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SCANNED JAN 0 3 2314

Department of the Treasury Internal Revenue Service

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

benefit trust or private foundation)

OMB No 1545-0047

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

Open to Public Inspection

<u>A</u>	For th	e 2012 calendar year, or tax year beginning and	ending		
В	Check if applicab	C Name of organization		D Employer identi	fication number
	Addr chan	e   CANCER CRUSADERS, INC			
Ļ	Name chan	pe   Doing Business As		72-0	0849515
	Initial return Term	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite		er -456-1578
F	ated Amer	ded		G Gross receipts \$	331,211.
F	return Appli				
٠-	tion pend		·	H(a) Is this a group for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates in	
ī	Тах-ех	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	<b>-1</b>	a list. (see instructions)
		te: N/A	01 021	H(c) Group exempti	, .
		forganization; X Corporation Trust Association Other	1 Year		M State of legal domicile; LA
	art I	Summary	12 100	or formation: 2270	W oute of legal dofficie. 222
	1	Bnefly describe the organization's mission or most significant activities: TO R	AISE I	FUNDS FOR CA	ANCER
Activities & Governance	_	RESEARCH.			
Æ	2	Check this box  if the organization discontinued its operations or dispositions.	sed of more		1 11
် ဗိ	3	Number of voting members of the governing body (Part VI, line 1a)		3	
9	4	Number of independent voting members of the governing body (Part VI, line 1b)		<u>4</u>	
ties	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	•	5	0
₹	6	Total number of volunteers (estimate if necessary)		<u>6</u>	70
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	
_	<del>  -</del> - <u>-</u> - <u>-</u>	Net unrelated business taxable income from Form 990-T, line 34	<del></del>		
	1_	• · · · · · · · · · · · · · · · · · · ·	<u> </u>	Prior Year	Current Year
Ë	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	140,708	149,094.
Revenue	9	Program service revenue (Part VIII, line 2g)	<u> </u>	0.	1
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	·   _	187.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		66,688	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		207,583	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		217,371	<del></del>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	·  _	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0. 0.	0.
ē	16a	Professional fundraising fees (Part IX, column (A), line 11e)	۸ H	<u> </u>	0.
Ä	_b	Total fundraising expenses (Part IX, column (D), line 25)	0.	10 155	12 522
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	····	12,155.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), ine 25)		229,526	
	19	Revenue less expenses. Subtract line 18 from line 12	3/4	, -21,943.	<del></del>
ts o		Total assets (Part X, line 16)	, /KB6	eginning of Current Year	End of Year
SSe	20	Total assets (Part X, line 16)	3 / /	202,428	207,988.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) OGDITA	<u>~</u> ;} ├	202,428.	0.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20	·	202,420	207,988.
_		lities of perjury, declare that I have examined this return, including accompanying schedules	· /	ante and to the heat of m	nu knowledge and helpf due
		et, and complete/Declaration of preparer (other than officer) is based on all information of wh			ny knowledge and belief, it is
	, соп с	is and completely becautation of preparer (white brain officer) is based on all finormation of whi	iicii piepaiei	ilas ally kilowicuye.	14 - 13
Sin	_	Signature of officer		Date	77 10
Sig		JULIE BELTZ, TREASURER			
Her	e	Type or print name and title			
		Print/Type preparer's name Preparer's sugnature		Date , , Check	I PTIN
Pair	d	Perer A. VERNACI THE H.V.			
	parer	Firm's name DELOITTE TAX LLP		Firm's EIN	86-1065772
	Only	Firm's address 701 POYDRAS STREET, SUITE 4200		Funis env	00 1003//2
	,	NEW ORLEANS, LA 70139-4200		Phone no. (	504) 581-2727
Mar	/ the II	RS discuss this return with the preparer shown above? (see instructions)	<del></del>	Filolie IIo. (	1701
	01 12-1			<u> </u>	Yes No Form <b>990</b> (2012)
2324	J. 12-1	♥ 12 □ In Tor Faperwork neutrolion Activotice, see the separate instruction	иIS.		rom 330 (2012)

41	t III Statement of Program Service	•		1
_	Check if Schedule O contains a responsible Briefly describe the organization's mission:	se to any question in this Part III		
	TO RAISE FUNDS FOR CANC	ER RESEARCH.		
				· · · · · · · · · · · · · · · · · · ·
	Did the organization undertake any significant		ch were not listed on	
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Sche	dule 0.		Yes X
	Did the organization cease conducting, or mal If "Yes," describe these changes on Schedule		cts, any program services?	Yes X
	Describe the organization's program service a Section 501(c)(3) and 501(c)(4) organizations a revenue, if any, for each program service repo	are required to report the amount of gr		
	(Code ) (Expenses \$ 195	, 468 · including grants of \$	195,468.) (Revenue\$	
	PROVIDED TULANE CANCER SCIENCE CENTER FOUNDATI	CENTER AND LOUISIAN	A STATE UNIVERSIT	Y HEALTH
	SCIENCE CENTER FOUNDALL	ON FUNDS FOR CANCER	RESEARCH.	
				( )
_	(Code) (Expenses \$	including grants of \$	) (Revenue \$	
	<del>-</del>			
	·			
	(Code) (Expenses \$	including grants of \$	) (Revenue \$	
			<del></del>	
	<del></del>		· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·
			<del>-</del>	
_	Other program services (Describe in Schedule	O.)		
	(Expenses \$ include	ng grants of \$ 195,468.	) (Revenue \$	)
_	Total program service expenses			

Part IV | Checklist of Required Schedules

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  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  18 X				Yes	No
2 Is the organization engage in direct or indirect political campains an activate on the half of or in opposition to candidates for public office? If 'Yes, 'complete Schedule C, Part I 'Section 501(x)3 organizations. Did the organization engage in lobbying activities, or have a section 501(x) election in effect during the tax year? If 'Yes, 'complete Schedule C, Part II 'Section 501(x)3 organization. But the organization engage in lobbying activities, or have a section 501(x) election in effect during the tax year? If 'Yes, 'complete Schedule C, Part II 'Section 501(x) election in effect during the tax year? If 'Yes, 'complete Schedule C, Part II 'Section 501(x) election or surveillance of a count of 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 anounts in such funds or accounts? If 'Yes, 'complete Schedule D, Part II 'De in the organization maintain any donor advised funds or any similar funds or accounts? If 'Yes, 'complete Schedule D, Part II 'De in the organization maintain and you donor advised funds or any similar funds or accounts for which donors have the right to provide advice or any similar funds or accounts for which donors have the right to provide advice organization funds or accounts for provide advice organization funds or account in a season of the organization organization or account of a fund in a season organization account in a fund in the complete Schedule D, Part II' 'Des, 'complete Schedule D, Part II' If the organization season in a mount for land, buildings, and equipment in Part X, line 102 if 'Yes, 'complete Schedule D, Part II' If 'Yes, 'complete	1		1	x	
3 I bit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for pubble office? If "Yes," complete Schedule C, Part I section 501(k)3 organizations. Did the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year? If "Yes," complete Schedule C, Part II site organization as section 501(k) (501(k)), 501(k) (6) (501(k)), 501(k)) (6) (6) (6) (6) (6) (6) (6) (6) (6) (	2	•		X	<del> </del>
public office? If "Yes," complete Schadule C, Part I  Section 50*(K)(3) organizations. Did the organization engage in lobbying activities, or have a section 50*(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization in aecthor 50*(c)(4), 50*(c)(5), or 50*(c)(6),					
4 Section 501(c)(3) organizations. Diet the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "iss," complete Schedule C, Part II is the organization a section 501(c)(6), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98 119. If "iss," complete Schedule C, Part II is the organization makina may donor advised funds or any similar funds or accounts to which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "iss," complete Schedule D, Part II is 10. Did the organization meaner or hold a conservation assement, including assements to preserve open pages, the environment, historic land areas, or historic structures III "iss," complete Schedule D, Part II is 10. Did the organization markens or hold a conservation assement, including assements to preserve open pages, the environment, including a second control of the second organization and areas, or historical treasures, or other similar assets? II "iss," complete Schedule D, Part II is 10. Did the organization and amount in Part X, tine 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 "iss," complete Schedule D, Part II is 10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? II" "iss," complete Schedule D, Part VI, if the organization services or any of the following questions is "iss," then complete Schedule D, Part VI, IV, VIII, VII, VII, VII, VII, VII,			3		х
dump the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section Schi(e), 501(50), or 501(50) or 501(50) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part II  Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other smillar assets? If "Yes," complete Schedule D, Part III  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 counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restructed endowments, permanent endowments, or quest-endowments? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for investments: program related in Part X, line 15? If "Yes," complete Schedule D, Part X III  Did the organization report an amount for investments: program related in Part X, line 15? If "Yes," complete Schedule D, Part X III  Did the organization report an amount for investments: program related in Part X, line 15? If "Yes," complete Schedule D, Part X III  Did the organization separate or consol	4				
5 is the organization a section \$0!(c)(4), 50!(c)(5) or 5			4	ŀ	Х
smilar amounts as defined in Revenue Procedure 99-197 if "Yes," complete Schedule C, Part III  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures if If "Yes," complete Schedule D, Part II  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures if If "Yes," complete Schedule D, Part III  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 courseling, debt management, credit repart, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-indowments? If "Yes," complete Schedule D, Part IV  If the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-indowments? If "Yes," complete Schedule D, Part IV  Did the organization report an amount for investments - roganization related in Part X, line 167 If "Yes," complete Schedule D, Part IV III  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 167 If "Yes," complete Schedule D, Part IV III  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 167 If "Yes," complete Schedule D, Part IV III  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 167 If "Yes," complete Schedule D, Part X III  Did the organization stability for uncertant axp positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III  Did th	5				
5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I I Did the organization receiver or hold a conservation easement, including easements to presence open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part I I Did the organization maintain collections of works of art, historical tressures, or other smillar assets? If "Yes," complete Schedule D, Part I II 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 repar, or debt negotiation services? If "Yes," complete Schedule D, Part I V 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 II II the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V II II the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V II I			5		Х
The drive 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 III  Did the organization mantain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization orga	6				
the environment, histonic land areas, or histonic 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 8  X  Did the organization report an amount in Part X, line 21, for escribor 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 negotation services? If "Yes," complete Schedule D, Part IV  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 VIII, IV, 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 VIII but the organization report an amount for investments - organization report an amount for investments - program related 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 VIII but the organization report an amount for westments - 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 but 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 X 10 but 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 X 110 but 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 X 110 but the organization report on a mount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III B 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 V 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 III If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VIII, IVII, IX, or X as applicable.  Bid the organization report an amount for investments of other securities in Part X, line 10° If "Yes," complete Schedule D, Part VIII III X X IIII Did the organization report an amount for investments of the securities in Part X, line 10° If "Yes," complete Schedule D, Part VIII III X X IIII Did the organization report an amount for other assets 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 IX III 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 X III X II	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
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 answer to any of the following questions is "Yes," then complete Schedule D, Part VI, III, 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 VIII  c Did the organization report an amount for investments - organization and in 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 X  11c X  11d X  2 Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X  11d Did the organization obtain separate or consolidated financial statements for the tax year include a footnote that accomplete Schedule D, Part X  11d X  2 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X  11d X  2 Did the organization maintain an office, employees, or agents outside of the United States?  11d X  2 Did the organization neport more han 510,000 of more than \$10,000 from grantmaking, fundraising, business, investment, and programs service activities outside the United States? If "Yes," complete Schedule F,		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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 V  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 is answer to any of the following questions is "Yes," then complete Schedule D, Part SV, IVII, VIII, IX, or X as applicable.  12 Did the organization report an amount for indeptitions of the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  13 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  14 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  15 Did the organization report an amount for other assets 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 XII  16 Did the organization or poort an amount for other assets 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 XII  16 Did the organization or poort an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  17 Did the organization included in consolidated financial statements for the tax year include a flootnote that addresses the organization in part and included financial statements for the tax year? If "Yes," complete Schedule D, Part X III A III	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
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 is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, DX, or X as applicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  2 Did the organization report an amount for investments or 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  3 Did the organization report an amount for investments or 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  3 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 X VIII  3 Did the organization report an amount for other labilities in Part X, line 25 If "Yes," complete Schedule D, Part X  3 Did the organization or separate, independent audited financial statements for the tax year roll "Yes," complete Schedule D, Part X  4 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X A III  5 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII  5 Did the organization maintain an office, employees, or agents outside of the United States?  5 Did the organization maintain an office, employees, or agents outside of the United States?  5 Did the organization report to Part IX, column (A), line 3, m		Schedule D, Part III	8		X
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   10   X   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   11a   X   X   Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   11b   X   X   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 VII   11d   X   X   Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X   11d   X   X   Did the organization or an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X   11d   X   X   X   Did the organization or an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X   11d   X   X   X   X   X   X   X   X   X	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
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 1 1/1 If the organization share 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 1 1/2 If the organization report an amount for investments other securities in Part X, line 12? If "Yes," complete Schedule D, Part VI 1 1/2 If the organization report an amount for investments or 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 VI 1 1/2 If 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 VI 1 1/2 If the organization report an amount for other liabilities 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 X 1 1/2 If the organization's isability for uncertain tax positions under FIN 48 (ASC 140)? If "Yes," complete Schedule D, Part X 1 1/2 If the organization's liability for uncertain tax positions under FIN 48 (ASC 140)? If "Yes," complete Schedule D, Part X X 1/2 If Yes," complete Schedule D, Part X If Yes," complete Schedule D, Part X If X If Yes, "and if the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X If Yes," complete Schedule D, Part X If Yes, "and if the organization assisted in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X If Yes, "and If the organization assisted reviews or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign inv		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, IVII, IVII, 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 10" If "Yes," complete Schedule D, Part VII  c 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  d Did the organization report an amount for other assets 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 VII  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 IXI  11c X  Did the organization report an amount for other liabilities in Part X, line 25" If "Yes," complete Schedule D, Part X  11d X  12a Did the organization's slability for uncertain tax positions under FIN 48 (ASC 740)" If "Yes," complete Schedule D, Part X  11d X  12a Did the organization assets in Part X, line 25" If "Yes," complete Schedule D, Part X  12b Was the organization assets part and XII  3 Is the organization assets obtain separate, independent audited financial statements for the tax year?  If "Yes," and if the organization assets 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 III 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 or or or or organiz		If "Yes," complete Schedule D, Part IV	9		X
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  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  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  Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part VIII  Did the organization of a mount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part X  11d	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
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 VII  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assests 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 XIII  d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  e 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 FIIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  111		endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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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 18? If "Yes," complete Schedule D, Part VIII  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 IXI  f Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11d X  11d X  2 Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X  12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X And XII  2 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  1 a Did the organization maintain an office, employees, or agents outside of the United States?  1 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 II and IV  1 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV  1 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  1 Did the organizatio	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			l
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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 labilities 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 footinote that addresses the organization shability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  110 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Int	Ь				,,
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d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  11d X	С				-
Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  110 If 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 X  12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 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  12b X  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13 Is 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 II 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 III and IV  16 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 II  17 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  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 Sche		, , , , , , , , , , , , , , , , , , , ,	11c		<u> </u>
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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 X  12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  12b 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  12a X  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13 X  14a Did the organization maintain an office, employees, or agents outside of the United States?  14b 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 III and IV  15 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 II  16 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  17 X  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	_				
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  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  13 X  14a Did the organization maintain an office, employees, or agents outside of the United States?  14a X  15 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  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	•		116		
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  12b X  13 Sthe organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13 Did the organization maintain an office, employees, or agents outside of the United States?  14a 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  15 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 II and IV  16 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  17 X  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1a A X  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	•	•	116		x
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If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13 X  14a Did the organization maintain an office, employees, or agents outside of the United States?  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  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  10 In the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ь				
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?  14a X  14b 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  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1a A  19 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	_	- · · · · · · · · · · · · · · · · · · ·	12b		x
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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  20a X  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	18			77	
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	•-				
					<u> </u>
	ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		000	(0040)

Part IV | Checklist of Required Schedules (continued)

			Yes	No
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	X	
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		X
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		i l	
	Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X
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		X
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			7.7
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		$\frac{x}{x}$
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			X
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	<u> </u>	
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		$\neg$	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
_		Form	990 (	2012)

Form 990 (2012)

Series of the number reported in Box 3 of Form 1096. Enter -0 if not applicable   1a   0   0   0	Ра	Statements Regarding Other IRS Filings and Tax Compliance			
tale Enter the number engorated in Box 3 of Form 1098. Enter -0 in not applicable 1 b 0 0 c 0 lide the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamthing) winnings to prize winners? 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1		Check if Schedule O contains a response to any question in this Part V	<u> </u>	Т	<u> </u>
b Enter the number of forms W2G notated in the 1s. Enter of 4 not applicable.  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize wirners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.  The first the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.  The first of the clean of the experiments and the experiments are commonly to the experiments and the experiments are commonly the experiments and the experiment that such contributions or gifts were not tax deductible on the experiment and the experiment that such contributions or gifts were not tax deductible as charitable contributions and partly of goods and services provided to the payor?  7 presentation that many receive deductible contributions under section 170(c).  8 pres	10	Enter the number reported in Rev 2 of Ferry 1006 Feter 0 fine tendential		Yes	No
c Did the organization comply with backup withholding luels for reportable gamyments to vendors and reportable gaming (gambling) wrinings to prize withores?  2a Enter the number of employees reported on Form W3, Transmittal of Waga and Tax Statements, flied for the calendar year ending with or within the year covered by this return  b If at less to me is reported on line 2a, did the organization file all required federal amployment tax returns?  Note. If the sum of lines to and 2a is greater than 250, you may be required to e-file (see instructions)  3b Did the organization have unrelated business gross income of \$1,000 or more dump the year?  3a X  b If Yes, *has it filed a Form 990-T for this year? If No, *provide an explanation in \$5 chedule 0  3b A At any time duming the calendary year, dut the organization have an interest n, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account)?  4a A tany time the name of the foreign country?  5b If Yes, *to lime 5 are 5b, dut the organization that at was or a party to a prohibidat tax shelter transaction?  5c If Yes, *to lime 5 are 5b, dut the organization file Form 8888-T?  6b 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 under section 170(c).  a Did the organization receive a payment a excess of \$75 male party as a contribution and party for goods and services provided to the payor?  5c Dr. X  5d Dr. Yes, *Indicate the number of Forms 8282 filed duming the year  6 Dr. Yes, *Indicate the number of Forms 8282 filed duming the year  6 Dr. Yes, *Indicate the number of Forms 8282 filed duming the year  7 Dr. X  7 D		The state of the s	d		
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2a Eter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.  18	·		40	}	v
filed for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dot the organization have unrelated business goes income of \$1,000 or more during the year?  3a Dot If Yes; has the lide a form 990-17 for the year 17 hot, "provide an explanation in Schedule O  3b If Yes; has the file a form 990-17 for the year 17 hot," provide an explanation as Schedule O  3b If Yes; has the decidency 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 accountry or the same share accounts accounts as one of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountry or the same of the foreign country (such as a bank account, securities account, or other financial accountry or the same of the foreign country (such as a bank account, securities account, or other financial accountry or the same of the foreign country (such as a bank account securities account as foreign accountry or the properties of the properties of the properties of the same of the foreign country or the same of the foreign country or the properties of the propert	22		10	+	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, life is sum of lines 1a and 2a is greater than 250, you may be required to Felis (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  5b If Yes, *has if filed a form 980*T for this year? If *No*, *provide an explanation in Schedule O  3a At any time during the calendary 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 accountry?  4a At any time the retire time ame of the foreign country (such as a bank account, securities account, or other financial accountry?  5b If Yes, *there the name of the foreign country (such as a bank account, securities account, or other financial accountry?  5c If Yes, *the security of a prohibited tax shelter transaction?  5c If Yes, *the line 5a or 5b, odd the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, *the line 5a or 5b, odd the organization his Form 8886+1?  5c Dest 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?  5c If Yes, *the the organization network solicitation an express statement that such contributions or gifts were not tax deductible?  6d If Yes, *the the organization norbly the donor of the value of the goods of services provided?  7d Organizations that may receive deductible contributions under section 170(c).  8 If Yes, *the the organization section of the value of the goods of services provided?  7b If Yes, *the financial that the contributions under section 170(c).  8 If Yes, *the the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c If Yes, *the organization r		=	,		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  4 Al At any time during the calendary 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) country (such as a bank account, erection) or other financial accountry over, a financial account in a foreign country. ►  5 If 'Yes,' enter the name of the foreign country. ►  5 See instructions for filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial accounts.  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Uniform the sear of 5, do the organization that it was or is a party to a prohibited tax shelter transaction?  5 Uniform this is search of the organization file Form 888677.  5 Uniform this is search to the organization file Form 888677.  5 Uniform this is search to the organization of the organization than the variation of the organization that is a chariable contributions?  5 Uniform this is search to the organization of the organization than the variation of the organization than the variation of the organization transplant of the organization of the value of the organization than the variation of the value of the organization and party for goods and services provided to the payor?  5 Uniform this implementation of the value of the organization and party for goods and services provided to the payor?  6 Uniform this implementation of the value of the organization and party for goods and services provided to the payor?  7 Uniform this organization organization or the value of the organization and party for goods and services provided to the payor?  8 Uniform this organization organization or the value of the organization and party for goods and services provided to the payor?  9 Uniform this organization organization org	h		1		
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b If Yes,* has if field a Form 990 T for this year? If No.* provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?)  b If Yes,* enter the name of the foreign country: ▶ See instructions for filing requirements for from TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b D d any taxable party notify the organization file Form 8886-17  6a 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?  6a X  If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6b V  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If Yes,* did the organization notify the donor of the value of the goods or services provided?  7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If Yes,* indicate the number of Forms 8282 filed during the year  b Did the organization receive any funds, directly or indirectly, on a personal benefit contract?  7 To X  1 If the organization received a contribution of cars, boats, alignate, or other vehicles, did the organization file organization file and the distributions under section 49667  8 Sponsering organization smalitalining donor advised funds.  a Did the organization make any taxable distributions under section 49667  9 Sponsoring organization make any taxable d	За		32		Ιx
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  N/A 10a  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If Yes, enter the amount of tax-exempt interest received or accrued during the year N/A 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  N/A 13a  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	_		$\vdash$	$\vdash$	
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14a     Did the organization receive any payments for indoor tanning services during the tax year?     14a     X       b     If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O     14b					
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		in 109, has traited a norm rzo to report these payments (ii) No, provide an explanation in scriedule O		990 /	20121

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

500	Check it Schedule O contains a response to any question in this Part VI			LX.
360	tion A. Governing Body and Management	-	Tv.	Γ
12	Enter the number of voting members of the governing body at the end of the tax year 1	1	Yes	No
•••	If there are material differences in voting rights among members of the governing body, or if the governing	7		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 1	1		l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u>├</u>		
	of officers, directors, or trustees, or key employees to a management company or other person?	<b> </b> 3	İ	х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7ь		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		İ	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		<u> </u>	
		_	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
440	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	├	X
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	<del>}</del>	<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	40-	]	x
 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	<del> </del>	<del> </del>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	<del> </del>	-
_	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	$\vdash$	х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent		t	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
ь	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	[		
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	nd finai	ncial	
20	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza $JULIE\ BELTZ\ -\ 504-456-1578$	เดอก: 🕨		
	POST OFFICE BOX 7911, METAIRIE, LA 70010-9711			
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#### Part VIII 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 (Ď), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization r	or any related	orga	anıza	ation	co	пре	nsa	ted any current officer,	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	ıs bot x/trus	h an	compensation	compensation	amount of
	week (list any	⊢	Π				<u> </u>	from the	from related	other
	hours for	individual trustee or director			ļ	ا جا		organization	organizations (W-2/1099-MISC)	compensation from the
	related	0 0	sige eg			nsate	1	(W-2/1099-MISC)	(11 2 1000 111100)	organization
	organizations	trust	Institutional trustee		Kay employee	Highest compensated employee		<b> </b> `		and related
	below	Mdua	tution	   ਛੂ	dwa	est c	盲			organizations
	line)	호	ınst	Officer	ş	돌	For			
(1) JAMIE MOREAU	18.00						l	_	_	_
CO-PRESIDENT	1	_	_	X	<u> </u>		_	0.	0.	0.
(2) KATHY SINGLETON	16.00			l			ŀ	_	_	_
CO-PRESIDENT		_	Ь.	X	_	Щ		0.	0.	0.
(3) PAT GOLEMI	9.00			l i					_	_
CO-PRESIDENT ELECT		L		Х		<u> </u>		0.	0.	0.
(4) DENISE WOODWARD	9.00									
CO-PRESIDENT ELECT	10.00	<u> </u>		X				0.	0.	0.
(5) DAWN MILLER	12.00	l								
VICE PRESIDENT	2 00	_	<u> </u>	X	_	Щ		0.	0.	0.
(6) BRENDA HIGGINS	3.00			,,	l	1				•
VICE PRESIDENT	0.00			X	┡	$\vdash$		0.	0.	0.
(7) DEBBIE BUCHLER	8.00			,,						•
VICE PRESIDENT	1 50	ļ		X		Щ		0.	0.	0.
(8) JOAN INGRAM	1.50			,,						•
CORRESPONDING SECRETARY	1 00	<u> </u>		X				0.	0.	0.
(9) CHERYL CABES	1.00			<b>.</b> ,						•
PARLIAMENTARIAN (10) RACHEL HERY	1.50	L		X				0.	0.	0.
RECORDING SECRETARY	1.50			x						0
(11) JULIE BELTZ	5.00	<u> </u>		≏		$\dashv$		0.	0.	0.
TREASURER	3.00			x	j			0.	0.	^
TAMASORIA				≏			_	0.	0.	<u> </u>
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Part VII Section A. Officers, Directors, True		pioy	ees			ghe	st C		es (continued)			
(A) Name and title	Average hours per week	Average hours per week Position (do not check more box, unless person officer and a director			than a	h an	(D)  Reportable compensation from	(E) Reportable compensation from related	-	Estr amo	(F) mated ount of ther	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	the organization (W-2/1099-MISC)  the organization (W-2/1099-MISC)  the organization (W-2/1099-MISC)							froi orgai and	ensation m the nization related izations
		_										
2.2									<del></del> -			
											_	
									· · · · · · · · · · · · · · · · · · ·			
1b Sub-total  c Total from continuation sheets to Part V	•					<b>&gt;</b>		0.		0.		0. 0.
d Total (add lines 1b and 1c)	not limited to th		liste	ed ab	oove	e) wh	o r		,000 of reportable	للستا		0.
3 Did the organization list any former officer,	director, or tru	ıstec	e, ke	у еп	nplo	yee,	or	highest compensated ei	mployee on		Y	es No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si		le co	ompe	ensa	tion	and	otl	her compensation from t	the organization		3	X
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or a</li></ul>									dual for services		4	X
rendered to the organization? If "Yes," corr Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch p	oers	on		·	<del></del>		5	X
Complete this table for your five highest co the organization. Report compensation for										pensa	ation fro	m
(A) Name and business	address	NC	NE	3				(B) Description of se	ervices	Co	(C) ompens	ation
Total number of independent contractors (i \$100,000 of compensation from the organic		ot lin	nrted	d to t	thos 0		ted	above) who received m	ore than			
232008										F	om <b>9</b> 9	<b>(2012)</b>

CANCER CRUSADERS, INC Form 990 (2012) 72-0849515 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under Unrelated Related or Total revenue business exempt function sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 3,185. **b** Membership dues 1b 130,268. c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 15,641 53,605 g Noncash contributions included in lines 1a-1f \$ 149,094 h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 444. 444. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) . . . 8 a Gross income from fundraising events (not Other Revenue including \$ \_\_\_ 130, 268. of contributions reported on line 1c). See a 176,563. Part IV, line 18 ь 116,651. **b** Less: direct expenses 59,912. 59,912. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 ......... c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances ..... **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a INSTALLATION LUNCHEON 900099 3,099. 3,099. 900099 1,651. 1,651. CATERED LUNCHES T-SHIRTS FOR CANCER CR

280.

80.

444.

5,110.

214,560.

900099

900099

65,022.

Form 990 (2012)

0.

280.

80.

d All other revenue

232009 12-10-12

e Total. Add lines 11a-11d

Total revenue. See instructions.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All oth	er organizations must co	omplete column (A)	
	Check if Schedule O contains a respon		is Part IX	(a)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	195,468.	195,468.		
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				<u> </u>
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 salanes and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			<del></del>	<del></del>
10	Payroll taxes			- <del></del>	<del></del> .
11	Fees for services (non-employees):				
a	Management				·
ь	Legal	-			
c d	Accounting	· · ·			· ·
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<del></del>
ı a	Other. (If line 11g amount exceeds 10% of line 25,				······································
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	<del></del>			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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)				
а	amount, list line 24e expenses on Schedule 0.) ADMINISTRATIVE EXPENSE	13,532.		13,532.	
b	<del></del>	13,332.		13,334.	<del></del>
C					
d				<del></del>	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	209,000.	195,468.	13,532.	0.
<u></u> 26	Joint costs. Complete this line only if the organization	===,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ļ			
	Check here rf following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X | Balance Sheet

<u> </u>		Check if Schedule O contains a response to any question in this Part X		-	
		, and the second	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	115,141.	1	18,861.
	2	Savings and temporary cash investments	87,287.	2	189,127.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	ļ	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 instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventones for sale or use	<del></del>	8	
•	9	Prepaid expenses and deferred charges		9	
	10a	The state of the s			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	202,428.	16	207,988.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
lab		key employees, highest compensated employees, and disqualified persons.			
_		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	·
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
98		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Bal	28	Temporanly restricted net assets		28	
D D	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.	_		_
set	30	Capital stock or trust principal, or current funds	0.	30	0.
Asi	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net	32	Retained earnings, endowment, accumulated income, or other funds	202,428.	32	207,988.
-	33	Total net assets or fund balances	202,428.	33	207,988.
	34	Total liabilities and net assets/fund balances	202,428.	34	207,988.

Form 990 (2012)

Form	990 (2012) CANCER CRUSADERS, INC	72-0849	515	Pag	<sub>je</sub> 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	214		
2	Total expenses (must equal Part IX, column (A), line 25)	2	209		
3	Revenue less expenses. Subtract line 2 from line 1	3			60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	202	, 4	<u> 28.</u>
5	Net unrealized gains (losses) on investments	5			
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 0)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	l			
	column (B))	10	207	<u>, 98</u>	<u>88.</u>
Par	t XII Financial Statements and Reporting				$\overline{}$
	Check if Schedule O contains a response to any question in this Part XII	<u>-</u>		·	<u> </u>
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	ļ	ļ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:			- 1	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	ł		
	consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		- 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in School	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	igle Audit	ļ	- {	
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audrt		T	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
			Form 9	90 (	2012)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Part I

1

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 72-0849515 CANCER CRUSADERS, INC 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a X Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated e X 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No

(i) Name of supported organization	(ii) EIN (iii) Type of organizat (described on lines 1 above or IRC section)				organization in col.		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
TULANE									<u> </u>
CANCER CENTE	72-0423889	4		Х	X	l	X		97,734.
LSU HEALTH									
SCIENCES CEN	72-6087770	4		X	X	Ī	Х		97,734.
<u> </u>	]								
				ļ					
					ļ				
						<u> </u>			
Total 2									195,468.

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

the governing body of the supported organization?

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

11g(i)

11g(ii)

X

h

	edule A (Form 990 or 990-EZ) 2012				. 4		Page 2
P	art II Support Schedule for	-					•
	(Complete only if you checke fails to qualify under the tests			_	on failed to qualify	under Part III. If th	e organization
<u> </u>	ction A. Public Support	nsted Delow, pied	ase complete Fait	ш.,			
	<del></del>		<del></del>	I	T	T	
	endar 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				Į	ļ	
_	include any "unusual grants.")				ļ	<del> </del>	
2	Tax revenues levied for the organ-	•		[			
	ization's benefit and either paid to or expended on its behalf						
2	•••			_	<del> </del>		
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		<u> </u>	<del></del>	<del> </del>		<del></del>
5	The portion of total contributions	<del></del>				<del> </del>	<del></del>
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	,				Ì	
	on line 1 that exceeds 2% of the		ŀ				
	amount shown on line 11,		1				
	column (f)						
6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support		•	<u> </u>	*		<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4				1		<b>,,</b>
8	Gross income from interest,						
	dividends, payments received on				1		1
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						:
	activities, whether or not the						
	business is regularly carried on .						
10	Other income. Do not include gain						
	or loss from the sale of capital	1					
	assets (Explain in Part IV.)						<u> </u>
	Total support. Add lines 7 through 10	·			L		<u> </u>
	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for	=	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3)	
Se	organization, check this box and stop ction C. Computation of Publ		rcentage		· · · · · · · · · · · · · · · · · · ·	<u> </u>	•
14	Public support percentage for 2012 (I	ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2012. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	٠			
b	33 1/3% support test - 2011. If the o	rganization did no	ot check a box on I				nis box
	and stop here. The organization quali	fies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	t - 2012. If the org	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac			•	•	rt IV how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization .		▶□
ь	10% -facts-and-circumstances test	- 2011 If the org	anization did not d	beck a box on line	a 13 16a 16b or	17a and line 15 is	10% or

Schedule A (Form 990 or 990-EZ) 2012

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

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

## Schedule A (Form 990 or 990-EZ) 2012 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.)

Se	ction A. Public Support	olow, places com	pioto i dit ii.j	<del></del>			
Cale	endar 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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
t	3 received from disqualified persons 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			_			
8	Add lines 7a and 7b  Public support (Subtract line 7c from line 6)						
	ction B. Total Support	( ) 2222		1 20010	(8.0044		
	indar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly camed on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for check this box and stop here			d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ration,
Se	ction C. Computation of Publ	c Support Pe	rcentage				
	Public support percentage for 2012 (I	•		column (f))		15	%
	Public support percentage from 2011			<del> </del>	-	16	<u>%</u>
	ction D. Computation of Inves			- 40 c-t (e)		147	
	Investment income percentage for 20	•	· · ·	ne 13, column (f))		17	<u>%</u>
	Investment income percentage from 2	•	•	on line 14 and in-		18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2012. If the	•					I IS HOL
Į.	more than 33 1/3%, check this box as 33 1/3% support tests - 2011. If the	=	-				<b>►</b> □
L	line 18 is not more than 33 1/3%, che	-					<b>▶</b> □
20	Private foundation. If the organizatio		-	·		-	
2220	22 12 04 12					edule A (Form 90	0 or 990 E71 2012

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

Open To Public

Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number 72-0849515 CANCER CRUSADERS, INC Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or □ No \_ Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts fundraiser have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) No Yes 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

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

Schedule G (Form 990 or 990-EZ) 2012

	7 Direct expense summary. Add lines 2 through 5 in column (d)	•	(	
	8 Net gaming income summary. Combine line 1, column d, and line 7	<b>.</b>		
9	Enter the state(s) in which the organization operates gaming activities:	_		
	Is the organization licensed to operate gaming activities in each of these states?		Yes	No
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  If "Yes," explain:		Yes	No
23208	2 01-07-13	Schedule G (For	m 990 or 990	D-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 CANCER CRUSADERS, INC	72-0849515 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other	• • • • • • • • • • • • • • • • • • • •
to administer charitable gaming?	
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	
b An outside facility	<b>[13b]</b> %
14 Enter the name and address of the person who prepares the organization's gaming/special event	s books and records:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gain	ning revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$	and the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name ►	
Address ▶	
16 Gamıng manager ınformation:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming produced in the state of the control of the state of the control of the state of the control of the contr	eeds to
retain the state gaming license?	Yes L No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organ	izations or spent in the
organization's own exempt activities during the tax year  \$\bigset\$ \$  Part IV Supplemental Information. Complete this part to provide the explanations required by I	Part I, line 2b, columns (iii) and (v), and Part III.
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide	
	<del></del>
<del></del>	
232083 01-07-13	Schedule G (Form 990 or 990-EZ) 2012

**Employer Identification number** ž 72-0849515 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes CANCER RESEARCH CANCER RESEARCH Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantlate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 0 。 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for montoring the use of grant funds in the United States. ► Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 97,734 (d) Amount of cash grant 97,734, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) 501(C)(3) INC 72-0423889 72-6087770 CANCER CRUSADERS General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization LOUISIANA STATE UNIVERSITY HEALTH SCIENCE CENTER FOUNDATION - 450A S. CLAIBORNE AVE. - NEW ORLEANS, 1430 TULANE AVE, BOX SL68 or government NEW ORLEANS, LA 70112 TULANE CANCER CENTER Name of the organization Department of the Treasury Internat Revenue Service SCHEDULE 70112 (Form 990) Part Part II 5

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

Enter total number of other organizations listed in the line 1 table

24

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) CANCER CRUSADERS, INC

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.

Page 2

72-0849515

(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
					,
Supplemental Information. Complete this part to provide the Information required in Part I, line 2, Part III, column (b), and any other additional information. INSTITUTIONS PROVIDE PERIODIC REPORTS DOCUMENTING THAT THE GRANT	de the Information	on required in Part I, line	line 2, Part III, column G THAT THE	(b), and any other additional in GRANT	formation.
FUNDS PROVIDED ARE BEING USED FOR	THE INTE	INTENDED PURPOSE.	SE.		
				-	

232102 12-18-12

Schedule I (Form 990) (2012)

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

#### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

CANCER CRUSADERS, INC

Employer identification number 72-0849515

Pa	rt I Types of Property								
		(a) Check if applicable		(c) Noncash contramounts report	rted on	(d) Method of d noncash contrib	etermır	_	ts
1	Art - Works of art		nems contributed	Form 990, Part V	III, line 1g				
2	Art - Historical treasures			<u> </u>	<del></del>				
3	Art - Fractional interests		-			<del></del>			
4	Books and publications								
5	Clothing and household goods			-	<del></del>	<del> </del>			
6	Cars and other vehicles		•			<del> </del> -			
7	Boats and planes	<del>                                     </del>							
8	Intellectual property	<del> </del>		-					
9	Securities - Publicly traded		1						
10	Securities - Closely held stock								
11	Securities · Partnership, LLC, or	<del></del>							
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other		<u> </u>						
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles							·	
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts		-						
23	Scientific specimens .								
24	Archeological artifacts								
25	Other ► ( GIFT CERTIFIC )	<u> </u>	379	53,	605.	SELLING PRI	CE		
26	Other ()								
27	Other ()								
28	Other ()	<u> </u>							
29	Number of Forms 8283 received by the organic	zation dunn	g the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive b	-		•					
	at least three years from the date of the initial	contribution	, and which is not	required to be use	d for exen	npt purposes for			77
	the entire holding period?						30a		X
	If "Yes," describe the arrangement in Part II.								v
31	Does the organization have a gift acceptance						31		X
32a	Does the organization hire or use third parties contributions?	or related or	ganizations to soli	cit, process, or sel	I noncash 		32a		х
ь	If "Yes," describe in Part II.								
33	If the organization did not report an amount in describe in Part II.	column (c) f	or a type of proper	ty for which coluп	nn (a) is ch	ecked,			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (	20121

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2012)

Schedule M (Form 990) (2012) CANCER CRUSADERS, INC 72-0849515	Page 2
Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, a	nd whether
the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination Also complete this part for any additional information.	of both.
7 600 complete this part for any additional information.	
SCHEDULE M', PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE	
DOMESTIC TO COLORN (B). THE CROMMINATION IS REPORTED.	
NUMBER OF CONTRIBUTIONS IT RECEIVED.	
	<u> </u>
COMEDINE W DADM I LINE 25. MHE MUDEO OF PROPERTY DECEMBED AS MONOR	
SCHEDULE M, PART I, LINE 25: THE TYPES OF PROPERTY RECEIVED AS NONCAS	<u>H</u>
CONTRIBUTIONS AND USED IN THE ORGANIZATIONS FUNDRAISING EVENTS TO	
AUCTION, RAFFLE AND USE IN A PARADE OF PRIZES INCLUDE AUTOGRAPHED	
DOODDILLS TODGOWS SWIDES SPONSING WINNE TO SWIDE SOLD TO SALE	
FOOTBALLS, JERSEYS, SHIRTS, SPORTING EVENT TICKETS, GOLF TRIPS,	
SPORTING EQUIPMENT, GIFT CERTIFICATES AND BASKETS, PHOTOGRAPHS,	
The state of the s	<del></del>
PAINTINGS, SIGNED PRINTS, JEWELRY, COOLERS, DOLLS AND OTHER SIMILAR	
TYPES OF PROPERTY.	
	<del></del>
	<del></del>

232142 12-20-12

Schedule M (Form 990) (2012)

#### **SCHEDULE O**

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 **2012**Open to Public

Department of the Treasury ► Attach to Form 990 or 990-EZ. Internal Revenue Service Inspection Name of the organization **Employer identification number** CANCER CRUSADERS, INC 72-0849515 PART VI, SECTION B, LINE 11: THE FORM 990 IS RECEIVED BY THE TREASURER AND REVIEWED BEFORE SIGNING. FORM 990, PART VI, SECTION C, LINE 19: NO DOCUMENTS AVAILABLE TO THE PUBLIC.

#### Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	re filing for an Automatic 3-Month Extension, comple	=				► X	
	re filing for an Additional (Not Automatic) 3-Month Ex						
	implete Part II unless you have already been granted		·	•			
	<b>c filing</b> (e-file). You can electronically file Form 8868 if y					•	
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request a	n extension	
of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for	Transfers	Associated With	Certain	
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the ele	ctronic filing of th	ns form,	
visit www	irs.gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	- Only	submit original (no copies	neede	d).		
A corpora	ition required to file Form 990-T and requesting an autor	natic 6-mo	onth extension · check this box and	complete			
Part I only					_	▶ □	
All other o	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exte	nsion of time		
	ome tax returns.		PP Francis I among a				
Type or	Name of exempt organization or other filer, see instru			Employe	er identification nu	ımber (FIM or	
print			W&I-FIELD ASSISTANCE NEW ORLEANS, LA 70112			21110C1 (E114) O1	
	CANCER CRUSADERS, INC				72-0849	515	
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions. MAY 0 1 2010	Social se	ecurity number (S		
filing your return See							
City, town or post office, state, and ZIP code. For a foreign address, see particulars.  METAIRIE, LA 70010-7911							
	THEIMINIET HA 70010 7511		<del>35309</del>				
T-44b-	Datum and finally making that they are to do not find		- <del>-</del>			011	
cnier ine	Return code for the return that this application is for (file	e a separa	te application for each return)		•	[0]1	
Application	on	Return	Application			Return	
ls For		Code	Is For			Code	
	or Form 990-EZ	01	Form 990-T (corporation)				
Form 990		02	Form 1041-A			07	
	0 (individual)	03	Form 4720 ( ) : \		<del></del>	08	
Form 990		03	Form 5227		<del></del>	09	
						10	
	T (sec. 401(a) or 408(a) trust)	05 /	7:0111 0009		<del></del>	11	
rorm 990	T (trust other than above)  JULIE BELTZ	06	Form 8879		<del></del>	12	
		7 701	MERATRE IN 7	0010	0711		
	oks are in the care of POST OFFICE BOX	x 791		0010-	9/11	<del>.</del>	
•	one No. ► 504-456-1578		FAX No. ►				
	rganization does not have an office or place of business			•	•	<b>▶</b> □	
● If this is	s for a Group Return, enter the organization's four digit						
box 🕨 L	If it is for part of the group, check this box 🕨	and atta	ch a list with the names and EINs of	all memb	ers the extension	n is for.	
	quest an automatic 3-month (6 months for a corporation	•	·				
	· - · · · · · · · · · · · · · · · · · ·	t organizat	tion return for the organization name	ed above.	The extension		
	r the organization's return for:						
▶L	X calendar year 2012 or						
►L	tax year beginning	, an	d ending	_	•		
2 If th	e tax year entered in line 1 is for less than 12 months, cl	heck reaso	on. Initial return	Final retur	m		
	Change in accounting period						
	- · ·						
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, er	nter the tentative tax, less any				
non	refundable credits. See instructions.		•	3a	\$	0.	
	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and	1			
	mated tax payments made. Include any prior year overp			Зь	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa			55	<b>—</b>	<u>~</u>	
	ising EFTPS (Electronic Federal Tax Payment System).	-	· ·	3с	\$	0.	
	f you are going to make an electronic fund withdrawal w						
	or Privacy Act and Paperwork Reduction Act Notice,			<u> </u>		(Rev. 1-2013)	
					1 0/11/1 0000	(107. 12010)	

<b>♦</b> • <b>%</b>			•. ,	•	
Form 8868 (Rev. 1-2013)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Extended to the second secon					► X
Note. Only complete Part II if you have already been granted an a			led Form	8868.	
If you are filing for an Automatic 3-Month Extension, complete      Part # Additional (Not Automatic) 3-Month Extension			al (no c	onies nes	nded)
Additional (Not Automatic) o-Month E	ALEI ISIU				<del></del>
Type or Name of exempt organization or other filer, see instruc	otiono	Entermers			see instructions
print .	CHOIS		Employe	r identincati	on number (EIN) or
File by the CANCER CRUSADERS, INC				72-08	49515
due date for filing your return See POST OFFICE BOX 7911	ee instruc	tions.	Social se	cunty numb	per (SSN)
City, town or post office, state, and ZIP code. For a fo	reign add	lress, see instructions.			
METAIRIE, LA 70010-7911					
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 1
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990 or Form 990-EZ 01					
Form 990-BL 02 Form 1041-A					08
Form 4720 (individual) 03 Form 4720					09
					10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	ed Form 880	58
JULIE BELTZ	. 701	1 NEWSTELL IN T	0010	0711	
• The books are in the care of ► POST OFFICE BOX	<u> </u>		0010-	9/11	
Telephone No. ► 504-456-1578		FAX No. ▶			. —
• If the organization does not have an office or place of business					<b>P</b> L
• If this is for a Group Return, enter the organization's four digit (	•				
box . If it is for part of the group, check this box . I request an additional 3-month extension of time until .		ach a list with the names and EINs of BER 15, 2013.	all memo	ers the exte	ension is for.
5 For calendar year 2012, or other tax year beginning	VO V EITE	<del></del>	_		
6 If the tax year entered in line 5 is for less than 12 months, cl	book roop	on: Initial return	Final r	eturn	<u></u> ·
Change in accounting period	HECK IEAS	onimmarietom		Cluin	
7 State in detail why you need the extension					
ADDITIONAL INFORMATION IS REQU	JIRED	TO FILE A COMPLET	E AND	ACCUR	ATE
RETURN.	(2) (C)	× × 1			
	٠ , ٠				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any		1	
nonrefundable credits. See instructions.			8a	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			
tax payments made. Include any prior year overpayment alle	owed as a	a credit and any amount paid			
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your pa	-	h this form, if required, by using			0
EFTPS (Electronic Federal Tax Payment System) See Instru			8c	\$	0.
		st be completed for Part II o	_		
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I are suithorized to prepare this for		海型四項可用的可靠XnLLSQUARE 1200 ONE SHELL SQUARE	4ne best o	T my knowled	ige and belief,
		200 ONE SHELL SQUARE 201 POYDRAS STREET	0-4	_ 81	17/12
Signature ► Mallul f. Fanus Title ► C		NEW ORLEANS, LA 70139-7704	Date		3868 (Rev. 1·2013)
V				rorm (	~~ (nev. 1.2013)