See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Form 990-T
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2013 or other tax year beginning _____________ and ending _____________.

Information about Form 990-T and its instructions is available at www.irs.gov/form990t

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

A Check box if address changed

B Exempt under section

X 501(c)(3)
  408(e) 220(a)
  408A 530(a)
  529(a)

Print Name of organization ( Check box if name changed and see instructions.)

NATIONAL COMPREHENSIVE CANCER NETWORK
23-2818395

Number, street, and room or suite no. If a P.O. box, see instructions.
275 COMMERCE DRIVE, NO. 300
City or town, state or province, country, and ZIP or foreign postal code
FORT WASHINGTON, PA 19034 541800

C Book value of all assets
End of year
25,948,086.

D Employer identification number
Employee identification number (Employer's trust, see instructions)

E Unrelated business activity codes
(See instructions)

F Group exemption number (See instructions)

Check organization type

X 501(c) corporation
501(c) trust
401(a) trust
Other trust

H Describe the organization's primary unrelated business activity. ADVERTISING INCOME

J The books are in care of
LISA KIMBRO

Telephone number
215-690-0300

Part I Unrelated Trade or Business Income

( A) Income (B) Expenses (C) Net

1a Gross receipts or sales
1b Less returns and allowances
1c Balance

2 Cost of goods sold (Schedule A, line 7)

3 Gross profit. Subtract line 2 from line 1c

4a Capital gain net income (attach Form 8949 and Schedule D)
4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)
4c Capital loss deduction for trusts

5 Income (loss) from partnerships and S corporations (attach statement)

6 Rent income (Schedule C)

7 Unrelated debt-financed income (Schedule E)

8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)

9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

10 Exploited exempt activity income (Schedule I)

11 Advertising income (Schedule J)

12 Other income (See instructions; attach schedule.

STATEMENT 1

12 173,763.
13 173,763.

Total, Combine lines 3 through 12

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

Except for contributions, deductions must be directly connected with the unrelated business income

14 Compensation of officers, directors, and trustees (Schedule F)
15 Salaries and wages
16 Repairs and maintenance
17 Bad debts
18 Interest (attach schedule)
19 Taxes and licenses
20 Charitable contributions (See instructions for limitation rules.)
21 Depreciation (attach Form 4562)
22 Less depreciation claimed on Schedule A and elsewhere on return
22a
22b

Depletion

23 Contributions to deferred compensation plans
24 Employee benefit programs
25 Excess exempt expenses (Schedule I)
26 Excess readerahip costs (Schedule J)
27 Other deductions (attach schedule)

SEE STATEMENT 2

28 73,625.
29 Total deductions. Add lines 14 through 28

30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

31 Net operating loss deduction (limited to the amount on line 30)

SEE STATEMENT 3

32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

33 Specific deduction (Generally $1,000, but see instructions for exceptions.)

34 Unrelated business taxable income

Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32

34 0.

2013.04021 NATIONAL COMPREHENSIVE CANC 034050_2

10020924 784285 034050
### Part III - Tax Computation

**35 Organizations Taxable as Corporations.** See instructions for tax computation.
- Controlled group members (sections 1561 and 1563) check here □ See instructions and:
  - (1) Share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): □
  - (2) Share of the first $11,750: □
  - (3) Share of the additional 3% tax (not more than $100,000): □
- Income tax on the amount on line 34 ▶ 35c

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:
- Tax rate schedule or □ Schedule D (Form 1041)
- ▶ 36

**37 Proxy tax.** See instructions ▶ 37

**38 Alternative minimum tax** ▶ 38

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies ▶ 39

### Part IV - Tax and Payments

**40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)** ▶ 40a
- Other credits (see instructions) □
- General business credit. Attach Form 3800 □
- Credit for prior year minimum tax (attach Form 8801 or 8827) □
- Total credits. Add lines 40a through 40d ▶ 40e
- Subtract line 40e from line 39 ▶ 41

**42 Other taxes.** Check if from; □ Form 4255 □ Form 8611 □ Form 8697 □ Form 8866 □ Other (attach schedule) ▶ 42

**43 Total tax.** Add lines 41 and 42 ▶ 43

**44a Payments: A 2012 overpayment credited to 2013** ▶ 44a
- 2013 estimated tax payments □
- Tax deposited with Form 8868 □
- Foreign organizations; Tax paid or withheld at source (see instructions) □
- Backup withholding (see instructions) □
- Credit for small employer health insurance premiums (Attach Form 8941) □
- Other credits and payments: □ Form 4136 □ Other ▶ 44f
- Total ▶ 44g

**45 Total payments.** Add lines 44a through 44g ▶ 45

**46 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ 47

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ 48

**49 Enter the amount of line 48 you want: Credited to 2014 estimated tax ▶** 49 $10,821. Refunded ▶ 49 $0.

### Part V - Statements Regarding Certain Activities and Other Information

**1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country?** Yes □ No □
- If YES, enter the name of the foreign country here ▶
- Accounts. If YES, enter the name of the foreign country here ▶

**2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?** Yes □ No □

**3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶** $N/A

### Schedule A - Cost of Goods Sold

**Enter method of inventory valuation ▶ N/A**

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4a</th>
<th>4b</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inventory at beginning of year</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchases</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost of labor</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional section 263A costs (attach schedule)</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other costs (attach schedule)</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. Add lines 1 through 4b</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Sign Here

**Signature of officer** ▶

**CHIEF FINANCIAL OFFICER**

**Date** ▶ 10/11/14

### Paid Preparer Use Only

**Print/Type preparer's name** ▶

**JOSEPH M. KISTNER, CPA**

**Preparer's signature** ▶

**Date** ▶ 10/11/14

**Check self-employed** ▶

**PTIN** ▶ P00157086

**Print/Type preparer's EIN** ▶

**23-1406493**

**Print/Type preparer's address** ▶

**150 MONUMENT RD - SUITE 500**

**Form's EIN** ▶

**23-1406493**

**Phone number** ▶ 267-440-3000

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**Form 990-T (2013) 2013.04021 NATIONAL COMPREHENSIVE CANC 034050_2**

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**3237/11 12-12-13**

**30020924 784285 034050**
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

<table>
<thead>
<tr>
<th>(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)</th>
<th>(b) From real and personal property (if the percentage of rent for personal property exceeds 52% or if the rent is based on profit or income)</th>
<th>3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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<tr>
<td>(3)</td>
<td></td>
<td></td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ➤ 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ➤ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property

(1)
(2)
(3)
(4)

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

5. Average adjusted basis of or allocable to debt-financed property (attach schedule)

6. Column 4 divided by column 5

7. Gross income reportable (column 2 x column 6)

8. Allocable deductions (column 8 x total of columns 3(a) and 3(b))

| (1) | % |
| (2) | % |
| (3) | % |
| (4) | % |

Totals

Total dividends-received deductions included in column 8 ➤ 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization

(1)
(2)
(3)
(4)

Exempt Controlled Organizations

<table>
<thead>
<tr>
<th>Employer identification number</th>
<th>Net unrelated income (loss) (see instructions)</th>
<th>Total of specified payments made</th>
<th>Part of column 4 that is included in the controlling organization's gross income</th>
<th>Deductions directly connected with income in column 5</th>
</tr>
</thead>
</table>

Nonexempt Controlled Organizations

<table>
<thead>
<tr>
<th>Taxable Income</th>
<th>Net unrelated income (loss) (see instructions)</th>
<th>Total of specified payments made</th>
<th>Part of column 9 that is included in the controlling organization's gross income</th>
<th>Deductions directly connected with income in column 10</th>
</tr>
</thead>
</table>

Totals

Add columns 6 and 10 Enter here and on page 1, Part I, line 6, column (A) ➤ 0.

Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) ➤ 0.

323721 12-12-13

10020924 784285 034050 2013.04021 NATIONAL COMPREHENSIVE CANC 034050_2
### Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
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<td>(3)</td>
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<tr>
<td>(4)</td>
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</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line 9, column (A)

Enter here and on page 1, Part I, line 9, column (B)

#### Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(3)</td>
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<td>(4)</td>
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</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line 10, col (A)
Enter here and on page 1, Part I, line 10, col (B)
Enter here and on page 1, Part II, line 26

#### Schedule J - Advertising Income

(see instructions)

#### Part I | Income From Periodicals Reported on a Consolidated Basis

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 5 minus column 6, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(3)</td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Totals (carry to Part II, line (5)) 0. 0. 0.

#### Part II | Income From Periodicals Reported on a Separate Basis

(For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 5 minus column 6, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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<tr>
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<tr>
<td>(3)</td>
<td></td>
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<tr>
<td>(4)</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals from Part I 0. 0. 0.

Enter here and on page 1, Part I, line 11, col (A)
Enter here and on page 1, Part I, line 11, col (B)
Enter here and on page 1, Part II, line 27

#### Totals, Part II (lines 1-5) 0. 0. 0.

#### Schedule K - Compensation of Officers, Directors, and Trustees

(see instructions)

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2 Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

Enter here and on page 1, Part II, line 14

0.
### FORM 990-T OTHER INCOME STATEMENT 1

**DESCRIPTION**
- ADVERTISING REVENUE FROM PUBLISHING AND EXHIBIT GUIDES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVERTISING REVENUE FROM PUBLISHING AND EXHIBIT GUIDES</td>
<td>173,763.</td>
</tr>
</tbody>
</table>

**TOTAL TO FORM 990-T, PAGE 1, LINE 12**
- 173,763.

### FORM 990-T OTHER DEDUCTIONS STATEMENT 2

**DESCRIPTION**
- CONFERENCE HIGHLIGHTS SUPPLEMENT
- HEMATOLOGIC MALIGNANCIES EXHIBIT GUIDE
- ANNUAL CONFERENCE EXHIBIT GUIDE

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONFERENCE HIGHLIGHTS SUPPLEMENT</td>
<td>57,950.</td>
</tr>
<tr>
<td>HEMATOLOGIC MALIGNANCIES EXHIBIT GUIDE</td>
<td>5,019.</td>
</tr>
<tr>
<td>ANNUAL CONFERENCE EXHIBIT GUIDE</td>
<td>10,656.</td>
</tr>
</tbody>
</table>

**TOTAL TO FORM 990-T, PAGE 1, LINE 28**
- 73,625.

### FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 3

<table>
<thead>
<tr>
<th>TAX YEAR</th>
<th>LOSS SUSTAINED</th>
<th>LOSS PREVIOUSLY APPLIED</th>
<th>LOSS REMAINING</th>
<th>AVAILABLE THIS YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/10</td>
<td>19,687.</td>
<td>0.</td>
<td>19,687.</td>
<td>19,687.</td>
</tr>
<tr>
<td>12/31/11</td>
<td>20,263.</td>
<td>0.</td>
<td>20,263.</td>
<td>20,263.</td>
</tr>
<tr>
<td>12/31/12</td>
<td>51,862.</td>
<td>0.</td>
<td>51,862.</td>
<td>51,862.</td>
</tr>
</tbody>
</table>

**NOL CARRYOVER AVAILABLE THIS YEAR**
- 91,812. 91,812.
Form 8868 (Rev. 1-2014)

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  ▶ X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II  Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print
Name of exempt organization or other filer, see instructions.
NATIONAL COMPREHENSIVE CANCER NETWORK
Employer identification number (EIN) or
23-2818395
Number, street, and room or suite no. If a P.O box, see instructions
275 COMMERCE DRIVE, NO. 300
Social security number (SSN)
City, town or post office, state, and ZIP code For a foreign address, see instructions
FORT WASHINGTON, PA 19034

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application
Is For
Return
Code
Application
Is For
Return
Code
Form 990 or Form 990-EZ
01
Form 1041-A
08
Form 990-BL
02
Form 4720 (other than individual)
09
Form 4720 (individual)
03
Form 5227
10
Form 990-PF
04
Form 6069
11
Form 990-T (sec. 401(a) or 408(a) trust)
05
Form 8870
12
Form 990-T (trust other than above)
06
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

LISA KIMBRO - 275 COMMERCE DRIVE, SUITE 300 - FORT WASHINGTON, PA 19034

Telephone No. ☑ 215-690-0300  ☐ Fax No. ☑

If the organization does not have an office or place of business in the United States, check this box  ☐

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

I request an additional 3-month extension of time until NOVEMBER 15, 2014.

For calendar year 2013, or other tax year beginning _____ and ending _____.

If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

State in detail why you need the extension

ADDITIONAL INFORMATION IS NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  8a $ 0.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.   8b $ 0.

Balance due, Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  8c $ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☑  Title ☑ CPA  Date ☑

Form 8868 (Rev 1-2014)