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Form 990

## Return of Organization Exempt From Income Tax

2012

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

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

Open to Public Inspection

## A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable	C Name of organization NATIONAL COMPREHENSIVE CANCER NETWORK		D Employer identification number 23-2818395
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (215) 690-0300
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4 FORT WASHINGTON, PA 19034		
<input type="checkbox"/> Application pending			G Gross receipts \$ 23,054,117
F Name and address of principal officer ROBERT W CARLSON MD 275 COMMERCE DRIVE NO 300 FORT WASHINGTON, PA 19034		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527

J Website: ► WWW.NCCN.ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1993 M State of legal domicile DE

## Part I Summary

1 Briefly describe the organization's mission or most significant activities OUR MISSION, AS AN ALLIANCE OF LEADING CANCER CENTERS DEVOTED TO PATIENT CARE, RESEARCH, AND EDUCATION, IS TO IMPROVE THE QUALITY, EFFECTIVENESS, AND EFFICIENCY OF CANCER CARE SO THAT PATIENTS CAN LIVE BETTER LIVES		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	21
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .	5	95
6 Total number of volunteers (estimate if necessary) . . . . .	6	994
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	106,263
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	-51,862

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	16,909,721	14,901,085
9 Program service revenue (Part VIII, line 2g) . . . . .		8,829,912
		7,432,102
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .		141,313
		114,529
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .		472,319
		605,021
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .		26,353,265
		23,052,737

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	Prior Year	Current Year
	1,861,606	2,777,128
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .		11,617,002
		10,455,790
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
		0
b Total fundraising expenses (Part IX, column (D), line 25) ► 1,295,244		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .		16,836,406
		15,425,723
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .		30,315,014
		28,658,641
19 Revenue less expenses Subtract line 18 from line 12 . . . . .		-3,961,749
		-5,605,904

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
	29,593,950	25,197,880
21 Total liabilities (Part X, line 26) . . . . .		10,035,389
		11,126,723
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .		19,558,561
		14,071,157

## Part II Signature Block

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

Sign Here	***** Signature of officer LISA KIMBRO CHIEF FINANCIAL OFFICER Type or print name and title	2013-10-02 Date
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Paid Preparer Use Only	Print/Type preparer's name JOSEPH M KISTNER CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00157086
	Firm's name ► MORISON COGEN LLP	Firm's EIN ► 23-1406493		
	Firm's address ► 150 MONUMENT RD - SUITE 500 BALA CYNWYD, PA 19004	Phone no (267) 440-3000		

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission

OUR MISSION, AS AN ALLIANCE OF LEADING CANCER CENTERS DEVOTED TO PATIENT CARE, RESEARCH, AND EDUCATION, IS TO IMPROVE THE QUALITY, EFFECTIVENESS, AND EFFICIENCY OF CANCER CARE SO THAT PATIENTS CAN LIVE BETTER LIVES

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code ) (Expenses \$ 8,644,237 including grants of \$ ) (Revenue \$ 6,647,275 )
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WITH EXPERTS FROM MAJOR ACADEMIC CANCER CENTERS, DEVELOP AND UPDATE CLINICAL PRACTICE GUIDELINES FOR TREATMENT OF CANCER, INCLUDES FREE DISTRIBUTION OF CONTENT, AND EDUCATIONAL CONFERENCES AND SYMPOSIA TO COMMUNICATE CONTENT

<b>4b</b>	(Code ) (Expenses \$ 6,060,777 including grants of \$ ) (Revenue \$ 30,000 )
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DEVELOP OUTCOMES OF CARE STUDIES TO ASSESS THE VIABILITY OF CANCER TREATMENT GUIDELINES TO MEASURE CLINICAL AND NON-CLINICAL OUTCOMES OF CARE DELIVERED UNDER NCCN GUIDELINES

<b>4c</b>	(Code ) (Expenses \$ 3,952,954 including grants of \$ 2,777,128 ) (Revenue \$ )
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DEVELOPMENT OF A CLINICAL RESEARCH NETWORK OF PHYSICIANS AT MEMBER ACADEMIC CANCER CENTERS TO FACILITATE THE CONDUCT OF STUDIES TO ADVANCE THE STATE-OF-THE-ART IN CANCER CARE

(Code ) (Expenses \$ 3,638,562 including grants of \$ ) (Revenue \$ 1,359,848 )
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DISSEMINATION OF PATIENT INFORMATION BASED ON GUIDELINES, DEVELOPMENT OF OTHER PUBLIC AND PROFESSIONAL INFORMATION PROGRAMS TO FACILITATE ACCESS TO CANCER SPECIALTY SERVICES, DEVELOPMENT AND DISSEMINATION OF MEASURES TO ASSESS THE QUALITY OF CARE

**4d** Other program services (Describe in Schedule O )

(Expenses \$ 3,638,562 including grants of \$ ) (Revenue \$ 1,359,848 )
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<b>4e</b> Total program service expenses ► 22,296,530
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**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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

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

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b 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

c 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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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 and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

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?

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d		No
11e		No
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b	Yes	
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

**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	21	Yes	
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	22		No
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	23	Yes	
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	24a		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
25b	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 Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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	27		No
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)	28a		
28b	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
28c	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
29	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	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
35b	b If "Yes" to line 35a, 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	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	
	<b>Note.</b> All Form 990 filers are required to complete Schedule O			

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<b>1a</b>	228	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes	
<b>2a</b> 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	<b>2a</b>	95	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	No	
<b>b</b> 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			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	No	
<b>a</b> 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?	<b>7b</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b>	No	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7e</b>	No	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7f</b>	No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7g</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7h</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>8</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>9a</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?			
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11 Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders	<b>11b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13b</b>		
<b>b</b> 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	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

### Section A. Governing Body and Management

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	21		
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				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	21		
<b>2</b> 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?	<b>2</b>		No	
<b>3</b> 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?	<b>3</b>		No	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No	
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No	
<b>7a</b> 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>7a</b>		No	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes		
<b>a</b> The governing body?	<b>8b</b>	Yes		
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>		No	
<b>9</b> 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				

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		No
<b>b</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?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		No
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b> 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?	<b>15a</b>	Yes	
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15b</b>	Yes	
<b>b</b> Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		No
<b>b</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?	<b>16b</b>		

### Section C. Disclosure

<b>17</b> List the States with which a copy of this Form 990 is required to be filed	AL , AK , AZ , AR , CA , CO , CT , FL , GA , HI , IL , KS , KY , LA , ME , MD , MA , MI , MS , MN , MO , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
<b>19</b> Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
<b>20</b> State the name, physical address, and telephone number of the person who possesses the books and records of the organization	LISA KIMBRO 275 COMMERCE DRIVE SUITE 300 FORT WASHINGTON, PA (215) 690-0300

## **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, or 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **►23**

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BECKMAN RESEARCH INSTITUTE OF THE CITY O 1500 EAST DUARTE ROAD DUARTE CA 91010	DATA COLLECTION	1,438,198
THE WESTIN DIPLOMAT RESORT & SPA 3555 S OCEAN DRIVE HOLLYWOOD FL 33019	CONFERENCE PRODUCTION	1,181,363
THE UNIVERSITY OF TEXAS 1515 HOLCOMBE BLVD HOUSTON TX 77030	RESEARCH & DATA COLLECTION	805,619
DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON MA 02115	DATA COLLECTION	572,768
PHOENIX LITHOGRAPHING 11631 CAROLINE ROAD PHILADELPHIA PA 19154	PRINTING	345,119

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►29

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b> 1,915,000			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 12,986,085			
	<b>g</b> Noncash contributions included in lines 1a-1f \$				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		14,901,085		
<b>Program Service Revenue</b>	<b>2a</b> LICENSE FEES	Business Code 900099	1,837,685	1,837,685	
	<b>b</b> GUIDELINE DISTRIBUTION	900099	1,203,100	1,203,100	
	<b>c</b> PERMISSION FEES	900099	1,164,779	1,164,779	
	<b>d</b> SUBSCRIPTIONS	900099	945,410	945,410	
	<b>e</b> OUTCOMES DATABASE QUERIES	900099	783,050	783,050	
	<b>f</b> All other program service revenue		1,498,078	1,498,078	
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		7,432,102		
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		115,909		115,909
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties . . . . .		498,758	498,758		
<b>6a</b> Gross rents	(i) Real				
<b>b</b> Less rental expenses	(ii) Personal				
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . .					
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
<b>b</b> Less cost or other basis and sales expenses	(ii) Other				
<b>c</b> Gain or (loss)		1,380			
<b>d</b> Net gain or (loss) . . . . .		-1,380	-1,380	-1,380	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a				
<b>b</b> Less cost of goods sold . . . . .	b				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>		Business Code			
<b>11a</b> ADVERTISING	541800	106,263		106,263	
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		106,263			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		23,052,737	7,929,480	106,263	115,909

**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)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,777,128	2,777,128		
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, trustees, and key employees . . .	995,730	763,015	146,484	86,231
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .				
7 Other salaries and wages	6,983,706	5,678,111	437,215	868,380
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . .	488,131	393,557	36,634	57,940
9 Other employee benefits . . .	1,472,713	1,187,381	110,526	174,806
10 Payroll taxes . . .	515,510	415,631	38,689	61,190
11 Fees for services (non-employees)				
a Management . . .				
b Legal . . .	336,260	187,949	148,311	
c Accounting . . .	46,400		46,400	
d Lobbying . . .				
e Professional fundraising services See Part IV, line 17				
f Investment management fees . . .				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . .	927,872	673,059	254,813	
12 Advertising and promotion . . .	35,503	4,303	31,200	
13 Office expenses . . .	164,415	79,618	78,916	5,881
14 Information technology . . .	646,063	334,259	310,336	1,468
15 Royalties . .				
16 Occupancy . . .	919,672		919,672	
17 Travel . . .	941,833	705,082	204,944	31,807
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . .				
19 Conferences, conventions, and meetings . . .	2,383,560	2,383,560		
20 Interest . . .				
21 Payments to affiliates . . .				
22 Depreciation, depletion, and amortization . . .	1,876,793	91,933	1,784,860	
23 Insurance . . .	100,970	756	100,214	
24 Other expenses Itemize expenses not covered 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 )				
a OUTCOMES DATABASE	4,804,675	4,804,675		
b HONORARIA	452,900	452,900		
c				
d				
e All other expenses	1,788,807	1,363,613	417,653	7,541
<b>25 Total functional expenses.</b> Add lines 1 through 24e	28,658,641	22,296,530	5,066,867	1,295,244
<b>26 Joint costs.</b> 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)				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year	
<b>Assets</b>				
1	Cash—non-interest-bearing	3,808,770	<b>1</b>	3,361,681
2	Savings and temporary cash investments	16,432,323	<b>2</b>	15,664,500
3	Pledges and grants receivable, net	4,950,454	<b>3</b>	1,920,122
4	Accounts receivable, net	1,253,683	<b>4</b>	3,225,137
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
6	Loans and other 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 section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	
7	Notes and loans receivable, net	161,111	<b>7</b>	94,444
8	Inventories for sale or use		<b>8</b>	
9	Prepaid expenses and deferred charges	656,524	<b>9</b>	277,783
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	4,050,576	
b	Less accumulated depreciation	<b>10b</b>	3,396,363	2,331,085
			<b>10c</b>	654,213
11	Investments—publicly traded securities		<b>11</b>	
12	Investments—other securities See Part IV, line 11		<b>12</b>	
13	Investments—program-related See Part IV, line 11		<b>13</b>	
14	Intangible assets		<b>14</b>	
15	Other assets See Part IV, line 11		<b>15</b>	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	29,593,950	<b>16</b>	25,197,880
<b>Liabilities</b>				
17	Accounts payable and accrued expenses	3,361,638	<b>17</b>	2,886,568
18	Grants payable		<b>18</b>	
19	Deferred revenue	6,673,751	<b>19</b>	8,240,155
20	Tax-exempt bond liabilities		<b>20</b>	
21	Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>	
23	Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
24	Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		<b>25</b>	
26	<b>Total liabilities.</b> Add lines 17 through 25	10,035,389	<b>26</b>	11,126,723
<b>Net Assets or Fund Balances</b>				
	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
27	Unrestricted net assets	11,171,061	<b>27</b>	7,069,141
28	Temporarily restricted net assets	8,387,500	<b>28</b>	7,002,016
29	Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
30	Capital stock or trust principal, or current funds		<b>30</b>	
31	Paid-in or capital surplus, or land, building or equipment fund		<b>31</b>	
32	Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
33	Total net assets or fund balances	19,558,561	<b>33</b>	14,071,157
34	<b>Total liabilities and net assets/fund balances</b>	29,593,950	<b>34</b>	25,197,880

**Part 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	23,052,737
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,658,641
3	Revenue less expenses Subtract line 2 from line 1	3	-5,605,904
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,558,561
5	Net unrealized gains (losses) on investments	5	118,500
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,071,157

**Part 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3a	No
	3b	

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****Open to Public  
Inspection**

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.

Department of the Treasury  
Internal Revenue Service**Name of the organization**

NATIONAL COMPREHENSIVE CANCER NETWORK

**Employer identification number**

23-2818395

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

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

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

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

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

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

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

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

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

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

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )

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

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

e  a  Type I  b  Type II  c  Type III - Functionally integrated  d  Type III - Non-functionally integrated

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

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

i  Provide the following information about the supported organization(s)

	<b>Yes</b>	<b>No</b>
11g(i)		
11g(ii)		
11g(iii)		

<b>(i) Name of supported organization</b>	<b>(ii) EIN</b>	<b>(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))</b>	<b>(iv) Is the organization in col (i) listed in your governing document?</b>	<b>(v) Did you notify the organization in col (i) of your support?</b>	<b>(vi) Is the organization in col (i) organized in the U S ?</b>	<b>(vii) Amount of monetary support</b>
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	26,204,857	17,970,391	22,254,488	16,909,721	14,901,085	98,240,542
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 <b>Total.</b> Add lines 1 through 3	26,204,857	17,970,391	22,254,488	16,909,721	14,901,085	98,240,542
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)						36,278,372
6 <b>Public support.</b> Subtract line 5 from line 4						61,962,170

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	26,204,857	17,970,391	22,254,488	16,909,721	14,901,085	98,240,542
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	514,993	181,254	151,856	460,409	614,667	1,923,179
9 Net income from unrelated business activities, whether or not the business is regularly carried on	19,204	4,980				24,184
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,772,976	7,129,446	2,761,376	8,829,913	7,432,102	28,925,813
11 <b>Total support</b> (Add lines 7 through 10)						129,113,718
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	47 990 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	48 010 %
16a <b>33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►✓
b <b>33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►□
17a <b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►□
b <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►□
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►□

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2011 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18
19a <b>33 1/3% support tests—2012.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b</b> <b>33 1/3% support tests—2011.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	

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

**Facts And Circumstances Test**

**Explanation**

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION PART II SECTION B LINE 10 OTHER INCOME INCLUDES THE FOLLOWING ITEMS OUTCOMES DATABASE QUERIES \$ 783,050 GUIDELINE DISTRIBUTION 1,203,100 PERMISSION FEES 1,164,779 SUBSCRIPTION REVENUE FROM THE NCCN COMPENDIA, CHEMOTHERAPY ORDER TEMPLATE AND FLASH UPDATES 945,410 LICENSE FEE REVENUE FOR LICENSING OF NCCN'S PRODUCTS 1,837,685 REGISTRATION FEES FOR NCCN EDUCATIONAL PROGRAMS 434,143 TRENDS SURVEY FEES FOR NCCN TRENDS REPORTS 42,500 TUITION FEES FOR NCCN ACADEMY 250,930 ACCESS FEES FOR NCCN CONTENT 60,000 EXHIBIT FEES FOR EXHIBITING AT NCCN EDUCATIONAL PROGRAMS 563,400 CONSULTING REVENUE 147,105 TOTAL \$7,432,102

**SCHEDULE D**

(Form 990)

OMB No 1545-0047

**Supplemental Financial Statements****2012**

► 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.

**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

**Name of the organization**

NATIONAL COMPREHENSIVE CANCER NETWORK

**Employer identification number**

23-2818395

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<b>Held at the End of the Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  
 ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
 ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> 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 XIII

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 maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

**a** Board designated or quasi-endowment

**b** Permanent endowment

**c** Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

<b>Yes</b>	<b>No</b>
<b>3a(i)</b>	
<b>3a(ii)</b>	
<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .					
<b>b</b> Buildings . . . . .					
<b>c</b> Leasehold improvements . . . . .		203,735	22,809	180,926	
<b>d</b> Equipment . . . . .		1,629,122	1,155,835	473,287	
<b>e</b> Other . . . . .		2,217,719	2,217,719	0	
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .					654,213

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.) ►		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value	
1 Federal income taxes		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ►		

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	23,172,617
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	118,500
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	
e	Add lines 2a through 2d	2e	118,500
3	Subtract line 2e from line 1	3	23,054,117
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	-1,380
c	Add lines 4a and 4b	4c	-1,380
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	5	23,052,737

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	28,660,021
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	1,380
d	Other (Describe in Part XIII )	2d	
e	Add lines 2a through 2d	2e	1,380
3	Subtract line 2e from line 1	3	28,658,641
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	5	28,658,641

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	NCCN FOLLOWS FASB ISSUED ACCOUNTING STANDARDS UPDATE NO 2009-06, INCOME TAXES (TOPIC 740) IMPLEMENTATION GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND DISCLOSURE AMENDMENTS FOR NONPUBLIC ENTITIES TAXES FASB ASC 740 PRESCRIBES GUIDANCE FOR THE FINANCIAL STATEMENT RECOGNITION, MEASUREMENT AND DISCLOSURE OF UNCERTAIN TAX POSITIONS TAX POSITIONS MUST MEET A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD THERE WERE NO TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN THE NEXT YEAR TAX YEARS FROM 2009 THROUGH 2012 REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS
PART XI, LINE 4 B - OTHER ADJUSTMENTS		LOSS ON DISPOSAL OF EQUIPMENT -1,380

## **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

2012

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL COMPREHENSIVE CANCER NETWORK

**Employer identification number**

23-2818395

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

**Part IV Foreign Forms**

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*  Yes  No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN) ENTERS INTO RESEARCH GRANT AGREEMENTS WITH INSTITUTIONS TO CONDUCT RESEARCH FOR INDIVIDUAL STUDY PROJECTS APPROVED BY NCCN'S SCIENTIFIC REVIEW COMMITTEES. THE SCOPE AND NATURE OF STUDIES TO BE PERFORMED BY GRANT RECIPIENTS ARE IN ACCORDANCE WITH THE APPROVED PROTOCOLS DEVELOPED BY THE PRINCIPAL INVESTIGATORS AND CONSISTENT WITH THE PROPOSALS SUBMITTED TO AND APPROVED BY THE NCCN SCIENTIFIC REVIEW COMMITTEES. PRINCIPAL INVESTIGATORS MUST SIGN A CERTIFICATION FORM WITH AN ATTESTATION THAT THEY WILL ABIDE BY THE TERMS OF THE NCCN RESEARCH AGREEMENT AT ISSUE AND THAT THEY HAVE NOT BEEN DISBARRED UNDER ANY RELEVANT STATUTES. IF AN INSTITUTION DOES NOT COMMENCE A STUDY WITHIN NINE MONTHS OF APPROVAL, NCCN TERMINATES THE STUDY AND THE STUDY MUST THEN BE RESUBMITTED TO NCCN FOR A NEW REVIEW AND APPROVAL. FUNDING THAT HAD BEEN SUPPLIED BY NCCN TO AN INSTITUTION FOR A STUDY THAT DOES NOT COMMENCE WITHIN THE APPLICABLE SPECIFIED TIME PERIOD MUST BE RETURNED IMMEDIATELY TO NCCN BY THE INSTITUTION DURING THE TERM OF THE GRANT. INSTITUTIONS REPORT TO NCCN ON A QUARTERLY BASIS THE STATUS AND PROGRESS OF THE FUNDED STUDIES. REPORTS INCLUDE AN ASSESSMENT OF TOTAL ENROLLMENT, ELIGIBILITY, AND ACCRUAL OF PATIENTS IN CONSIDERATION FOR PERFORMANCE OF THE STUDY. NCCN DISTRIBUTES GRANT MONIES TO INSTITUTIONS WHEN CERTAIN BENCHMARKS FOR PATIENT ACCRUAL ARE MET AND THE FINAL PAYMENT IS DISBURSED UPON RECEIPT OF FINAL REPORTS AND / OR MANUSCRIPTS. INSTITUTIONS ARE REQUIRED TO RECONCILE STUDY EXPENSES AT TERMINATION OR COMPLETION AND RETURN UNUSED FUNDS TO NCCN WHICH ARE IN TURN RETURNED TO THE GRANTOR.

**Software ID:**  
**Software Version:**

EIN: 23-2818395

Name: NATIONAL COMPREHENSIVE CANCER NETWORK

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF HOPE COMPREHENSIVE CANCER CENTER1500 EAST DUARTE ROAD DUARTE, CA 91010	95-1683875	501(C)(3)	99,137				RESEARCH
DUKE CANCER INSTITUTE 2200 W MAIN ST STE 810 DURHAM, NC 27705	56-0532129	501(C)(3)	163,314				RESEARCH
FOX CHASE CANCER CENTER640 COTTMAN AVENUE CHELTENHAM, PA 19012	23-2003072	501(C)(3)	23,840				RESEARCH
GEORGIA CANCER SPECIALISTS1835 SAVOY DRIVE SUITE 300 ATLANTA, GA 30341	58-2181189	N/A	13,424				RESEARCH
HEALTH RESEARCH INC ROSWELL PARK CANCER CTRELM AND CARLTON STREETS BUFFALO, NY 14263	14-1402155	501(C)(3)	245,590				RESEARCH
THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AT JOHNS HOPKINS1650 ORLEANS STREET BALTIMORE, MD 21231	52-0595110	501(C)(3)	75,000				RESEARCH
MEMORIAL SLOAN- KETTERING CANCER CENTER1275 YORK AVENUE NEW YORK, NY 10065	13-1624182	501(C)(3)	682,416				RESEARCH
MOFFITT CANCER CENTER 12902 MAGNOLIA DRIVE TAMPA, FL 336129497	59-2451713	501(C)(3)	105,412				RESEARCH
NORTHWESTERN UNIVERSITY750 N LAKE SHORE DR CHICAGO, IL 60611	36-2167817	501(C)(3)	89,924				RESEARCH
STANFORD UNIVERSITYPO BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	501(C)(3)	111,620				RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA1855 FOLSOM STREET ROOM 425 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	147,372				RESEARCH
THE UNIVERSITY OF TEXAS - MD ANDERSON CANCER CENTER1515 HOLCOMBE AVENUE HOUSTON, TX 772104390	74-6001118	501(C)(3)	272,221				RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM COMPREHENSIVE CANCER CENTER1824 6TH AVENUE SOUTH BIRMINGHAM, AL 352943300	63-6005396	501(C)(3)	48,041				RESEARCH
UNIVERSITY OF NEBRASKA MEDICAL CENTER985100 NEBRASKA MEDICAL CENTER OMAHA, NE 681985100	47-0049123	501(C)(3)	57,459				RESEARCH
UNIVERSITY OF MICHIGAN 3003 S STATE STREET ROOM 2044 ANN ARBOR, MI 48104	38-6006309						RESEARCH
		501(C)(3)	114,566				RESEARCH
UNIVERSITY OF UTAH HUNTSMAN CANCER INSTITUTE2000 CIRCLE OF HOPE ROOM 2160 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	92,629				RESEARCH
VANDERBILT UNIVERSITY MEDICAL CENTERDEPT OF FINANCE AT 40303 ATLANTA, GA 311920303	62-0476822	501(C)(3)	36,566				RESEARCH
THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER1960 KENNY ROAD COLUMBUS, OH 43210	31-6401599	501(C)(3)	282,685				RESEARCH
UNIVERSITY OF WASHINGTON825 EASTLAKE AVENUE SEATTLE, WA 98109	91-6001537	115	115,912				RESEARCH

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**2012****Open to Public Inspection**Name of the organization  
NATIONAL COMPREHENSIVE CANCER NETWORK

Employer identification number

23-2818395

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	Yes	
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICIA GOLDSMITH CHIEF OPERATING OFFICER	(i) 419,389 (ii) 0	(i) 50,000 (ii) 0	(i) 0 (ii) 0	(i) 25,000 (ii) 0	(i) 23,132 (ii) 0	(i) 517,521 (ii) 0	(i) 0 (ii) 0
(2) LISA KIMBRO CHIEF FINANCIAL OFFICER	(i) 253,851 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 25,000 (ii) 0	(i) 28,938 (ii) 0	(i) 307,789 (ii) 0	(i) 0 (ii) 0
(3) JOAN MCCLURE SR VP, CLINICAL INFORMATION & PUBLI	(i) 272,489 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 25,000 (ii) 0	(i) 22,982 (ii) 0	(i) 320,471 (ii) 0	(i) 0 (ii) 0
(4) KRISTINA GREGORY VP, CLINICAL INFORMATION OPERATIONS	(i) 188,643 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 19,029 (ii) 0	(i) 10,629 (ii) 0	(i) 218,301 (ii) 0	(i) 0 (ii) 0
(5) C LYN FITZGERALD VP, US & GLOBAL DEVELOPMENT	(i) 198,604 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 20,385 (ii) 0	(i) 37,536 (ii) 0	(i) 256,525 (ii) 0	(i) 0 (ii) 0
(6) DIANE E PAUL VP, ONCOLOGY RESEARCH PROGRAM	(i) 179,287 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 18,292 (ii) 0	(i) 22,431 (ii) 0	(i) 220,010 (ii) 0	(i) 0 (ii) 0
(7) LAUREN GALLAGHER DIRECTOR DRUGS & BIOLOGICS PROGRAM	(i) 168,760 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 11,326 (ii) 0	(i) 40,434 (ii) 0	(i) 220,520 (ii) 0	(i) 0 (ii) 0
(8) KIMARY KULIG VP, CLINICAL & TRANSLATIONAL OUTCOME	(i) 256,003 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 5,144 (ii) 0	(i) 11,112 (ii) 0	(i) 272,259 (ii) 0	(i) 0 (ii) 0
(9) WILLIAM T MCGIVNEY PHD FORMER CHIEF EXECUTIVE OFFICER	(i) 541,585 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 3,776 (ii) 0	(i) 26,895 (ii) 0	(i) 572,256 (ii) 0	(i) 0 (ii) 0

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
PART I, LINE 4A		PART I, LINE 4A WILLIAM MCGIVNEY RECEIVED SEVERANCE OF \$487,945

**Software ID:**  
**Software Version:**  
**EIN:** 23-2818395  
**Name:** NATIONAL COMPREHENSIVE CANCER NETWORK

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
PATRICIA GOLDSMITH	(i) 419,389 (ii) 0	(i) 50,000 (ii) 0	(i) 0 (ii) 0	(i) 25,000 (ii) 0	(i) 23,132 (ii) 0	(i) 517,521 (ii) 0	(i) 0 (ii) 0
LISA KIMBRO	(i) 253,851 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 25,000 (ii) 0	(i) 28,938 (ii) 0	(i) 307,789 (ii) 0	(i) 0 (ii) 0
JOAN MCCLURE	(i) 272,489 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 25,000 (ii) 0	(i) 22,982 (ii) 0	(i) 320,471 (ii) 0	(i) 0 (ii) 0
KRISTINA GREGORY	(i) 188,643 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 19,029 (ii) 0	(i) 10,629 (ii) 0	(i) 218,301 (ii) 0	(i) 0 (ii) 0
C LYN FITZGERALD	(i) 198,604 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 20,385 (ii) 0	(i) 37,536 (ii) 0	(i) 256,525 (ii) 0	(i) 0 (ii) 0
DIANE E PAUL	(i) 179,287 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 18,292 (ii) 0	(i) 22,431 (ii) 0	(i) 220,010 (ii) 0	(i) 0 (ii) 0
LAUREN GALLAGHER	(i) 168,760 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 11,326 (ii) 0	(i) 40,434 (ii) 0	(i) 220,520 (ii) 0	(i) 0 (ii) 0
KIMARY KULIG	(i) 256,003 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 5,144 (ii) 0	(i) 11,112 (ii) 0	(i) 272,259 (ii) 0	(i) 0 (ii) 0
WILLIAM T MCGIVNEY PHD	(i) 541,585 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 3,776 (ii) 0	(i) 26,895 (ii) 0	(i) 572,256 (ii) 0	(i) 0 (ii) 0

**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 to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2012****Open to Public  
Inspection**Name of the organization  
NATIONAL COMPREHENSIVE CANCER NETWORK**Employer identification number**

23-2818395

Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 6, VOLUNTEERS	NCCN HAD 994 VOLUNTEERS COMMIT APPROXIMATELY 20,031 VOLUNTEER HOURS AS PANEL MEMBERS UPDATING EACH OF THE NCCN GUIDELINES FOR CANCER TREATMENT
	FORM 990, PART VI, SECTION B, LINE 11	NCCN PROVIDES A DRAFT COPY OF THE FORM 990 TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR ITS REVIEW PRIOR TO FILING THE RETURN
	FORM 990, PART VI, SECTION B, LINE 12C	NCCN REQUIRES OFFICERS, DIRECTORS AND KEY EMPLOYEES TO ANNUALLY COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE THIS QUESTIONNAIRE SHALL BE UPDATED AS NECESSARY TO REFLECT CHANGES DURING THE COURSE OF THE YEAR COMPLETED QUESTIONNAIRES SHALL BE AVAILABLE FOR INSPECTION BY ANY BOARD MEMBER AND MAY BE REVIEWED BY NCCN'S LEGAL COUNSEL
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF NCCN'S CHIEF EXECUTIVE OFFICER (CEO) DURING 2012 WAS REVIEWED BY AN EXECUTIVE SEARCH FIRM AND APPROVED BY NCCN'S EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS NCCN'S CHIEF EXECUTIVE OFFICER (CEO) POSITION WAS VACANT DURING MOST OF 2012 THE COMPENSATION OF NCCN'S CEO IS REVIEWED EVERY TWO TO THREE YEARS BY AN INDEPENDENT ORGANIZATION ENGAGED BY THE CHAIRMAN OF NCCN'S BOARD OF DIRECTORS TO CONDUCT A SALARY COMPARABILITY STUDY AND SURVEY THE INFORMATION FROM THE SURVEY CONDUCTED BY THE INDEPENDENT ORGANIZATION IS FORWARDED TO NCCN'S EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR THEIR REVIEW EACH YEAR, THE EXECUTIVE COMMITTEE OF NCCN'S BOARD OF DIRECTORS RECEIVES INFORMATION REGARDING THE CEO'S PAST SALARY HISTORY AS WELL AS THE CEO'S GOALS AND OBJECTIVES NCCN'S EXECUTIVE COMMITTEE SCHEDULES A CONFERENCE CALL TO REVIEW THIS INFORMATION AND TO DISCUSS RECOMMENDATIONS FOR THE CEO'S SALARY AND BONUS FOR THE UPCOMING YEAR PART VI SECTION B LINE 15B THE COMPENSATION OF NCCN'S CHIEF OPERATING OFFICER (COO), CHIEF FINANCIAL OFFICER (CFO), AND SENIOR VICE PRESIDENT OF CLINICAL INFORMATION AND PUBLICATIONS IS REVIEWED EVERY TWO TO THREE YEARS BY AN INDEPENDENT ORGANIZATION ENGAGED BY THE CEO OF NCCN THE ORGANIZATION CONDUCTS A SALARY COMPARABILITY STUDY AND SURVEY FOR COMPARABLE POSITIONS IN SIMILAR ORGANIZATIONS THE CEO REVIEWS THE SALARY STUDY AND SURVEY AND DISCUSSES THIS INFORMATION WITH NCCN'S EXECUTIVE COMMITTEE TO DETERMINE THE COMPENSATION FOR THE ABOVE KEY EMPLOYEES OF NCCN EACH YEAR, NCCN'S EXECUTIVE COMMITTEE RECEIVES INFORMATION REGARDING THE KEY EMPLOYEES' COMPENSATION AND PERFORMANCE TO DETERMINE THE COMPENSATION OF KEY EMPLOYEES
	FORM 990, PART VI, SECTION C, LINE 19	FORM 990, PART VI, SECTION C, LINE 19 NCCN MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
	FORM 990, PART XII, LINE 2C	THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT

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**SCHEDULE R**  
**(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL COMPREHENSIVE CANCER NETWORK

**Employer identification number**

23-281839

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n		No
1o	Yes	
1p		No
1q		No
1r		No
1s		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NCCN FOUNDATION	L	130,225	FMV
(2) NCCN FOUNDATION	O	544,366	FMV
(3) NCCN FOUNDATION	D	94,444	FMV

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
INCLUDED IN SHARING OF PAID EMPLOYEES ARE OTHER EXPENSES AS DETAILED BELOW	PART V LINE 2C	SALARIES AND BENEFITS \$424,821 PROFESSIONAL FEES 30,363 TRAVEL AND MEETINGS 77,449 OFFICE EXPENSE 4,787 SUPPLIES AND PRINTING 3,483 OTHER EXPENSES 1,637 INSURANCE 32 TELEPHONE 1,794 TOTAL \$544,366

**Software ID:**

**Software Version:**

**EIN:** 23-2818395

**Name:** NATIONAL COMPREHENSIVE CANCER NETWORK

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## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 23-2818395  
**Name:** NATIONAL COMPREHENSIVE CANCER NETWORK

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
AL B BENSON III MD DIRECTOR	2 00	X					0	0	0
PETER R CARROLL MD DIRECTOR	2 00	X					0	0	0
WILLIAM E CARSON III MD DIRECTOR	2 00	X					0	0	0
PETER COCCIA MD DIRECTOR	2 00	X					0	0	0
THOMAS A D'AMICO MD DIRECTOR / CHAIR	2 00	X					0	0	0
TIMOTHY J EBERLEIN MD DIRECTOR	2 00	X					0	0	0
PAUL F ENGSTROM MD FACP DIRECTOR	2 00	X					0	0	0
DAVID S ETTINGER MD DIRECTOR	2 00	X					0	0	0
MICHAEL A FRIEDMAN MD DIRECTOR	2 00	X					0	0	0
DAVID C HOHN MD DIRECTOR	2 00	X					0	0	0
JOSEPH H LAVER MD MHA DIRECTOR	2 00	X					0	0	0
MICHAEL N NEUSS MD DIRECTOR	2 00	X					0	0	0
DAVID PFISTER MD DIRECTOR	2 00	X					0	0	0
SAMUEL M SILVER MD PHD DIRECTOR / VICE CHAIR	2 00	X					0	0	0
F MARC STEWART MD DIRECTOR	2 00	X					0	0	0
WILLIAM P VAUGHAN MD MBA DIRECTOR	2 00	X					0	0	0
RANDAL S WEBER MD DIRECTOR	2 00	X					0	0	0
JANE C WEEKS MD MSC DIRECTOR	2 00	X					0	0	0
DOUGLAS W BLAYNEY MD DIRECTOR	2 00	X					0	0	0
G DOUGLAS LETSON MD DIRECTOR	2 00	X					0	0	0
RAY LYNCH CPA MBA DIRECTOR / TREASURER	2 00	X					0	0	0
ROBERT W CARLSON MD CHIEF EXECUTIVE OFFICER	40 00			X			0	0	50,000
PATRICIA GOLDSMITH CHIEF OPERATING OFFICER	40 00			X			469,389	0	48,132
LISA KIMBRO CHIEF FINANCIAL OFFICER	40 00			X			253,851	0	53,938
JOAN MCCLURE SR VP, CLINICAL INFORMATION & PUBLICATIONS	40 00				X		272,489	0	47,982

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee				
KRISTINA GREGORY VP, CLINICAL INFORMATION OPERATIONS	40 00					X		188,643	0	29,658
C LYN FITZGERALD VP, US & GLOBAL DEVELOPMENT	40 00					X		198,604	0	57,921
DIANE E PAUL VP, ONCOLOGY RESEARCH PROGRAM	40 00					X		179,287	0	40,723
LAUREN GALLAGHER DIRECTOR DRUGS & BIOLOGICS PROGRAM	40 00					X		168,760	0	51,760
KIMARY KULIG VP, CLINICAL & TRANSLATIONAL OUTCOMES RESEARCH	40 00					X		256,003	0	16,256
WILLIAM T MCGIVNEY PHD FORMER CHIEF EXECUTIVE OFFICER	0 00						X	541,585	0	30,671