								11 g (ii)	1
		• •		described in (i) or (ii) a	hove?						11 g (iii)	+-
h			-	ne supported organization							119 (11)	٠
		(i) Name of supported organization	(ii) EIN	(in) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) organia column (your qu	Is the zation in in instead in overning ment?	(v) Did ye the organ column your su	ization in	organiz colun organize	s the ation in in (i) ed in the	(vii) Amount of su	pport
					Yes	No	Yes	No	Yes	No		
<u>A)</u>												
٥١												
B)												
C)							-				<u>-</u>	
D)									:			
-												
E)				₩8.	N2 W	747.						
otal			-		X4.	***	;					

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

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.)

Sec	tion A. Public Support		-		· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year nning 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')							
2	Tax revenues levied for the organization'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							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support					T		
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	rities, etc (see ins	tructions)			_1	2	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul							
14	Public support percentage for 20			ne 11, column (f))	L	1.	_	<u>%</u>
15	Public support percentage from					_ 1		<u></u> %
16 a	33-1/3% support test — 2011. If the and stop here. The organization	the organization of qualifies as a pul	lid not check the lolicly supported o	box on line 13, ar rganization	nd the line 14 is 3	3-1/3% or more	e, chec	k this box
t	33-1/3% support test — 2010. If and stop here. The organization	the organization o qualifies as a put	lid not check a bo olicly supported o	ox on line 13 or 16 rganization	5a, and line 15 is	33-1/3% or mo	re, che	ck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	r e. Explain in P	art IV I	
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	r e. Explain in P ed organization	art IV I 1	how the
	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	•	•		
BAA					Sc	hedule A (Forn	ı 990 o	r 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 qualify under the tests listed below, please complete Part II)

250	tion A. Public Support						
	dar year (or fiscal yr 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')	59,492.	76,568.	73,914.	27,461.	36,152.	273,587.
2	Gross receipts from admis-	33,432.	70,300.	,3,311.	2,,101.	30,132.	2737307.
	sions, merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose	47,297.	46,995.	33,118.	85,918.	95,303.	308,631.
3	Gross receipts from activities	41,231.	40, 333.	33,110.	03, 310.	33,303.	300,031.
	that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						•
5	its behalf The value of services or						0.
_	facilities furnished by a						
	governmental unit to the organization without charge		ĺ				0.
6	Total. Add lines 1 through 5	106,789.	123,563.	107,032.	113,379.	131,455.	582,218.
7 a	Amounts included on lines 1,						
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year	o.	0.	0.	0.	0.	0.
c	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line	F ,	,	120	;		
	7c from line 6)	,		7.4	<u>.</u>		582,218.
	tion B. Total Support	() 0007	420000	4.3.0000	4. 0010 T	(-) 0011	(O T-1-1
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009 107, 032.	(d) 2010 113, 379.	(e) 2011 131, 455.	(f) Total 582, 218.
	Amounts from line 6	106,789.	123,563.	107,032.	113,379.	131,433.	562,216.
1112	Gross income from interest			I			
ıua	Gross income from interest, dividends, payments received						
102	dividends, payments received on securities loans, rents,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,388.	603.	139.	115.		2,245.
	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	1,388.	603.	139.	115.		2,245.
	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	1,388.	603.	139.	115.		
Ŀ	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					0	0.
Ŀ	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	1,388.	603.	139. 139.	115.	0.	
Ŀ	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b,					0.	0.
Ŀ	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business.					0.	0.
11	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include.					0.	<u>0.</u> 2,245.
11	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in					0.	0. 2,245. 0.
11 12	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,388.	603.	139.	115.		0. 2,245. 0.
11 12	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,388.	603. 124,166.	139. 107,171.	115.	131,455.	0. 2,245. 0. 0. 584,463.
11 12 13 14	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 orgamization, check this box and	1,388. 108,177. Is for the organizastop here	603. 124,166. ation's first, secon	139. 107,171.	115.	131,455.	0. 2,245. 0. 0. 584,463.
11 12 13 14 Sec	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 orgamization, check this box and tion C. Computation of Pul	1,388. 108,177. Is for the organiza stop here blic Support P	603. 124,166. ation's first, secon	139. 107,171. d, third, fourth, o	115.	131, 455. a section 501(c)(0. 2,245. 0. 0. 584,463. 3) ►□
11 12 13 14 Sec	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	1,388. 108,177. Is for the organize stop here blic Support P	124,166. ation's first, secon	139. 107,171. d, third, fourth, o	115.	131, 455. a section 501(c)(0. 2,245. 0. 0. 584,463. 3) ►□
11 12 13 14 Sec 15 16	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 orgamization, check this box and tion C. Computation of Pul Public support percentage from 20.	1,388. 108,177. Is for the organizatop here blic Support P	124,166. ation's first, secon ercentage a (f) divided by lin Part III, line 15	139. 107,171. d, third, fourth, on	115.	131, 455. a section 501(c)(0. 2,245. 0. 0. 584,463. 3) ►□
11 12 13 14 Sec 15 16 Sec	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage for 20. Public support percentage from it in the support percentage from it in D. Computation of Investigation.	1,388. 108,177. Is for the organizatop here blic Support P I11 (line 8, column 2010 Schedule A, estment Incon	124,166. ation's first, second ercentage in (f) divided by linity Part III, line 15 ne Percentage	139. 107,171. d, third, fourth, or	115. 113,494. r fifth tax year as	131, 455. a section 501(c)(:	0. 2,245. 0. 0. 584,463. 3) ► □ 99.62 % 0.00 %
11 12 13 14 Sec 15 16 Sec 17	dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (Add lins 9, 10c, 11, and 12). First five years. If the Form 990 organization, check this box and tion C. Computation of Pull Public support percentage from tion D. Computation of Inv. Investment income percentage from the second of the support percentage from	1,388. 108,177. Is for the organizatop here blic Support P It (line 8, column 2010 Schedule A, estment Inconor 2011 (line 10c,	124,166. ation's first, seconercentage of (f) divided by line Part III, line 15 one Percentage column (f) divided	139. 107,171. d, third, fourth, or e 13, column (f))	115. 113,494. r fifth tax year as	131, 455. a section 501(c)(15 16	0. 2,245. 0. 0. 584,463. 3) ► □ 99.62 % 0.00 %
11 12 13 14 Sec 15 16 Sec 17 18	dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pull Public support percentage from the support percentage from 1.	1,388. 108,177. Is for the organizastop here Dil (line 8, column 2010 Schedule A, estment Inconor 2011 (line 10c, rom 2010 Schedul	124,166. ation's first, seconercentage of (f) divided by line Part III, line 15 one Percentage column (f) divided e A, Part III, line	139. 107,171. d, third, fourth, or e 13, column (f)) d by line 13, column	115. 113, 494. r fifth tax year as	131, 455. a section 501(c)(15 16	0. 2,245. 0. 0. 584,463. 3) ► □ 99.62 % 0.00 % 0.38 % 0.00 %
11 12 13 14 Sec 15 16 Sec 17 18	dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (Add lins 9, 10c, 11, and 12). First five years. If the Form 990 organization, check this box and tion C. Computation of Pull Public support percentage from tion D. Computation of Inv. Investment income percentage from the second of the support percentage from	1,388. 108,177. Is for the organizatop here blic Support P 11 (line 8, column 2010 Schedule A, estment Incon or 2011 (line 10c, rom 2010 Schedul ithe organization	124,166. ation's first, secondercentage of (f) divided by line Part III, line 15 one Percentage column (f) divided e A, Part III, line did not check the	139. 107,171. Id, third, fourth, of e 13, column (f)). Id by line 13, column 17 box on line 14, a	113, 494. r fifth tax year as mn (f)) nd line 15 is more	131, 455. a section 501(c)(15 16 17 18 e than 33-1/3%, a	0. 2,245. 0. 0. 584,463. 3) ▶ □ 99.62 % 0.00 % 0.38 % 0.00 % nd line 17
11 12 13 14 Sec 15 16 Sec 17 18 19 a	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pull Public support percentage from those support percentage from those support percentage from the support percentage for the support percentage from the support percentage for the support percentage from the support percentage for the support percentage for the support percentage from the support percentage for the supp	1,388. 108,177. Is for the organizatop here blic Support P It (line 8, column 2010 Schedule A, estment Inconor 2011 (line 10c, rom 2010 Schedule the organization of this box and stop in the organization of the organization	124,166. ation's first, second ercentage in (f) divided by lin Part III, line 15 ne Percentage column (f) divided e A, Part III, line did not check the othere. The organ did not check a be	139. 107,171. Id, third, fourth, or e 13, column (f)). Id by line 13, column to box on line 14, a lization qualifies a lox on line 14 or him.	113, 494. r fifth tax year as mn (f)) nd line 15 is more a publicly suppone 19a, and line	131, 455. a section 501(c)(15 16 17 18 a than 33-1/3%, a orted organization 6 is more than 3	0. 2,245. 0. 0. 584,463. 3) 99.62 % 0.00 % 0.38 % 0.00 % Ind line 17 X 3-1/3%, and
11 12 13 14 Sec 15 16 Sec 17 18 19 a	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pull Public support percentage for 20 Public support percentage from 1 Investment income percentage fins not more than 33-1/3%, check 33-1/3% support tests — 2010. If line 18 is not more than 33-1/3%	1,388. 108,177. Is for the organiza stop here blic Support P III (line 8, column 2010 Schedule A, estment Inconor 2011 (line 10c, rom 2010 Schedule the organization of this box and stop the organization of	124,166. ation's first, seconercentage of (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line did not check the o here. The organ did not check a bind stop here. The	139. 107,171. Id, third, fourth, or e 13, column (f)). Id by line 13, column 17 box on line 14, a lization qualifies a lox on line 14 or lie organization qualifies a lox on lie or	113, 494. In fifth tax year as the min (f)) Ind line 15 is more a publicly support the publicly support the min (f) alifies as a publicle.	131, 455. a section 501(c)(3) 15 16 17 18 e than 33-1/3%, a orted organization 6 is more than 3 y supported organization or gain and supported or gain and support	0. 2,245. 0. 0. 584,463. 3) 99.62 % 0.00 % 0.38 % 0.00 % Ind line 17 X 3-1/3%, and

Schedule #	(Form 990 or 990)	0-EZ) 2011 C	ANCER COMM	MUNITY CHA	ARITIES	82	2-0373954	Page 4
Part IV	Supplementa Part II, line 17 (See instruction	l Information 7a or 17b: an	i. Complete t d Part III, lin	his part to per 12. Also	provide the exp complete this p	planations require part for any additi	ed by Part II, line onal information	10;
								
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							-	
								
- -								
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number Name of the organization 82-0373954 CANCER COMMUNITY CHARITIES Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants f Solicitation of government grants b Internet and email solicitations Phone solicitations Special fundraising events c g d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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 (i) Name and address of individual (III) Did fundraiser (vi) Amount paid to (ii) Activity (iv) Gross receipts (v) Amount paid to or entity (fundraiser) have custody or control from activity (or retained by) (or retained by) fundraiser listeď in organization of contributions? column (i) Yes No 2 3 5 6 7 8 9 10 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

Schedule G (Form 990 or 990-EZ) 2011	CANCED		יידידידית אוויי
SCREAUIE (* 150rm 990 Or 990-57) 2011	I ANI P.R	I LUMINILIUM I Y	CHARLIES

82-0373954

Page 2

Part II 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 (add column (a) ALL OTHERS COEUR D'AFFAIR through column (c)) (event type) (total number) (event type) 1 Gross receipts 81,352. 7,324 6,627. 95,303. 2 Less: Charitable contributions 7,324. 6,627. 3 Gross income (line 1 minus line 2) 81,352. 95,303. 4 Cash prizes 5 Noncash prizes DIRECT 6 Rent/facility costs 7 Food and beverages 8 Entertainment 28,547. 1,669. 1,512. 31,728. 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 31,728. 63,575. 11 Net income summary Combine line 3, column (d), and line 10 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. (b) Pull tabs/Instant (a) Bingo (c) Other gaming (d) Total gaming (add column (a) through column (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes DIRECT 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 용 Yes No 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7 **9** Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? No b If 'No,' explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If 'Yes,' explain

•					
Schedu	ule G (Form 990 or 990-EZ) 201	1 CANCER COMMUNIT	Y CHARITIES	82-0373954	Page 3
11 C	oes the organization operate ga	ming activities with nonme	embers?	Yes	No
12 Is a	s the organization a grantor, ben idminister charitable gaming?	neficiary or trustee of a trus	st or a member of a partnership or other	entity formed to Yes	No
13 lı	ndicate the percentage of gamin	g activity operated in		1 1	
	he organization's facility			13a	%
	an outside facility			13b	%
		he person who prepares th	e organization's gaming/special events t	pooks and records	
Ν	lame ►				
A	ddress ►				
b If 0		ing revenue received by the third party ► \$	n whom the organization receives gamin ne organization ► \$		No
N	lame ►				. – – – ¬
A	address ►				i
16 G	Saming manager information				
N	lame ►				
G	Saming manager compensation	► \$			
D	escription of services provided	·			
	Director/officer	Employee	Independent contractor		
	landatory distributions				
S	tate gaming license?		able distributions from the gaming proceed	Yes	No
	inter the amount of distributions rganization's own exempt activit		o be distributed to other exempt organizations.	ations or spent in the	
Part I	V Supplemental Informa	ation. Complete this pand Part III, lines 9, 9	part to provide the explanations r	equired by Part I, line as applicable. Also comp	2b, olete
		1, _,1,==,,			
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public

Department of the Treasury Internal Revenue Service

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.

Name of the organization CANCER COMMUNITY CHARITIES	Employer identification number 82-0373954
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
CONTRIBUTIONS TO NON-PROFIT ORGANIZATIONS.	
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONA	L BENEFIT CONTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRE	CCTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

2011 SCHEDULE	O - SUPPLEMENTAL INFORM	ATION	PAGE
	CANCER COMMUNITY CHARITIES		82-037395
FORM 990-EZ, PART I, LINE 8 OTHER REVENUE		¢	4 252
MISCELLANEOUS SALES		TOTAL \$\frac{\fin}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frace\fin}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}{\frac{\frac{\frac{\fin}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\f{\frac{	4,252. 4,252.
FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS P	PAID IN EXCESS OF \$5,000		
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	HEALTH ALZHEIMERS ASSOCIATION 2003 LINCOLN WAY		
CASH AMOUNT GIVEN: CLASS OF ACTIVITY:	COEUR D'ALENE, ID 83814 HEALTH	\$	7,000
DONEE'S NAME: CASH AMOUNT GIVEN:	KOOTENAI HEALTH FOUNDATIN COEUR D'ALENE, ID 83814	\$	15,000
CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN:	ELDERLY ELDER HELP OF NORTH IDAHO	\$	6,000
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES			
ADVERTISING AND PROMOTION BANK CHARGES INSURANCE MEMBERSHIP DUES MISCELLANEOUS		\$	30. 15. 1,641. 150. 2,545.
OFFICE EXPENSES OPERATING EXPENSES TRIBUTES WEBSITE		mom11. 1	387. 731. 283. 372.
		TOTAL \$	6,154.
FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES		DECTANTAC	NDTNO.
DEFERRED REVENUE	TOTAL <u>\$</u>	BEGINNING F 45. \$ 45. \$	0. 0.