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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

Inspection

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

Open to Public

A Fo	or the 2	012 calendar year, or tax year beginning OCT 1, 2012 and er	nding S	EP 30, 2013	3
B Ch api	eck if plicable	C Name of organization		D Employer identif	fication number
	Address change	Cancer Prevention and Research Fund			
$\overline{}$	Name change	Doing Business As		27-3	3294092
	Initial return		oom/suite	E Telephone numb	· · · · · · · · · · · · · · · · · · ·
	Termin- ated	1741 W Rose Garden Lane 9	oon boans		-241-2873
	Amended return			G Gross receipts \$	5,890,264
\vdash	Applica-	Phoenix, AZ 85027		H(a) Is this a group	
	pending	F Name and address of principal officer:Robert Taylor		for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates in	
I Ta	Y-exem	ppt status: X 501(c)(3)	527		a list. (see instructions)
		▶ www.cancerpaf.org		H(c) Group exempti	
		ganization: X Corporation Trust Association Other	I Vear		M State of legal domicile: A
		Summary	[L Todi t	or iorination. 20 1.01	141 Otate of legal dofficie. 21
\Box		iefly describe the organization's mission or most significant activities: The O:	rgani	zation was	established
Governance		or the purpose of promoting and encourage			
na l		neck this box In the organization discontinued its operations or dispose			
Ver		washing of the contract of the		ا ا	1
යි		umber of independent voting members of the governing body (Part VI, line 1a)			
త		otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	
Activities &		del combine of colombinate for the second	• • • • •		
Ę		otal number of volunteers (estimate if necessary)		—	
A		otal unrelated business revenue from Part VIII, column (C), line 12		7a	
\rightarrow	D IV	et unrelated business taxable income from Form 990-T, line 34			
	• •	and who diese and anada (Dart VIII line 46)	-	Prior Year 1,604,395	Current Year 5,890,264
ne		ontributions and grants (Part VIII, line 1h)	·	0.	
Revenue		rogram service revenue (Part VIII, line 2g)	<u> </u>	0	
Be		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	·	0	
		ther revenue (Part VIII, column (A), lines 5, 6d, 80,96, fod, and the	· -	1,604,395	
\rightarrow		otal revenue - add lines 8 through 11 (must equal Part-VIII, column (A), lime 12)		1,581,025	
	13 G	rants and similar amounts paid (Part IX, column (A), lines 13)2013 . \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	· ·		
	14 B	enefits paid to or for members (Part IX, column (A) Hine 4)	· ·	0.	
Expenses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)	··-	0	1
Ë		rofessional fundraising fees (Part IX, column (A), (B) (B) (B)	√ ··	<u> </u>	• <u> </u>
꿃		otal fundraising expenses (Part IX, column (D), line 25)		21 446	E0 E40
		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,446	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,602,471	
- 6	19 R	evenue less expenses. Subtract line 18 from line 12		1,924	
Assets or d Balances			_Be	ginning of Current Year	
Ssel		otal assets (Part X, line 16)		3,142	
ਙ⊑∣		otal liabilities (Part X, line 26)	· · · -	100	
		et assets or fund balances. Subtract line 21 from line 20		3,042	142,206
		Signature Block			
		es of perjury, I declare that have examined this return, including accompanying schedules			my knowledge and belief, it i
true, c	correct,	and complete. Declaration of preparer (other tha e officer) is based on all inform etion of whic	ch preparer	has any knowledge.	1/2
		Signature of officer		Date	1/19
Sign				Dale	
Here	•	Robert Taylor, President Type or print name and title		_	
	<u> '</u>)ata la .	DTIN
		rint/Type preparer's name Propager's agniture		Date Check	PTIN
Paid		ynthia Williams, EA Wulle July		.2/02/13 self-empt	
Prepa		irm's name ▶ James E. Rafter , CPA PC		Firm's EIN	86-0503405
Use C	Only F	irm's address 606 N. Stapley Dr‡ve (/			
May		Mesa, AZ 85203 \/		Phone no.	<u>480-835-1040</u>
May	the IRS	discuss this return with the preparer shown above? (see instructions)		<u></u>	X Yes N

4d	Other program services (Describe in Schedule O)	
		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	issues relevant to cancer prevention.	
	need, in addition to educating those persons on nutritional and me	
4a	(Code) (Expenses \$\frac{5,696,535.}{0.0000}\$ including grants of \$\frac{5,648,733.}{0.0000}\$) (Revenue \$\frac{5}{0.0000}\$ to those	in)
	revenue, if any, for each program service reported.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	
_	If "Yes," describe these changes on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Ye	s X No
	the prior Form 990 or 990-EZ?	s X No
2	Did the organization undertake any significant program services during the year which were not listed on	
	circumstances which are creating widespread human need and engage cancer prevention, research, feeding and food distribution activit	
	hunger, poverty, disease, war, natural disasters and other	
1	Providing worldwide relief and aid to reduce suffering as a result	of
	Check if Schedule O contains a response to any question in this Part III	. X
	rt III Statement of Program Service Accomplishments	
Form	1990 (2012) Cancer Prevention and Research Fund 27-3294092	Page 2

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ı		
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	l	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			1
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,]		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	ļ	X
20a		20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	.]		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u></u>
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_X_	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		İ	İ
	Part V, line 1	34	ļ	X_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		İ	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	1 990	(2012)

	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	•		1
	(gambling) winnings to prize winners?	1c	X	L
2 a	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 2a0			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X_
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
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).	7 _		X
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_ 7b		<u> </u>
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	to file Form 8282?	7c		x
d	100 to 10 to			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	į.	х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	<u>9a</u>		├
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	ļ		
а	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	1		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	1	Ì	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
100	amounts due or received from them)	12a		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		-	+
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	ŀ	
ıs a	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	1
a	Note. See the instructions for additional information the organization must report on Schedule O.			
b	The state of the s			
~	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c]		<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<u>_b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Forn	1990	(2012)

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

	Check if Schedule O contains a response to any question in this Part VI		<u> </u>			LX.
Sec	tion A. Governing Body and Management		. <u> </u>			
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5	1	
	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.			1		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	$\label{eq:decomposition} \mbox{Did the organization make any significant changes to \\ \mbox{its governing documents since the prior Form}$	990 wa	as filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		_X_
6	Did the organization have members or stockholders?			6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or	İ		
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ie following:			
a	The governing body?			_8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		· · · · · · · · · · · · · · · · · · ·	9		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such or	hapte	s, affiliates,	1		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	· · · ·		10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy beto	ore filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1	٠,	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	res, a	escribe	40-	х	
	In Schedule O how this was done	•	• • • • •	12c	X	
13				13	X	 -
14	Did the organization have a written document retention and destruction policy?	 سامال		14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approximately persons, comparability data, and contemporaneous substantiation of the deliberation and decision.		ndependent		ŀ	
		r		150	х	
a	The organization's CEO, Executive Director, or top management official	• ••		15a 15b	X	\vdash
D	Other officers or key employees of the organization	• •		130		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a			
va	taxable entity during the year?			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	narticipation	100		
J	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization			-		
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure		·· ·· · · ·	, 100		
17	List the states with which a copy of this Form 990 is required to be filed ►AZ, FL, NJ, WA, I	MA.I	Y, CA, CT, N	C,II	1	٠,
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-					
	for public inspection. Indicate how you made these available. Check all that apply.	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Own website Another's website X Upon request Other (explain	n in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or		•	ınd fina	ncial	
	statements available to the public during the tax year.		. ,,,			
20	State the name, physical address, and telephone number of the person who possesses the books	and red	ords of the organiz	ation	>	
	The Organization - 602-241-2873					
	1741 W Rose Garden Lane, No. 9, Phoenix, AZ 8502	7				
23200 12-10-	3			Forr	1 990	(2012)

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

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

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

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

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

Check this box if neither the organiza (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	l (do	not c	Pos	ition more	than (one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is botl or/trus	h an	compensation	compensation	amount of
	week		Jei aii		ii octo	174445	100)	from	from related	other
	(list any	lrect				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	90	ste			sate		(W-2/1099-MISC)	(** 2 1000 141100)	organization
	organizations	fust	al tru)ee	mbe		(,		and related
	below	ndual	Institutional trustee	, 55	Key employee	Highest compensated employee	ner			organizations
	(list any hours for related organizations below line)	Ē	重	Officer	Æ	High	Former			
(1) Robert Taylor	5.00									
President		X	_	X				0.	0.	0.
(2) Clyde Ross	1.00									
Vice President		X		X				0.	0.	0
(3) Virgil Earls	1.00									
Secretary/Treasurer		X		X				0.	0.	0
(4) Shawna Brumbaugh	1.00	- _ ⊦								
Board Member	1 00	X				├		0.	0.	0
(5) Joe Nagengast	1.00	┨								
Board Member		X			-	 		0.	0.	0
		-								
		┼		-		-				
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Form **990** (2012)

(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Estimated amount of other compensation		
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Ney employee Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC		fro orga and	om the anizati I relate nızatio	e ion ed
					_								
		_											-
			-								,,		
										0.			
1b Sub-total						> >		0.		0.			0
Total number of individuals (including becompensation from the organization		nose	liste	ed at	oove	e) wl	no re	eceived more than \$100	0,000 of reportable)		Yes	No
3 Did the organization list any former off line 1a? If "Yes," complete Schedule J			-	-	•	-		highest compensated e	mployee on		3		х
 For any individual listed on line 1a, is the and related organizations greater than Did any person listed on line 1a receive 	\$150,000? If "Yes	, " cc	mpl	ete S	Sche	edul	e J f	for such individual			4		х
5 Did any person listed on line 1a receive rendered to the organization? If "Yes," Section B. Independent Contractors					-		·	ed organization or indiv	idual for services		5		х
 Complete this table for your five highes the organization. Report compensation 	•									pens			
(A) Name and busir		N	ON	<u> </u>				(B) Description of s	services	С	(C compe		n
					•	•						• •	_
2 Total number of independent contractor	ors (including but	not li	mıte	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the or	ganization >					0					Form	990 <i>(</i>	2011

)	7 –	3	29	4	O	9	2	Page	9
	,	_	~~	-	v	_	~	1 440	•

		Check if Schedule O cont	ains a response	to any question i	n this Part VIII	<u></u>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a	216,531.				
E a		Membership dues		210/3311				
هِ ق		Fundraising events						
if A		Related organizations						
©;≝		Government grants (contribut						
Siz		All other contributions, gifts, gran						
ig E	'	similar amounts not included above		673,733.				
S	_		ve [11]5,	623 733				
Contributions, Gifts, Grants and Other Similar Amounts	Ę.	Noncash contributions included in lines Total. Add lines 1a-1f		023,733	5,890,264.			
<u> </u>		Total. Add lines 1a-11 .	· · · · · · · · · · · · · · · · · · ·	Business Code	<u>J,0J0,204.</u>			
မွ	2 a	l						
اہ چّ	b							
Program Service Revenue	c							
eve	c	<u> </u>						
<u>Б</u> п	e							
<u>~</u>	f	All other program service reve	nue .					
	c	Total. Add lines 2a-2f	<u> </u>	>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		🕨				
	4	Income from investment of tax						
	5	Royalties	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						ľ
	Ł	Less: rental expenses						
	c	Rental income or (loss)						
	c	Net rental income or (loss) .		▶				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						İ
İ	t	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
	c	Net gain or (loss)		<u> </u>				
e	8 8	a Gross income from fundraisin	g events (not					
e P		including \$	of					
ě		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	a					
Ě	t	Less: direct expenses	b					
	C	Net income or (loss) from fund	draising events					
	9 a	a Gross income from gaming ac					,	
		Part IV, line 19				[
		Less: direct expenses						
		Net income or (loss) from garr					· · · · · · · · · · · · · · · · · · ·	
	10 a	a Gross sales of inventory, less						
		and allowances	a					
		Less: cost of goods sold		<u> </u>				
		Net income or (loss) from sale		<u> </u>				
		Miscellaneous Revenu	ie	Business Code				
	11 a	a			<u> </u>			
	ŀ	o					·	
	(_
	•	d All other revenue						<u> </u>
	•	Total. Add lines 11a-11d						
00000	12	Total revenue. See instructions.	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u>5,890,264.</u>	0.	0	
23200 12-10	-12							Form 990 (2012)

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A).	
	Check if Schedule O contains a respon	se to any question in this	s Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	4 244 242	4 044 040		
	organizations in the United States. See Part IV, line 21	1,311,843.	1,311,843.		
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	4 226 000	4 226 200		
	United States. See Part IV, lines 15 and 16	4,336,890.	4,336,890.		
4	Benefits paid to or for members			_	
5	Compensation of current officers, directors,	0 000	0 000	İ	
_	trustees, and key employees	9,000.	9,000.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 000	2,000.		
7	Other salaries and wages	2,000.	2,000.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	842.	842.		
10	Payroll taxes	042.	042.		
11	Fees for services (non-employees):				
_	Management				
b	Legal	9,875.	-	9,875.	
٦ C	0	5,015.		3,073.	······································
d	Lobbying				
f	Investment management fees				
g				·	
9	column (A) amount, list line 11g expenses on Sch O.)	28,200.	25,100.	2,910.	190.
12	Advertising and promotion		/	-,	
13	Office expenses	1,605.		1,605.	
14	Information technology			•	
15	Royalties	-			
16	Occupancy	3,600.	3,600.		
17	Travel	137.	137.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance		·- ·		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		7,123.	7,123.		
b		, ,			
C					
d					
_	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,711,115.	5,696,535.	14,390.	190.
26	Joint costs. Complete this line only if the organization				
_•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

	Check if Schedule O contains a response to any question in this Part X	(A)	"	
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	2,342.	1	20,900
2	Savings and temporary cash investments	800.	2	2,001
3	Pledges and grants receivable, net		3	119,954
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete	•		
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		ŀ	
	employers and sponsoring organizations of section 501(c)(9) voluntary		.	
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	 -
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
-	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
11			11	
12			12	
13	Investments - program-related. See Part IV, line 11		13	
14			14	
15	Other assets. See Part IV, line 11		15	
16		3,142.	16	142,855
		100.	17	649
17		100.	18	
18			19	
19	Deferred revenue		20	
20			21	
21	and the second s		21	
22	key employees, highest compensated employees, and disqualified persons.			
21 22			22	
	, , , , , , , , , , , , , , , , , , , ,		23	
23	• • • • • • • • • • • • • • • • • • • •		24	
24	• •		-24	<u></u>
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			
			25	
00	Schedule D	100.		649
26	Organizations that follow SFAS 117 (ASC 958), check here ► X and	100.	20	
27 28 29 30 31 32	complete lines 27 through 29, and lines 33 and 34.	3,042.	27	142,206
27	• • • • • • • • • • • • • • • • • • • •	3,042.	28	111/100
28			29	
29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		23	
[_		1	
2 00	and complete lines 30 through 34.		30	
30	•		31	
31	• • • • • • • • • • • • • • • • • • • •		32	
32		3,042.		142,206
_ 3:	• • • • • • • • • • • • • • • • • • • •	3,142		142,200
	Total liabilities and net assets/fund balances		1 3 4	Form 990 (201

Form	990 (2012) Cancer Prevention and Research Fund	27-329	4092	Page	e 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>	[X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,890		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,711		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,14	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	3,04	<u>12.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	_		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<u> </u>	9,98	<u>35.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	142	2,20	<u> </u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>		<u> </u>	X
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.		Ì	
2a			. 2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		i	
	separate basis, consolidated basis, or both:		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis		1		
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis			1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	<u></u>	. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37
_	Act and OMB Circular A-133?		. 3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	iirea audit		i	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b Form	000 "	2010
			rorm '	39U (ZU 12)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			Cancer	<u>Prevention a</u>	<u>nd</u> Re	searc	<u>h F</u> un	<u>d</u> _		2	<u>7-3294</u>	<u> 1092 </u>			
Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				_		
Γhe	organ			because it is: (For lines 1									_		
1		A church, cor	nvention of churche	s, or association of churc	ches descr	nbed in se	ction 170	(b)(1)(A)(i)							
2				'0(b)(1)(A)(ii). (Attach Sci											
3				tal service organization of		n section	170(b)(1)(A)(iii).							
4				operated in conjunction					(b)(1)(A)(ii	i). Enter i	the hospita	l's name,			
		city, and stat			·						-				
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	describ	ed in		_		
			(b)(1)(A)(iv). (Comple	-	-	·	•	_							
6		A federal, sta	ite, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).							
7	X	An organizatı	on that normally rec	that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		=	-	1)(A)(vi). (Complete Part II.)											
8				section 170(b)(1)(A)(vi). ((Complete	Part Ii)									
9			tion that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from												
			elated to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment												
		income and t	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.												
			509(a)(2). (Complete												
10		An organizatı	on organized and o	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	l).						
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	e type of supporting	organization and comple	ete lines 1º	1e through	11h.								
		a Type I	l b 🗀 T	ype II c 🔲 Ty	ype III - Fui	nctionally i	integrated	c	I 🔙 Тур	e III - No	n-functiona	lly integrat	ed		
е		-		_											
		foundation m	nanagers and other t	than one or more publicly	y supporte	d organiza	ations desc	cribed in s	ection 509	9(a)(1) or	section 50	9(a)(2).			
f		If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type)			_			
		supporting o	rganization, check tl	his box								L	ك		
g		_											_		
					one or tog	ether with	persons o	lescribed i	in (ii) and (ııi) below	I		<u>o_</u>		
		_										1	_		
											ı				
											. 11g(iii)	—		
h		Provide the f	ollowing information	about the supported or	ganızation	(s).									
			1	·	I		1		6.01	415.0	Γ		—		
(i)			(ii) EIN	(iii) Type of organization					lorganizatio	on in col.	1		ry		
	orga	anization							(i) organiz	ed in the	su	pport			
				(see instructions))	<u> </u>		··· ·								
				+	162	140	163	140	162	140			—		
					<u> </u>			-	-	1			_		
							-		1		1				
													_		
		By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (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? Provide the following information about the supported organization (iii) above? (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section governing document? (iv) Did you notify the organization in col. (i) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in the U.S.?													
		a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (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? Provide the following information about the supported organization (described on lines 1-9 above or IRC section (sea instructions)) (iv) Is the organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iiii) organization in col. (iiiiii) organization in col. (iiiiiii) organization in col. (iiiiiii) organization in col. (iiiiiiii) organization in col. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii													
								-					_		
Tota	al														

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012 Cancer Prevention and Research Fund 27-3294092 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Seg	tion A. Public Support						
Cale	ndar 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.")			1256271.	1604395.	5890264.	<u>8750930.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					·	
	the organization without charge			1056051	1.604305	E0000C4	0750030
-	Total. Add lines 1 through 3			1256271.	1604395.	5890264.	8750930.
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)						
_					 		8750930.
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u>. </u>	J		l	l	6730930.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(4) 2000	10/2555	1256271.	1604395.	5890264.	8750930.
8	Gross income from interest,						
ŭ	dividends, payments received on					ĺ	
	securities loans, rents, royalties						
	and income from similar sources]				
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)					<u></u>	
11	Total support. Add lines 7 through 10				<u> </u>		8750930.
12	Gross receipts from related activities	, etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, th	nird, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and sto	p here	<u></u>		<u> </u>	. <u> </u>	▶ 🗶
	ction C. Computation of Pub					11	
14	Public support percentage for 2012 ((line 6, column (f) c	livided by line 11	, column (f))		14	%
	Public support percentage from 201					15	%
16	a 33 1/3% support test - 2012. If the						
	stop here. The organization qualifies						▶∐
ı	33 1/3% support test - 2011. If the						nis box
	and stop here. The organization qua						- -
178	a 10% -facts-and-circumstances tes						
	and if the organization meets the "factoring the life at a and singuistances."						I IIZALIOII
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances tes more, and if the organization meets t						
	organization meets the "facts-and-cir						▶ [□
10	Private foundation. If the organization		-				ns 💄
10	Fire organization, in the organization	JA GIG HOL CHECK &	DOX OF HITO TO,	-ιοα, του, ττα, οι ττ			or 990-EZ) 2012
					3011		

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

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

Sec	ction A. Public Support						
Cale	ndar 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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	-					
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support	•		•		· · · · · · · · · · · · · · · · · · ·	-
Cale	endar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6				,		
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income		ļ	1			
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b			,			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	<u> </u>		<u> </u>
14	First five years. If the Form 990 is fo				=		
	check this box and stop here				 	· · · · · · · · · · · · · · · · · · ·	····· P
	ction C. Computation of Publ			l (0)		11	
	Public support percentage for 2012 (15	%
16					 	16	<u>%</u>
_	ction D. Computation of Inve			-		147	
	Investment income percentage for 20					17	<u>%</u> %
18	•					18 22 1/2% and line	
198	a 33 1/3% support tests - 2012. If the						1/ 18 HOL
	more than 33 1/3%, check this box a 33 1/3% support tests - 2011. If the	•	-				-
	line 18 is not more than 33 1/3%, ch						
20	Private foundation. If the organization		-				

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Cancer Prevention and Research Fund

Employer identification number 27 - 3294092

Par	art I Organizations Maintaining Donor Advised Fu		is 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			
3			
4			
5		that the assets held in donor adv	used funds
•	are the organization's property, subject to the organization's exclus		Yes No
6			
Ü	for charitable purposes and not for the benefit of the donor or donor		
	the bloom of the core		· · · · · · · · · · · Yes · · No
Pai	art II Conservation Easements. Complete if the organizat		
1			1 41.111
•	Preservation of land for public use (e.g., recreation or education)		ustoncally important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	rtified historic structure
	Preservation of open space		Timod Timotorio di dottaro
2		nservation contribution in the form	n of a conservation easement on the last
_	day of the tax year.		
	day of the tax year.		Held at the End of the Tax Year
а	a Total number of conservation easements		2a
b			
c	At a grant of the control of the con		2c
ď			· · · ·
J	listed in the National Register	, , , , , , , , , , , , , , , , , , , ,	2d
3		extinguished or terminated by t	• • • • • • • • • • • • • • • • • • • •
0	year	, oxunguonou, or tommutou by t	
4		nt is located ▶	
5			- f
Ŭ	violations, and enforcement of the conservation easements it holds		
6			
7			
8			
	and section 170(h)(4)(B)(ii)?		Yes No
9		sements in its revenue and expen	se statement, and balance sheet, and
-	include, if applicable, the text of the footnote to the organization's		
	conservation easements.		
Pa	art III Organizations Maintaining Collections of Art	Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 8.	
1a	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stat	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition	n, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes the	nese items.	
b			ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educati		
	relating to these items:		
			> \$
2			cial gain, provide
	the following amounts required to be reported under SFAS 116 (AS		
а			> \$
	b Assets included in Form 990, Part X		· \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

		revention						<u>7-3294092</u>	
Par	1 . 9								
3	Using the organization's acquisition, accession	n, and other records	s, check	k any of the	following th	nat are a si	gnificant use	of its collection	items
	(check all that apply):								
а	Public exhibition	d		Loan or exc					
b	Scholarly research	е	ا لـــا	Other					
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain	how th	ney further t	he organiza	ation's exe	npt purpose	ın Part XIII.	
5	During the year, did the organization solicit or	receive donations o	f art, hi	storical trea	sures, or ot	ther simılar	assets		
	to be sold to raise funds rather than to be main		-					Yes	No_
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the	organizatio	n answered	d "Yes" to	Form 990, P	art IV, line 9, or	
1a	Is the organization an agent, trustee, custodian	n or other intermedi	ary for	contribution	ns or other a	assets not	included		
	on Form 990, Part X?							. Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar								
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year								
f	Ending balance						. 1f		
2a	Did the organization include an amount on For							. Yes	☐ No
	If "Yes," explain the arrangement in Part XIII. C					n Part XIII			
Par									
		(a) Current year	(b) F	Prior year	(c) Two ye	ears back	(d) Three year	rs back (e) Four	years back
1a	Beginning of year balance	1							
b	Contributions				Ì				
G	Net investment earnings, gains, and losses								
ď	Grants or scholarships	-							_
-	Other expenditures for facilities								
·									
									
'	E t C but								
g	Provide the estimated percentage of the curre	ent year end halance	e (line 1	a column (a)) held as:	L			
<u>د</u>	Board designated or quasi-endowment		% %	g, colaitii (ajj ficia ao.				
a 5	Permanent endowment	%							
D	Temporarily restricted endowment	^% %							
C	The percentages in lines 2a, 2b, and 2c should								
0,	Are there endowment funds not in the posses		ation th	at are held a	and adminis	etered for t	ha organizat	ion	
Sa		Sion of the organiza	ICIOIT LITE	at are nelu t	and admini	stored for t	no organizat		Yes No
	by:							3a(i)	163 140_
	(i) unrelated organizations								
								0.	
D	If "Yes" to 3a(ii), are the related organizations Describe in Part XIII the intended uses of the				••				
Dai	t VI Land, Buildings, and Equipme								
[Fal				T	t or other	(a) A	ccumulated	(d) Bool	c value
	Description of property	(a) Cost or ot basis (investm		1	t or other (other)		preciation	(4) 600	· valu c
	Land		.5.119	24313	(0.1101)		p. 00/4/10/1		
	Land	•		 		 			
	Buildings			 					
	Leasehold improvements			 	- .				
	Equipment								
	Other		V'	(D) <i>lic</i> -	10(a))	!			0.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 Cancer Prevent	circion and no	<u>search Fund</u>	27-3294092 Page 3
Part VII Investments - Other Securities. See			0-1
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati	on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
_(D)			
(F)			
(G)			
(H)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Se			and Oneth an and of the an anadat trailing
(a) Description of investment type	(b) Book value	(c) Method of Valuati	on: Cost or end-of-year market value
(1)	1		
(2)			
(3)		<u>-</u> .	
(5)			
(6)			
(7)			
(8)			
(9)		<u></u>	·
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	· · · · · · · · · · · · · · · · · · ·		
Part IX Other Assets. See Form 990, Part X, line			
(a) [Description		(b) Book value
(1)	_·		
(2)			
(3)			
(3) (4) (5)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8) (9) (10)			
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line			•
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, I	ine 25.		
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, I. (a) Description of liability	ine 25.	(b) Book value	•
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, I	ine 25.	(b) Book value	>
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, I. (a) Description of liability	ine 25.	(b) Book value	>
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, I (a) Description of liability (1) Federal income taxes	ine 25.	(b) Book value	>
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, I (a) Description of liability (1) Federal income taxes (2)	ine 25.	(b) Book value	•
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, I (a) Description of liability (1) Federal income taxes (2) (3)	ine 25.	(b) Book value	>
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, I. (a) Description of liability (1) Federal income taxes (2) (3) (4)	ine 25.	(b) Book value	▶
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, I (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	ine 25.	(b) Book value	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, I (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	ine 25.	(b) Book value	•
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, I (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	ine 25.	(b) Book value	•
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, I (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	ine 25.	(b) Book value	•
(3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	ine 25.	(b) Book value	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text	e 25.) ▶ It of the footnote to the oil	ganization's financial stat	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ▶ It of the footnote to the oil	ganization's financial stat	

Sche	. dule D (Form 990) 2012 Cancer Prevention and Resea	rch	Fund		3294092 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Wi	th Revenue per F	leturn	
1	Total revenue, gains, and other support per audited financial statements			1	5,850,279 .
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		1	
c	Recovenes of pnor year grants	2c	<u> </u>	1	
٦	Other (Describe in Part XIII.)	2d		1 1	
e	Add Page 6. Married 6.1			2e	0.
3				3	5,850,279.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				0/00/-:51
۳.	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a		4b	39,985.	1	
Đ	Other (Describe in Part XIII.)		32,203.	7.1	39,985.
_C	Add lines 4a and 4b			4c 5	5,890,264.
Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Stateme	nte W	ith Evnences per		
Pai		IIICS VV	itti Expenses per		F 711 11E
1	Total expenses and losses per audited financial statements			1	5,711,115.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b			
С	Other losses	2c_] [
d	Other (Describe in Part XIII.)	2d		」	
е	Add lines 2a through 2d			2e_	0.
3	Subtract line 2e from line 1			3	5,711,115.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b		4b			
_	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	5,711,115.
Pa	rt XIII Supplemental Information	· · ·		, <u> </u>	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and A: Part IV lines	Ih and	2h: Part V line 4: Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p				
. <u>Pa:</u>	rt XI, Line 4b - Other Adjustments:	_			
<u> Al</u>	lowance for uncollectable pledges		<u> </u>		39,985.
				•	
				Sche	dule D (Form 990) 2012

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Car	cer Preventi	on and R	esearch	Fund	27-32940	92
Par				side the United States. Comple		
	 to Form 990, Part					
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ants and other assistance,	
	the grantees' eligibility fo	or the grants or a	ssistance, and t	the selection criteria used to award the	e grants or assistance?	Yes No
2	For grantmakers. Description of the Control of the	ribe in Part V the	e organization's p	procedures for monitoring the use of it	s grants and other assistance ou	tside the
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)	
	(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
East Paci	Asia and the	. 0	0	Program Services	Humanitarian Aid	4,036,863,
Mo∞≠	h America	0	0	Program Services	Feeding Programs	300.027.
						-
3 -	Sub-total		0			4,336,890,
	Total from continuation sheets to Part I		·			0.
С	Totals (add lines 3a and 3b)					4,336,890.
LHA	For Paperwork Reduct	tion Act Notice,	see the instruc	ctions for Form 990.	Schedule I	F (Form 990) 2012

Page 2

27-3294092

Cancer Prevention and Research Fund

Schedule F (Form 990) 2012

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.

•								
(i) Method of valuation (book, FMV, appraisal, other)	Fair Market Value	Fair Market Value	į	_		2	0	Schedule F (Form 990) 2012
(h) Description of non-cash assistance	Medical supplies	Food 5,097 lbs reduce						Schedu
(g) Amount of non-cash assistance	4036863,	7,646.				xempt by		
(f) Manner of cash disbursement						recognized as tax-e		
(e) Amount of cash grant	0	0				foreign country,	•	
(d) Purpose of grant	Humanitarian Aid	Feeding Programs				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	iono formanho (o)(o) oo	
(c) Region	East Asia and the Pacific	nerica				ns listed above that are r	or entities	
(b) IRS code section and EIN (if applicable)						recipient organizatio	other organizations	
1 (a) Name of organization						2 Enter total number of	3 Enter total number of other organizations or entitles	l

27-3294092

Page 3

Cancer Prevention and Research Fund

Cancer Freemeron

Schedule F (Form 990) 2012

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

(h) Method of valuation (book, FMV, appraisal, other) Fair Market Value 193,660 lbs of Fresh (g) Description of non-cash assistance Various Food Items 290,490, Produce (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of cash Amount of recipients cash grant 16 138 (b) Region North America (a) Type of grant or assistance Feeding Programs

232073 12-10-12

Schedule F (Form 990) 2012

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

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

Cancer Prevention and Research Fund

General Information on Grants and Assistance

Part

criteria used to award the grants or assistance?

Open to Public

Employer identification number

Inspection

27-3294092

2

X Yes

(h) Purpose of grant or assistance eeding Programs Feeding Programs Feeding Programs 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 : (g) Description of non-cash assistance 700,330 lbs of 157,565 lbs of fresh produce fresh produce : (f) Method of valuation (book, FMV, appraisal, other) 0.Actual Value 'air Market Pair Market Value 236,348, Value 050,495. (e) Amount of assistance non-cash : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ecipient that received more than \$5,000. Part II can be duplicated if additional space is needed. o. ી (d) Amount of cash grant 22,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(c)(3) 501(c)(3) 501(c)(3) Enter total number of other organizations listed in the line 1 table 86-0450338 45-3305919 45-3839607 (p) EIN 1 (a) Name and address of organization American Indian Children's Hunger AIDS Family and Youth Foundation Fund - PO Box 724 - Laveen, AZ 7029 W Rose Garden Lane, #9 Cancer Prevention Network or government 606 N Stapley Drive Glendale, AZ 85308 Mesa, AZ 85203 Part 85339

232101 12-18-12

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Schedule I (Form 990) (2012)

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

990, Part IV, lines 29 or 30.

Attach to Form 990.

Employer identification number Name of the organization 27-3294092 Cancer Prevention and Research Fund Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of de noncash contribu			3
4	Art - Works of art		iterns contributed	TOTAL 930, Part VIII, IIIIe I				
2	Art - Historical treasures			<u> </u>	-			
	Art - Fractional interests						-	
4			· -		-			
-	Clothing and household goods							
5	Cars and other vehicles	<u> </u>						
6	Boats and planes							
7	Intellectual property							
8			-					
9			-					
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests		· -					
12	Securities - Miscellaneous		<u> </u>					
13	Qualified conservation contribution -							
	Historic structures					·		
14	Qualified conservation contribution - Other				-			
15	Real estate - Residential							
16	Real estate - Commercial	-						
17	Real estate - Other							
18	Collectibles		7.0	1 506 970	Enin Mankat	. 770	1,,,	
19	Food inventory	X	79		Fair Market			
20	Drugs and medical supplies	X	ļ <u>1</u>	4,030,803.	Fair Market	. va	<u>rue</u>	
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()				 			
26	Other ()		<u> </u>					
27	Other ()							
28_	Other ()	<u> </u>		<u> </u>	<u> </u>			
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29				
							Yes_	No
30a	During the year, did the organization receive b	y contributi	on any property re	ported in Part I, lines 1-28	that it must hold for			
	at least three years from the date of the initial	contribution	n, and which is not	required to be used for ex	empt purposes for			
	.					30a_		X
b								
31	Does the organization have a gift acceptance					31		X
32a	Does the organization hire or use third parties	or related o	rganizations to so	licit, process, or sell nonca	sh			
	contributions?					32a		X
b	If "Yes," describe in Part II.							İ
33	If the organization did not report an amount in	a column (c)	for a type of prope	erty for which column (a) is	checked,			
	describe in Part II.					1	L	L
	E. D		-tiona for Form Of	20	Schadula M	/Earm	999)	(2012)

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

Schedule M (Form 990) (2012)

the	pple i organ	mental	Infor eport		nplete this lumn (b),	s part to pro	vide the	ınformatio	n require	d by Part	I, lines 30t	o, 325, and 3 or a combin	33, and whether
Schedule	М,	Part	I,	Column	(b):	Estin	nates	were	not	used	in de	etermi	ning
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reflecte	d f	or ea	ch	type of	prop	erty r	ecei	ved.					
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SCHÉDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 27 2201002

Cancer Prevention and Research Fund 27-3294092
Form 990, Part I, Line 1, Description of Organization Mission:
distribution of food to those in need, in addition to educating those
persons on nutritional and medical issues relevant to cancer prevention
throughout the State of Arizona, the United States of America and the
rest of the world.
Form 990, Part III, Line 1, Description of Organization Mission:
for charitable classes of persons throughout the state of Arizona, the
United States and foreign countries.
Form 990, Part VI, Section B, line 11: The 990 is reviewed and approved at
annual board meeting.
Form 990, Part VI, Section B, Line 12c: Compliance is checked at the
annual board meeting.
Town 000 Pout III Continu D. Line 15, Who well we for the CDO and ather
Form 990, Part VI, Section B, Line 15: The salary for the CEO and other
officers is determined by the Board of Directors based on salary
comparisons for CEOs and other officers of other charities serving in a
comparable capacity.
Form 990, Part VI, Section C, Line 18: The Organization makes its Forms
1023 and 990 available upon request.
Form 990, Part VI, Section C, Line 19: The Organization makes its
governing documents, conflict of interest policy and financial statements
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)
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