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Form 990  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 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

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

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CANCER SUPPORT COMMUNITY		D Employer identification number 95-4163931
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 1050 17TH ST NW SUITE 500 NO 500	Room/suite	E Telephone number (202) 659-9709
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036		G Gross receipts \$ 5,436,100
	F Name and address of principal officer KIM THIBOLDEAUX 1050 17TH ST NW SUITE 500 NO 500 WASHINGTON,DC 20036		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number <input type="text"/>	
J Website: <input type="text"/> WWW.CANCERSUPPORTCOMMUNITY.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="text"/>		L Year of formation 1988	M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO ENSURE THAT ALL PEOPLE IMPACTED BY CANCER ARE EMPOWERED BY KNOWLEDGE, STRENGTHENED BY ACTION, AND SUSTAINED BY COMMUNITY			
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	23	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	23	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	25	
6	Total number of volunteers (estimate if necessary)	23		
7a	Total unrelated business revenue from Part VIII, column (C), line 12	5,903		
7b	Net unrelated business taxable income from Form 990-T, line 34	4,903		
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,093,876	5,282,684
	9	Program service revenue (Part VIII, line 2g)	149,848	76,889
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,894	11,208
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-51,726	-76,866
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,200,892	5,293,915
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	185,586
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	965,482	2,030,227
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) <u>512,707</u>		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,775,330	2,510,508
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,926,398	5,079,485
19		Revenue less expenses Subtract line 18 from line 12	274,494	214,430
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	7,911,975	8,041,363
	21	Total liabilities (Part X, line 26)	549,195	456,152
	22	Net assets or fund balances Subtract line 21 from line 20	7,362,780	7,585,211

Part II Signature Block

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

Sign Here	*****				2013-05-08	
	Signature of officer				Date	
Paid Preparer Use Only	KIM THIBOLDEAUX PRESIDENT & CEO					
	Type or print name and title					
	Print/Type preparer's name JANE E PFEIFER		Preparer's signature		Date 2013-05-08	Check <input type="checkbox"/> if self-employed
	PTIN P00014949					
	Firm's name ▶ CLARK SCHAEFER HACKETT AND CO				Firm's EIN ▶ 31-0800053	
	Firm's address ▶ ONE EAST FOURTH ST SUITE 1200 CINCINNATI, OH 45202				Phone no (513) 241-3111	

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

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

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





















4a	(Code) (Expenses \$	4,054,423	including grants of \$	538,750) (Revenue \$	76,889)
	<p>CANCER SUPPORT COMMUNITY IS AN INTERNATIONAL NON-PROFIT DEDICATED TO PROVIDING SUPPORT, EDUCATION AND HOPE TO PEOPLE AFFECTED BY CANCER. AS THE WORLD'S LARGEST EMPLOYER OF PSYCHOSOCIAL ONCOLOGY MENTAL HEALTH PROFESSIONALS IN THE UNITED STATES, THE ORGANIZATION OFFERS A NETWORK OF PERSONALIZED SERVICES AND EDUCATION FOR ALL PEOPLE AFFECTED BY CANCER. ITS GLOBAL NETWORK BRINGS THE HIGHEST QUALITY CANCER SUPPORT TO THE MILLIONS OF PEOPLE TOUCHED BY CANCER. TO ENSURE NO ONE HAS TO FACE CANCER ALONE, THESE SUPPORT SERVICES ARE AVAILABLE THROUGH A NETWORK OF PROFESSIONALLY-LED COMMUNITY-BASED CENTERS, HOSPITALS, COMMUNITY ONCOLOGY PRACTICES AND OTHER NON-PROFITS, AS WELL AS ONLINE. CANCER SUPPORT COMMUNITY IS ALSO EXPLORING THE USE OF NOVEL TECHNOLOGIES, INCLUDING MOBILE, TO HELP EXTEND THE REACH OF THESE MEANINGFUL RESOURCES. CANCER SUPPORT COMMUNITY PROVIDES FREE SUPPORT, EDUCATION AND HOPE THROUGH THE PROVISION OF PROFESSIONALLY-LED SUPPORT GROUPS, EDUCATIONAL WORKSHOPS, NUTRITION, EXERCISE AND MIND-BODY CLASSES TO PEOPLE AFFECTED BY CANCER. DURING THIS PERIOD, CANCER SUPPORT COMMUNITY HELD VARIOUS WORKSHOPS AND DISTRIBUTED EDUCATIONAL BOOKLETS.</p>					

[illegible][illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
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? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	Yes	
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? <i>If "Yes," complete Schedule D, Part VI.</i> 	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i> 		No
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? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
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? <i>If "Yes," complete Schedule D, Part IX</i> 		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i> 		No
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? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	Yes	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i> 		No
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> 		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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		
d	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	49			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	25			
b	If at least one is reported on line 2a, did the organization file all 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).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a				No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
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				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
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?	7a	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	7c				No
d	If "Yes," indicate the number of Forms 8822 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	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 members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	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? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
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.	13b				
c	Enter the amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	23	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent	23	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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	No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, LA, MA, ME, MD, MN, MO, NH, NJ, NY, NC, OH, OR, PA, RI, SC, VA, WA, WV, WI, AK, DE, HI, ID, IN, IA, MI, MS, MT, NE, NV, NM, ND, OK, SD, TN, TX, UT, VT, WY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, and financial 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 organization	MARK MEINKE 1050 17TH ST NW WASHINGTON, DC (202) 659-9709

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES R SCHEPER DIRECTOR	1 00	X		X				0	0	0
(2) WILLIAM J ASHBAUGH DIRECTOR	1 00	X						0	0	0
(3) J NEIL BASSETT DIRECTOR	1 00	X						0	0	0
(4) HARRY B DAVIDOW DIRECTOR	1 00	X						0	0	0
(5) JILL DUROVSIK DIRECTOR	1 00	X						0	0	0
(6) DAVID S HEFNER DIRECTOR	1 00	X						0	0	0
(7) PAULA J MALONE SECRETARY	1 00	X		X				0	0	0
(8) ANDREW SANDLER DIRECTOR	1 00	X						0	0	0
(9) KENNETH SCALET DIRECTOR	1 00	X						0	0	0
(10) NICK BAKER DIRECTOR	1 00	X						0	0	0
(11) TED ORENSTEIN TREASURER	1 00	X		X				0	0	0
(12) DIANE F PERLMUTTER DIRECTOR	1 00	X						0	0	0
(13) TOM WALLACE DIRECTOR	1 00	X						0	0	0
(14) LAURA L WHEAT CO-CHAIR	1 00	X		X				0	0	0
(15) DAVID ALBAUGH BOARD CHAIR	1 00	X		X				0	0	0
(16) FELICE L APOLINSKY DIRECTOR	1 00	X						0	0	0
(17) STUART ARBUCKLE DIRECTOR	1 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANN BENJAMIN DIRECTOR	1 00	X						0	0	0
(19) BARB HILTZ DIRECTOR	1 00	X						0	0	0
(20) BRUCE EDELEN DIRECTOR	1 00	X						0	0	0
(21) DON ELSEY DIRECTOR	1 00	X						0	0	0
(22) MICHAEL ROCKS DIRECTOR	1 00	X						0	0	0
(23) HOLLY TYSON DIRECTOR	1 00	X						0	0	0
(24) KIM THIBOLDEAUX PRESIDENT & CEO	40 00			X				221,023	0	11,859
(25) LINDA HOUSE EXECUTIVE VP	40 00			X				150,006	0	1,195
(26) SUSAN BROWN EXECUTIVE VP & COO	40 00					X		143,636	0	4,458
(27) MAURICE GOLANT VP RESEARCH & TRAINING	40 00					X		122,975	0	20,436
(28) VICTORIA KENNEDY VP QA & FACILITY RELATIONS	40 00					X		107,101	0	7,257
(29) DEBBIE ROSENBERG BUSH SR DIRECTOR OF RESEARCH & DEVELOPMENT	40 00					X		106,601	0	16,003
(30) JAY LOCKABY VP AFFILIATE RELATIONS	40 00					X		121,950	0	7,178
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								973,292	0	68,386

2

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

7

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address		(B) Description of services	(C) Compensation
WESTCAMP PRESS 39 COLLEGEVIEW RD WESTERVILLE OH 43801		PRINTING	232,750
BENEFIT MALL PO BOX 418742 BOSTON MA 02241		HEALTH INSURANCE	199,325
L-17 PARTNERSHIP 4922-1 ST ELMO AVE BETHESDA MD 20814		LANDLORD	195,726
JONES PUBLIC AFFAIRS 1420 K STREET NW SUITE 1050 WASHINGTON DC 20005		PUBLIC RELATIONS	168,897
DYNAMIC CLINICAL SYSTEMS PO BOX 5218 HANOVER NH 03755		TECHNOLOGY	122,341
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		5

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	25,894				
	b	Membership dues	1b	348,564				
	c	Fundraising events	1c	511,992				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,396,234				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f						5,282,684
Program Service Revenue			Business Code					
	2a	MEMBER PAYMENTS	900099	76,889	76,889			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			76,889			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		11,208			11,208	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ 511,992 of contributions reported on line 1c) See Part IV, line 18			-84,960			-84,960
	a	57,225						
	b	Less direct expenses		142,185				
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19						
	a							
b	Less direct expenses							
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances							
a								
b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS	900099	5,903		5,903			
b	SPEICAL PURPOSE FUNDS	900099	2,191	2,191				
c								
d	All other revenue							
e	Total. Add lines 11a-11d			8,094				
12	Total revenue. See Instructions			5,293,915	79,080	5,903	-73,752	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	538,750	538,750		
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.	395,941	292,997	51,472	51,472
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	1,410,664	1,045,517	135,873	229,274
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	113,884	79,295	10,767	23,822
10	Payroll taxes.	109,738	86,386	12,422	10,930
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	793,997	645,061	121,830	27,106
12	Advertising and promotion.	30,564	19,152	800	10,612
13	Office expenses.	135,278	102,892	18,790	13,596
14	Information technology.				
15	Royalties.				
16	Occupancy.	409,672	311,596	56,903	41,173
17	Travel.	261,292	191,581	25,973	43,738
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	70,013	52,540	16,913	560
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	134,566	113,954	12,598	8,014
23	Insurance.	16,505	12,554	2,293	1,658
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	ADMINISTRATION	273,322	244,626	16,469	12,227
b	RESEARCH & DEVELOPMENT	220,648	220,648		
c	PROGRAM EXPENSES	48,340	42,539	4,834	967
d	DUES AND SUBSCRIPTIONS	41,225	7,355	1,641	32,229
e	All other expenses	75,086	46,980	22,777	5,329
25	Total functional expenses. Add lines 1 through 24e.	5,079,485	4,054,423	512,355	512,707
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			522,032	1	226,193
	2	Savings and temporary cash investments			5,202,220	2	5,291,426
	3	Pledges and grants receivable, net			377,655	3	127,666
	4	Accounts receivable, net			181,005	4	954,018
	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 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			2,383	8	13,707
	9	Prepaid expenses and deferred charges			102,252	9	176,367
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,515,365	1,306,379	10c	1,193,751
	b	Less accumulated depreciation	10b	321,614			
	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			218,049	15	58,235
16	Total assets. Add lines 1 through 15 (must equal line 34)			7,911,975	16	8,041,363	
Liabilities	17	Accounts payable and accrued expenses			368,984	17	286,800
	18	Grants payable				18	
	19	Deferred revenue				19	124,055
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			180,211	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			0	25	45,297
	26	Total liabilities. Add lines 17 through 25			549,195	26	456,152
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			3,221,953	27	3,638,470
	28	Temporarily restricted net assets			4,130,827	28	3,936,741
	29	Permanently restricted net assets			10,000	29	10,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			7,362,780	33	7,585,211
	34	Total liabilities and net assets/fund balances			7,911,975	34	8,041,363

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,293,915
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,079,485
3	Revenue less expenses Subtract line 2 from line 1	3	214,430
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,362,780
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	8,000
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,585,211

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization CANCER SUPPORT COMMUNITY	Employer identification number 95-4163931
--	--

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,319,154	4,408,101	4,658,774	3,093,876	5,359,574	21,839,479
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,319,154	4,408,101	4,658,774	3,093,876	5,359,574	21,839,479
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,136,130
6 Public support. Subtract line 5 from line 4						18,703,349

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	4,319,154	4,408,101	4,658,774	3,093,876	5,359,574	21,839,479
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,460	19,560	19,932	8,894	11,208	108,054
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	127,509	-107,461	-256,180	-51,726	-82,769	-370,627
11	Total support (Add lines 7 through 10)						21,576,906
12	Gross receipts from related activities, etc (see instructions)					12	1,205,642
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	86 680 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	78 480 %
16a	33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

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

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

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

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CANCER SUPPORT COMMUNITY

Employer identification number
95-4163931

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_____

4

Number of states where property subject to conservation easement is located ▶_____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	10,000	10,021			
b Contributions			10,021		
c Net investment earnings, gains, and losses		-21			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	10,000	10,000	10,021		

2

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

a

Board designated or quasi-endowment

b

Permanent endowment 100 000 %

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,515,365	321,614	1,193,751
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,193,751

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,373,281
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	79,365
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	79,365
3	Subtract line 2e from line 1	3	5,293,916
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,293,916

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,150,850
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	71,365
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	71,365
3	Subtract line 2e from line 1	3	5,079,485
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,079,485

Part XIII

Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT WAS SET UP TO SUPPORT THE ORGANIZATION'S FUTURE GROWTH
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE FINANCIAL ACCOUNTING STANDARDS BOARD HAS ISSUED GUIDANCE WHICH CLARIFIES GENERALLY ACCEPTED ACCOUNTING PRINCIPLES FOR RECOGNITION, MEASUREMENT, PRESENTATION AND DISCLOSURE RELATING TO UNCERTAIN TAX POSITIONS. THIS GUIDANCE CLARIFIES THE ACCOUNTING AND RECOGNITION FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN CSC'S INCOME TAX RETURNS. CSC'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. THE FISCAL YEARS OF FILINGS OPEN TO THESE AUTHORITIES AND AVAILABLE FOR AUDIT ARE 2009, 2010 AND 2011. CSC'S POLICY WITH REGARDS TO INTEREST AND PENALTIES IS TO RECOGNIZE INTEREST THROUGH INTEREST EXPENSE AND PENALTIES THROUGH OTHER EXPENSE. IN EVALUATING CSC'S TAX PROVISION AND TAX EXEMPT STATUS, INTERPRETATIONS AND TAX PLANNING STRATEGIES WERE CONSIDERED. CSC BELIEVES THEIR ESTIMATES ARE APPROPRIATE BASED ON THE CURRENT FACTS AND CIRCUMSTANCES.

Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA	TO PROVIDE PATIENT EDUCATION WORKSHOPS	6,800				

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 1
- 3 Enter total number of other organizations or entities ▶

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

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

[illegible]

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		RED BALL (event type)	SPRING CELEBRATION (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	26,340	542,877	569,217
	2	Less Contributions . .	18,465	493,527	511,992
	3	Gross income (line 1 minus line 2)	7,875	49,350	57,225
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . .			
	6	Rent/facility costs . .	13,300	76,835	90,135
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .	4,911	47,139	52,050
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			
					(142,185)
					-84,960

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<div><input type="checkbox"/> Yes..... <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes..... <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes..... <input type="checkbox"/> No</div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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 Gaming manager information

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 proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CANCER SUPPORT COMMUNITY

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2012

Open to Public
Inspection

Employer identification number
95-4163931

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

60

3

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

Part III

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

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

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANT PAYMENTS ARE MADE IN TWO PARTS INITIAL PAYMENT IS MADE WHEN WORKSHOP IS SET AND FINAL PAYMENT IS MADE ONCE EDUCATION & OUTREACH MANAGER RECEIVES PARTICIPANT'S FEEDBACK FORMS

Additional Data

Return to Form

Software ID:

Software Version:

EIN: 95-4163931

Name: CANCER SUPPORT COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CSC ATLANTA	58-2142151	501 (C) 3	18,500				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC CALIFORNIA CENTRAL COAST	26-4659006	501 (C) 3	1,000				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC CENTRAL INDIANA	35-1902427	501 (C) 3	12,550				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC CENTRAL NEW JERSEY	22-3804609	501 (C) 3	13,450				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC CENTRAL OHIO	20-1388385	501 (C) 3	11,500				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC CENTRAL TEXAS	27-4691918	501 (C) 3	3,650				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC COLORADO	84-1548783	501 (C) 3	1,000				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC DELAWARE	51-0351863	501 (C) 3	12,031				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC DELMARVA	52-2082199	501 (C) 3	1,000				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC EAST TENNESSEE	58-1846210	501 (C) 3	6,500				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC EASTERN NORTH CAROLINA	45-2049729	501 (C) 3	4,000				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC FLORIDA SUNCOAST	65-0495067	501 (C) 3	2,000				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC GREATER ANN ARBOR	05-0597871	501 (C) 3	7,650				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC GREATER CINCINNATINORTHERN KY	31-1287785	501 (C) 3	17,250				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC GREATER LEHIGH VALLEY	73-1657537	501 (C) 3	17,500				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC GREATER MIAMI	65-0930551	501 (C) 3	11,531				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC GREATER ST LOUIS	43-1587517	501 (C) 3	14,831				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC MONTANA	81-0542266	501 (C) 3	11,300				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC NORTH JERSEY SHORE	52-2456636	501 (C) 3	7,500				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC NORTH TEXAS	75-2633654	501 (C) 3	1,000				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC PASADENA	95-4201985	501 (C) 3	13,600				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC PHILADELPHIA	23-2657403	501 (C) 3	17,700				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC REDONDO BEACH	95-4076131	501 (C) 3	14,300				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC SAN FRANCISCO EAST BAY	68-0157858	501 (C) 3	28,150				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC WESTERN OHIO	16-1665552	501 (C) 3	6,000				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB CHICAGO	36-4115144	501 (C) 3	3,250				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB DELAWARE VALLEY	22-3617106	501 (C) 3	16,150				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB DESERT CITIES	33-0911108	501 (C) 3	11,731				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB GRAND RAPIDS	38-3367525	501 (C) 3	5,500				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB KANSAS CITY	20-0493511	501 (C) 3	8,000				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB MADISON	06-1662883	501 (C) 3	3,250				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB METRO DETROIT	38-3150211	501 (C) 3	4,000				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB NASHVILLE	62-1614190	501 (C) 3	5,500				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB NEW YORK CITY	13-4046652	501 (C) 3	5,300				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB NORTHERN NEW JERSEY	22-3532161	501 (C) 3	1,000				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB QUAD CITIES	42-1446989	501 (C) 3	11,650				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB ROCHESTER	38-3150211	501 (C) 3	6,900				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB SEATTLE	91-1742315	501 (C) 3	1,750				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB SOUTH EAST WISCONSIN	39-1955863	501 (C) 3	4,150				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB SOUTH FLORIDA	65-0528626	501 (C) 3	12,800				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB SOUTH JERSEY	04-3639550	501 (C) 3	11,800				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB TWIN CITIES	20-4265823	501 (C) 3	1,750				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB WESTCHESTER	13-3939823	501 (C) 3	2,000				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB WESTERN NEW YORK	16-1575630	501 (C) 3	2,150				PROVIDE PATIENT EDUCATION WORKSHOPS
GILDA'S CLUB WESTERN PENNSYLVANIA	25-1845284	501 (C) 3	1,000				PROVIDE PATIENT EDUCATION WORKSHOPS
TWC CENTRAL ARIZONA	56-0807810	501 (C) 3	12,500				PROVIDE PATIENT EDUCATION WORKSHOPS
HILL BREAST CENTER AT THE BAPTIST MED CENTER	85-8012647	501 (C) 3	750				PROVIDE PATIENT EDUCATION WORKSHOPS
KATZEN CANCER RESEARCH CENTER	52-2220700	501 (C) 3	2,833				PROVIDE PATIENT EDUCATION WORKSHOPS
MPN EDUCATION FOUNDATION	20-0841412	501 (C) 3	1,500				PROVIDE PATIENT EDUCATION WORKSHOPS
NUEVA VIDA	54-1943145	501 (C) 3	1,500				PROVIDE PATIENT EDUCATION WORKSHOPS
YOUNG SURVIVAL COALITION	13-4057685	501 (C) 3	3,000				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC SANTA MONICA	33-0287070	501 (C) 3	12,400				PROVIDE PATIENT EDUCATION WORKSHOPS
CSC VALLEYVENTURASANTA BARBARA	77-0205691	501 (C) 3	14,650				PROVIDE PATIENT EDUCATION WORKSHOPS
ALA - IOWA	42-0680451	501 (C) 3	1,000				PROVIDE PATIENT EDUCATION WORKSHOPS
ALA - MOUNTAIN PACIFIC	93-0386887	501 (C) 3	1,000				PROVIDE PATIENT EDUCATION WORKSHOPS
ALA - NEW MEXICO	85-0102946	501 (C) 3	1,000				PROVIDE PATIENT EDUCATION WORKSHOPS
ALA - NORTHEAST	06-0646594	501 (C) 3	1,000				PROVIDE PATIENT EDUCATION WORKSHOPS
ALA - PLAINS GULF REGION	43-0662525	501 (C) 3	4,500				PROVIDE PATIENT EDUCATION WORKSHOPS
ALA - SOUTH CAROLINA	57-0314414	501 (C) 3	1,000				PROVIDE PATIENT EDUCATION WORKSHOPS
ALA - UPPER MIDWEST	20-4392201	501 (C) 3	1,000				PROVIDE PATIENT EDUCATION WORKSHOPS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CANCER SUPPORT COMMUNITY

Employer identification number
95-4163931

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a		No
		4b		No
		4c		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III	5a		No
		5b		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III	6a		No
		6b		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)KIM THIBOLDEAUX PRESIDENT & CEO	(i)	208,523	12,500	0	0	11,859	232,882	0
	(ii)	0	0	0	0	0	0	0
(2)LINDA HOUSE EXECUTIVE VP	(i)	145,006	5,000	0	0	1,195	151,201	0
	(ii)	0	0	0	0	0	0	0
(3)SUSAN BROWN EXECUTIVE VP & COO	(i)	138,636	5,000	0	0	4,458	148,094	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CANCER SUPPORT COMMUNITY

Employer identification number
95-4163931

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	IN FISCAL YEAR 2012 THE CANCER SUPPORT COMMUNITY STARTED SEVERAL NEW PROGRAMS INCLUDING THE RECLAIMING INTIMACY PROGRAM, FRANKLY SPEAKING ABOUT CANCER BREAST CANCER, FRANKLY SPEAKING ABOUT CANCER ADVANCED SKIN CANCER, FRANKLY SPEAKING ABOUT CANCER BRAIN TUMORS, LIVING HEALTHY WITH CANCER, ADVANCED BREAST CANCER OPEN TO OPTIONS, NON-SMALL CELL LUNG CANCER PROJECT, CANCER SURVIVOR REGISTRY MULTIPLE MYELOMA, CANCER SURVIVOR REGISTRY METASTATIC BREAST CANCER, OPEN TO OPTIONS DOCTOR PATIENT COMMUNICATION, PROSTATE NEEDS ASSESSMENT
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT AND FINANCE COMMITTEES OF THE NATIONAL BOARD REVIEW THE FORM BEFORE FILING ON BEHALF OF THE BOARD
	FORM 990, PART VI, SECTION B, LINE 12C	MEMBERS OF THE BOARD ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DECLARATION ANNUALLY BOARD MEMBERS WHO MAY HAVE A CONFLICT OF INTEREST IN MATTERS BEFORE THE BOARD OR ITS COMMITTEES ARE ASKED TO RECUSE THEMSELVES FROM PARTICIPATION IN DISCUSSIONS OR DECISIONS
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE CEO, EXECUTIVE DIRECTOR AND TOP MANAGEMENT OFFICIALS IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE NATIONAL BOARD RELYING ON DATA SHOWING COMPENSATION FOR COMPARABLE POSITIONS THE EXECUTIVE COMMITTEE VOTES ON ALL COMPENSATION AND BONUSES AND THE VOTE IS RECORDED COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE NATIONAL BOARD RELYING ON DATA SHOWING COMPENSATION FOR COMPARABLE POSITIONS THE EXECUTIVE COMMITTEE VOTES ON ALL COMPENSATION AND BONUSES AND THE VOTE IS RECORDED
	FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE TO THE PUBLIC UPON REQUEST
OTHER FEES	FORM 990, PART IX, LINE 11G	CONSULTING PROGRAM SERVICE EXPENSES 634,711 MANAGEMENT AND GENERAL EXPENSES 74,586 FUNDRAISING EXPENSES 17,668 TOTAL EXPENSES 726,965 PRESSIONAL FEES PROGRAM SERVICE EXPENSES 10,350 MANAGEMENT AND GENERAL EXPENSES 47,244 FUNDRAISING EXPENSES 9,438 TOTAL EXPENSES 67,032
		THE PROCESSES FOR THE SELECTION OF AN INDEPENDENT ACCOUNTANT OR OVERSIGHT FOR THE AUDIT HAS NOT BEEN CHANGED

Additional Data

Software ID:

Software Version:

EIN: 95-4163931

Name: CANCER SUPPORT COMMUNITY

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES R SCHEPER DIRECTOR	1 00	X		X				0	0	0
WILLIAM J ASHBAUGH DIRECTOR	1 00	X						0	0	0
J NEIL BASSETT DIRECTOR	1 00	X						0	0	0
HARRY B DAVIDOW DIRECTOR	1 00	X						0	0	0
JILL DUROVSIK DIRECTOR	1 00	X						0	0	0
DAVID S HEFNER DIRECTOR	1 00	X						0	0	0
PAULA J MALONE SECRETARY	1 00	X		X				0	0	0
ANDREW SANDLER DIRECTOR	1 00	X						0	0	0
KENNETH SCALET DIRECTOR	1 00	X						0	0	0
NICK BAKER DIRECTOR	1 00	X						0	0	0
TED ORENSTEIN TREASURER	1 00	X		X				0	0	0
DIANE F PERLMUTTER DIRECTOR	1 00	X						0	0	0
TOM WALLACE DIRECTOR	1 00	X						0	0	0
LAURA L WHEAT CO-CHAIR	1 00	X		X				0	0	0
DAVID ALBAUGH BOARD CHAIR	1 00	X		X				0	0	0
FELICE L APOLINSKY DIRECTOR	1 00	X						0	0	0
STUART ARBUCKLE DIRECTOR	1 00	X						0	0	0
ANN BENJAMIN DIRECTOR	1 00	X						0	0	0
BARB HILTZ DIRECTOR	1 00	X						0	0	0
BRUCE EDELEN DIRECTOR	1 00	X						0	0	0
DON ELSEY DIRECTOR	1 00	X						0	0	0
MICHAEL ROCKS DIRECTOR	1 00	X						0	0	0
HOLLY TYSON DIRECTOR	1 00	X						0	0	0
KIM THIBOLDEAUX PRESIDENT & CEO	40 00			X				221,023	0	11,859
LINDA HOUSE EXECUTIVE VP	40 00			X				150,006	0	1,195

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN BROWN EXECUTIVE VP & COO	40 00					X		143,636	0	4,458
MAURICE GOLANT VP RESEARCH & TRAINING	40 00					X		122,975	0	20,436
VICTORIA KENNEDY VP QA & FACILITY RELATIONS	40 00					X		107,101	0	7,257
DEBBIE ROSENBERG BUSH SR DIRECTOR OF RESEARCH & DEVELOPMENT	40 00					X		106,601	0	16,003
JAY LOCKABY VP AFFILIATE RELATIONS	40 00					X		121,950	0	7,178