ME SAFRIS & CO LLC 101 EISENHOWER PARKWAY ROSELAND, NJ 07068

DEAN MICHAEL CLARIZIO CANCER FOUNDATION 10 CONNEL DRIVE WEST ORANGE, NJ 07052

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CLIENT'S COPY

October 4, 2013

Dean Michael Clarizio Cancer Foundation 10 Connel Drive West Orange, NJ 07052

Dean Michael Clarizio Cancer Foundation:

Enclosed is the organization's 2012 extension form. The final State Exempt Organization return is enclosed.

Specific filing instructions are as follows.

FORM 8868 FOR FORM 990 RETURN:

Form 8868 for Form 990 has been prepared for electronic filing. Form 8868 extends the due date of the organization's Form 990 return until November 15, 2013. If you wish to have the extension transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic extension to the IRS. Do not mail a paper copy of the extension to the IRS.

NEW JERSEY FORM CRI-300R RETURN:

Mail to - New Jersey Division of Consumer Affairs Charities Registration & Investigation P.O. Box 45021 Newark, NJ 07101

Please sign and mail Form CRI-300R as soon as possible.

Enclose a check for \$60.

Make check payable to New Jersey Division of Consumer Affairs.

We will include copies of the 2012 extension forms with the completed returns.

We will notify you upon completion of the organization's tax returns. If information pertinent to the returns becomes available, please forward it to us as soon as possible. If

you have questions, please do not hesitate to contact our office.

Very truly yours,

Kevin Brechka

October 4, 2013

Dean Michael Clarizio Cancer Foundation 10 Connel Drive West Orange, NJ 07052

Dean Michael Clarizio Cancer Foundation:

Enclosed are the 2012 Exempt Organization returns, as follows...

2012 FORM 990

2012 NEW JERSEY FORM CRI-300R

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Kevin Brechka

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 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2012 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change DEAN MICHAEL CLARIZIO CANCER FOUNDATION Name change 20-4835509 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-10 CONNEL DRIVE 973-325-0551 Amended return 71,909. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-WEST ORANGE, NJ 07052 H(a) Is this a group return pendina F Name and address of principal officer: CHRIS CLARIZIO for affiliates? 10 CONNEL DRIVE, WEST ORANGE, NJ H(b) Are all affiliates included? I Tax-exempt status: ■ 501(c)(3) ■ 501(c) ((insert no.) 4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: ▶ DEANMICHAELCLARIZIOCANCERFOUNDATION.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2006 M State of legal domicile: NJ Part I Summary Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES **Activities & Governance** SUPPORT FOR CANCER PATIENTS, THEIR FAMILIES AND THEIR CARE-GIVERS. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 5 0 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 62.179. Ō. **b** Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** 18,700. 9,730. Contributions and grants (Part VIII, line 1h) Revenue Ō. 0. Program service revenue (Part VIII, line 2g) Ō. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 46,153. 62,179. 64,853. 71,909. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 50,279. 71,167. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. <u>0.</u> **b** Total fundraising expenses (Part IX, column (D), line 25) 1,472. 3,114. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 51,751. 74,281. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,102. -2,372.Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 23.711. 21,339. 20 Total assets (Part X, line 16) 0. 0. 21 Total liabilities (Part X. line 26) Net 711. 339. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CHRIS CLARIZIO, ORGANIZATIONAL PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature KEVIN BRECHKA P01403370 Paid ME SAFRIS & CO LLC 26-2661641 Preparer Firm's name Firm's EIN Firm's address 101 EISENHOWER PARKWAY Use Only ROSELAND, NJ 07068 Phone no. 973-226-0402

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

ŀC	(Code:	 including grants of \$	

Other program services (Describe in Schedule O.)

including grants of \$) (Revenue \$,327.

Total program service expenses

Form 990 (2012)

Part IV | Checklist of Required Schedules

1 Is the organization described in section 501(c)(S) or 4947(a)(1) (other than a private foundation)? 1				Yes	No
2 Is 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 II 3 J X 4 Section 801(x)3 organizations. Did the organization engage in lobbying activities, or have a section 501(th) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(x)4) 501(x)(s), or 501(x)(s) (organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 981-911" "Yes," complete Schedule C, Part III 6 Did the organization and the revenue Procedure 981-911" "Yes," complete Schedule C, Part III 7 Did the organization maritatin any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule P, Part II 8 Did the organization maritatin any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule P, Part II 9 Did the organization maritation of works of art, historical treasures, or other similar assess? If "Yes," comprete Schedule D, Part II 9 Did the organization maritation of works of art, historical treasures, or other similar assess? If "Yes," comprete Schedule D, Part II 10 Id the organization maritation and account similar assess? If "Yes," comprete Schedule D, Part II 11 If the organization report an amount in Part X, line 21, for escrow or custodial account liability, series as a custodian for amounts not listed in Part X, ine 12 for escrow or custodial account liability, series as a custodian for amounts for investments. Part II 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II 13 If the organization report an amount for investments: organization series in Part X, line 10? If "Yes," complete Schedule D, Part X II 14 If the organization report an amount for investments: organization series schedule D, Part X II 15 Did the organization report an amount for investments: orga	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Ut 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 II during the tax year? If "Yes," complete Schedule C, Part II is the organization asset of political poli					
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Section 501(c)(3) organizations. Did the organization ergage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 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 88-19 If "Yes," complete Schedule C, Part II A S DID the designatization review of hold a conservation transformation assertant, including assertants to preserve open space, the environment, historical areas and a complete Schedule D, Part II A 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 crodit consensing, doth management, crodit trepsir, or doth repotitation services? If "Yes," complete Schedule D, Part II A Did the organization members and 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 crodit consensing, doth management, crodit length; or doth repotitation services? If "Yes," complete Schedule D, Part IV Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V II If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V II II If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V II I	3				,
during the tax year? If "Yes," complete Schedule C, Part II S Is the organization a section \$0.10(4), \$0.10(6), \$0.50(6), \$0.50(6), \$0.50(6			3		
5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-191 / 1"es, "complete Schedule C, Part II" 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II old the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II old the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III old the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III old the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent andowments, or quasi-indowments? If "Yes," complete Schedule D, Part IV on the organization assert or any of the following questions is "Yes," then complete Schedule D, Part V on the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V on 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 VI on the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI on the organization report an amount for other assets 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 VI organization report an amount for other assets in Part X, line 29? If "Yes," complete Schedule D, Part X organization report an amount for other assets in Part X, line 29? If "Yes," complete Schedule D, Part X organization report and amount for other liabilities in Par	4		١,		v
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11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11c X 11d X 11d X 11d X 12d Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization is begrated or consolidated financial statements for the tax year include a footnotie that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11d X 22a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 22b X 23 Is the organization and XII 24c Did the organization maintain an office, employees, or agents outside of the United States? 25 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Sc	10				
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	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	.	•	<u> </u>

Page 4

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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	х	
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	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,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
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 **990** (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

ta 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 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 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 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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization file Form 8886-T? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	
	<u>X</u>
were not tax deductible?	
7 Organizations that may receive deductible contributions under section 170(c).	37
	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	Х
	_
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 76 77 77	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f	
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?	
9 Sponsoring organizations maintaining donor advised funds.	
a Did the organization make any taxable distributions under section 4966?	
b Did the organization make a distribution to a donor, donor advisor, or related person?	
10 Section 501(c)(7) organizations. Enter:	
a Initiation fees and capital contributions included on Part VIII, line 12	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	
11 Section 501(c)(12) organizations. Enter:	
a Gross income from members or shareholders	
b Gross income from other sources (Do not net amounts due or paid to other sources against	
amounts due or received from them.)	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	_
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	
a Is the organization licensed to issue qualified health plans in more than one state?	
Note. See the instructions for additional information the organization must report on Schedule O.	
b Enter the amount of reserves the organization is required to maintain by the states in which the	
organization is licensed to issue qualified health plans	
c Enter the amount of reserves on hand 13c 13c	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Form 990 (2)	012

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.

	to mile ed, es, or res selen, december the emetarises, proceedes, or changes in editorial ed.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
-	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed NJ			
17 12	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	wailah	ulo.	
18	for public inspection. Indicate how you made these available. Check all that apply.	ıvallaD	ii C	
	X Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
IJ	statements available to the public during the tax year.	a iiilal	ioidi	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizate	ion: 🕨	•	
	CHRIS CLARIZIO - 973-464-2742			
	10 CONNEL DRIVE, WEST ORANGE, NJ 07052			

232006 12-10-12

Form **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.

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

- 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.

(A) Name and Title	(B) Average hours per	(do box	not c	Pos heck ss pe	c) ition more		one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CHRIS CLARIZIO	10.00	, .		ν,				0.	0.	0
PRESIDENT (2) JOE CLARIZIO JR.	10.00	Х		Х		<u> </u>		0.	0.	0.
VICE PRESIDENT	10.00	X						0.	0.	0.
(3) JOSEPH CLARIZIO	10.00	 						•	0.	
VICE PRESIDENT		x						0.	0.	0.
(4) MARIA CLARIZIO	10.00									
TREASURER		Х						0.	0.	0.
(5) TRINE ESTELLE	10.00							_		_
SECRETARY		Х						0.	0.	0.
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Form **990** (2012)

Part VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		Est am	(F) imated ount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	()	comp fro orga and organ	e on ed	
	5,	드	드	6	Ke	급등	- F						
						Ļ		0.		0.			0.
Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.		0.			0.
Total number of individuals (including but recompensation from the organization						e) wł	no re	eceived more than \$100	0,000 of reportable				C
3 Did the organization list any former officer			e, ke	ey er	nplo	yee.	, or	highest compensated e	mployee on	ſ		Yes	No
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15 	um of reportab	le co	omp	ensa	atior	n and	d otl		the organization		4		X
Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion 1	from	any	/ unr	elat		idual for services		5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co							ors t	that received more than	\$100,000 of comp	ensa	ation fr	om	
the organization. Report compensation for (A)											(C)		
Name and business	address	N	INC	E				Description of s	ervices	C	ompen		
	:												
Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite	d to		se lis 0	stec	d above) who received m	nore than			200	
											Form 9	JYU (2	012

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12	MA	J

	rt VI	Check if Schedule O contains 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	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	a Federated campaigns 1a					
g al	k	Membership dues 1b					
An An		Fundraising events 1c					
[호호	C	d Related organizations 1d					
ns,		e Government grants (contributions)					
흕	f	All other contributions, gifts, grants, and	0 500				
들튀		similar amounts not included above 1f	9,730.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contributions included in lines 1a-1f: \$		0 720			
O B	<u> </u>	h Total. Add lines 1a-1f		9,730.			
	•	 	Business Code				
<u>Ş</u>	2 a						
Program Service Revenue							
E S							
<u> </u>		e					
Pr		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)	>				
	4	Income from investment of tax-exempt bond pro	F				
	5	Royalties	>				
		(i) Real	(ii) Personal				
		a Gross rents					
		b Less: rental expenses					
		Rental income or (loss)					
		d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	K	b Less: cost or other basis					
	,	and sales expenses					
		d Net gain or (loss)					
		a Gross income from fundraising events (not					
Other Revenue		including \$ of					
e e		contributions reported on line 1c). See					
<u>آ</u> ۾			62,179.				
¥	k	b Less: direct expensesb	0.				
١				62,179.		62,179.	
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 a					
		b Less: direct expenses b					
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances a					
		b Less: cost of goods sold b					
ł		Net income or (loss) from sales of inventory					
ł	44.		Business Code				
	11 a	a					
		d All other revenue					
		e Total. Add lines 11a-11d	•				
	12	Total revenue. See instructions.		71,909.	0.	62,179.	0.
23200 12-10-	9		- 1				Form 990 (2012)

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon-	se to any question in thi	s Part IX	(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	71,167.	71,167.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	2,954.		2,954.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance Other expanses Itemize expanses not sourced				
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	LICENSES	100.	100.		
b	NJ DIV OF CONSUMER AFFA	60.	60.		
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	74,281.	71,327.	2,954.	0.
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)				

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) End of year Beginning of year 23,711. 21,339. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 23,711. 21,339 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties _____ 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. Capital stock or trust principal, or current funds 0. 0. 30 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 21,339. 21,339. 23,711. Retained earnings, endowment, accumulated income, or other funds 32 32 23,711 33 Total net assets or fund balances 33 23,711. 21,339. 34 34 Total liabilities and net assets/fund balances

Form 990 (2012)

Form **990** (2012)

Pa	Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
			_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>7</u>	1,9	<u>09.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,2				
3	Revenue less expenses. Subtract line 2 from line 1	3		2,3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	3,7	<u> 11.</u>			
5	Net unrealized gains (losses) on investments	5						
6	6 Donated services and use of facilities 6							
7	Investment expenses	7						
8	Prior period adjustments	8			0.			
9	Other changes in net assets or fund balances (explain in Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				Ш			
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
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 separar							
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in 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							
	Act and OMB Circular A-133?	-	За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits							

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

DEAN MICHAEL CLARIZIO CANCER FOUNDATION

Employer identification number 20-4835509

Pa	πı	neason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	tructions.					
Γhe	organ	ization is not a	a private foundation	because it is: (For lines 1	I through ⁻	11, check	only one b	ox.)						
1	Ш	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).					
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3		A hospital or	a cooperative hospi	tal service organization o	described	in section	170(b)(1)(A)(iii).						
4		A medical res	search organization of	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the ho	spital	's nam	ie,
		city, and state	e:											
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in			
			(b)(1)(A)(iv). (Comple		•	•								
6				ent or governmental unit	t describe	d in sectio	n 170(b)(1)(A)(v).						
7		•	. •	eives a substantial part o					or from the	general	public	desc	ribed	n
			b)(1)(A)(vi). (Comple				9			9				
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
	X													
Ū		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment												
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.												
			509(a)(2). (Complete	•		,	01110000000	loquilou b	y the orga	inzation	untor 0	uno o	0, 101	0.
10				•	st for nubl	c safety S	See sectio	n 509(a)(4	1\					
11	\Box	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of to perform the functions of or to carry out the purposes of one or												
••		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or												
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that												
	describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated													
е		* -	-	t the organization is not	· =	-	-		,,				-	
·		, ,	· ·	•		,	,	,			•			
foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or sec f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III									300110	11 000	(α)(Σ).			
•	f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box													
~			,	organization accepted ar					owing pers	2				
g		_		irectly controls, either al			-						Yes	No
				upported organization?								1g(i)	103	110
				described in (i) above?								1g(ii)		
				person described in (i) of								<u>19(11)</u> g(iii)		_
h				about the supported or							[11	9(111)		
		1 Tovide the N	ollowing information	about the supported of	garnzation	(3).								
(!)	Nama	af aa.a.a.d	(!!) FIN	(!!!) Turn of a unanimation	(iv) Is the o	rganization	(v) Did you	notify the	(vi) ls	the	(!!\ A.			
(1)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	lon l' , I organization in col							Sup	of mo	letary
	orge	inzation		above or IRC section	governing	document?	(i) of your	support?	U.S.	.?		oup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No				
Γota	al													
												_	_	

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

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.)

Sed	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	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						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		•	•	•	•	•
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	,	, , ,				1
8	Gross income from interest,						
	dividends, payments received on						
	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.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)		•	12	
	First five years. If the Form 990 is for					on 501(c)(3)	
	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publ						·
14	Public support percentage for 2012 (I	ine 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2011	Schedule A, Part	: II, line 14			15	%
16a	33 1/3% support test - 2012. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	more, check this b	oox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
b	33 1/3% support test - 2011. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop	here. Explain in Pa	rt IV how the orga	anization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	licly supported org	anization	
18	Private foundation. If the organization						
							0 000 EZ\ 0040

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 DEAN MICHAEL CLARIZIO CANCER FOUNDATION 20-4835509 Page 3

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	etion A. Public Support	ciow, picage corri	note i art ii.j				
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.")	62,257.	4,676.	23,738.	18,700.	9,730.	119,101.
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 bus-						
	iness 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	60 055	4 686	00 500	10 700	0 500	110 101
	Total. Add lines 1 through 5	62,257.	4,676.	23,738.	18,700.	9,730.	119,101.
7a	Amounts included on lines 1, 2, and						0
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						•
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						119,101.
_	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008 62, 257.	(b) 2009 4,676.	(c) 2010 23,738.	(d) 2011 18,700.	(e) 2012 9,730.	(f) Total 119,101.
	Amounts from line 6	02,237.	4,0/0.	43,730.	10,700.	9,730.	119,101.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
_							
11	Add lines 10a and 10b						
•••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital	86,978.	39,540.	43,025.	62,503.		232,046.
40	assets (Explain in Part IV.)	149,235.	44,216.	66,763.	81,203.	9,730.	351,147.
	Total support. (Add lines 9, 10c, 11, and 12.)	-				-	
14	First five years. If the Form 990 is for	•			•		ation,
<u>Sa</u>	check this box and stop here ction C. Computation of Publ		rcentage				<u></u>
15				olumn (fl)		15	33.92 %
16						16	32.03 %
	etion D. Computation of Investigation					10	0 = 0 0 70
17	Investment income percentage for 20			e 13. column (f))		17	.00 %
18	Investment income percentage from 2	,	•			18	*************************************
	33 1/3% support tests - 2012. If the	•					
134	more than 33 1/3%, check this box a	-					▶ ▼
h	33 1/3% support tests - 2011. If the						
,	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization		-	="		-	
		J. IOON U		, , c. 10011 til			

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

2012

DEAN MICHAEL CLARIZIO CANCER FOUNDATION 20-4835509 Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

DEAN MICHAEL CLARIZIO CANCER FOUNDATION

20-4835509

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MCMULLEN FAMILY FOUNDATION 26 PARK STREET MONTCLAIR, NJ 07042	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WELLS FARGO FOUNDATION 123 BROAD STREET PHILADELPHIA, PA 19109	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization **Employer identification number**

DEAN MICHAEL CLARIZIO CANCER FOUNDATION

20-4835509

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—			
3453 12-21-		\$	990, 990-EZ, or 990-PF) (20

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Name of organization Employer identification number DEAN MICHAEL CLARIZIO CANCER FOUNDATION 20-4835509 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2012)

Name o	f the organization							Employer identification number
DEAN MICHAEL CLARIZIO CANCER FOUNDATION Part I General Information on Grants and Assistance							20-4835509	
	oes the organization maintain records							
CI	riteria used to award the grants or assi	stance?						X Yes No
2 D	escribe in Part IV the organization's pro						, ". F. 200 B.	W. W 24. 6
Faiti	Grants and Other Assistance to		-			anization answered "Y	es" to Form 990, Part	IV, line 21, for any
	recipient that received more than			1		(f) Method of	1 (35)	T (1) 5
1 (a	Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
-								
-								
		1	L	1				<u> </u>
	nter total number of section 501(c)(3) a			ne line 1 table				-
3 E	nter total number of other organization	s listed in the line	1 table					

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistant
LARSHIPS	0	0.	0.		
TIONS	0	0.	0.		
IV Supplemental Information. Complete this part	to provide the information	n required in Part I,	line 2, Part III, colum	n (b), and any other additional in	formation.

Page 2

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

DEAN MICHAEL CLARIZIO CANCER FOUNDATION	20-4835509
Form 990, Part I, Line 1, Description of Organization Mis	sion:
THEY PROMOTE RESEARCH & DEVELOPMENT AND EDUCATION TO RAIS	E THE LEVEL OF
AWARENESS AND KNOWLEDGE ABOUT THE CAUSES, PREVENTION AND	TREATMENT OF
CANCER.	
Form 990, Part VI, Section A, line 2: Four of the members	on the
foundations board are related by blood and a direct famil	y memeber to the
deceased, Dean Michael Clarizio, who had died from cancer	at a young age,
and asked for this foundation to be started in his name t	o help cancer
victims and their families.	
Form 990, Part VI, Section B, line 11: ALL OF THE BOARD M	EMBERS APPROVED
OF THE FILE OF THIS RETURN.	
Form 990, Part VI, Section C, Line 19: ALL OF THE ORGANIZ	ATIONS
INFORMATION/FINANCIALS AND ETC. ARE AVAILABLE FOR PUBLIC	INSPECTION LOCATED
AT THE ORGANIZATIONS OFFICE AND WEBSITE.	

Form 8868 (Rev. 1-2013)					Page 2
If you are filing for an Additional (Not Automatic) 3-M	onth Extension, o	complete only Part II and check this	box		► X
Note. Only complete Part II if you have already been grar If you are filing for an Automatic 3-Month Extension,	ited an automatic	3-month extension on a previously f			
Part II Additional (Not Automatic) 3-Mo			al (no c	opies nee	ded).
The state of the s			•	•	see instructions
Type or Name of exempt organization or other filer, se	ee instructions			<u> </u>	on number (EIN) or
print			. ,		,
File by the DEAN MICHAEL CLARIZIO CA	ANCER FOU	NDATION		20-48	35509
due date for filling your return. See 10 CONNEL DRIVE	nyour number, street, and room or suite no. If a P.O. box, see instructions. 10 CONNEL DRIVE				
instructions. City, town or post office, state, and ZIP code WEST ORANGE, NJ 07052	. For a foreign add	lress, see instructions.			
Enter the Return code for the return that this application	is for (file a separa	te application for each return)			0 1
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720	09		
Form 990-PF	04	Form 5227	10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already CHRIS CLAR		natic 3-month extension on a prev	iously file	ed Form 886	38.
 The books are in the care of ► 10 CONNEL I Telephone No. ► 973-464-2742 If the organization does not have an office or place of If this is for a Group Return, enter the organization's fobox ► If it is for part of the group, check this box 	business in the Ur	FAX No. ▶ited States, check this box	f this is fo	r the whole	
4 I request an additional 3-month extension of time u		ber 15, 2013	all Hierric	ers trie exte	TISIOTI IS TOT.
5 For calendar year 2012, or other tax year begin		, and endin	a		
6 If the tax year entered in line 5 is for less than 12 m			Final i	return	
Change in accounting period	,				
7 State in detail why you need the extension ALL THE NECESSARY INFROMATION NEEDED TO COMPLETE THE RETURN HAS YET TO BE RECEIVED FROM THIRD PARTIES.					YET TO
8a If this application is for Form 990-BL, 990-PF, 990-T	, 4720, or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or	or 6069, enter any	refundable credits and estimated			
tax payments made. Include any prior year overpay	ment allowed as a	a credit and any amount paid			•
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include		h this form, if required, by using	8c	\$	0.
	EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only				
Under penalties of perjury, I declare that I have examined this for it is true, correct, and complete, and that I am authorized to prepare	m, including accomp	•	•	of my knowled	ge and belief,
Signature ▶ 1	itle > CHAIRI	MEN	Date	•	
					8868 (Rev. 1-2013)

***** THIS IS NOT A FILEABLE COPY *****

IRS _{e-file} Signature Authorization for an Exempt Organization

, 2012, and ending For calendar year 2012, or fiscal year beginning

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Form 8879-EO

Do not send to the IRS. Keep for your records.

Name of exempt organization

Employer identification number

DEAN MICHAEL CLARIZIO CANCER FOUNDATION

20-4835509

Name and title of officer

CHRIS CLARIZIO

ORGANIZATIONAL PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	71909
2a	Form 990-EZ check here Description b Total revenue, if any (Form 990-EZ, line 9)	2 b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only		
I authorize		to enter my PIN
	ERO firm name	Enter five numbers, bu

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► ***** THIS IS NOT A FILEABLE COPY *** Date ► 05/13/13

Part III **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

20074577777 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2012)

New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-300R Long-Form Renewal Registration/Verification Statement

(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

_	This statement contains the facts and financial information for the fiscal year ending: $\frac{12/31/2012}{\frac{1}{100000000000000000000000000000000$
2.	Federal ID Number (EIN) 20-4835509 2a. N.J. Charities Registration Number: CH- 32253-00
3.	Full legal name of the registering organization: DEAN MICHAEL CLARIZIO CANCER FOUNDATION In care of: (if necessary, otherwise leave this line blank)
4.	Mailing Address: 10 CONNEL DRIVE, WEST ORANGE, NJ 07052 Change of Address
NO	TE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.
5.	The principal street address of the registering organization Street Address City State ZIP Code
6.	Does the organization have any offices in New Jersey in addition to the one listed above? Yes Yes No
6a.	If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.
	Contact person Street address City State ZIP Code
7.	Contact person Street address City State ZIP Code
7.	Contact person Street address City State ZIP Code Fax number (include area code) Organization's contact information: 973-325-0551
	Contact person Street address City State ZIP Code Telephone number (include area code) Fax number (include area code) Organization's contact information: 973-325-0551 Telephone number (include area code) Fax number (include area code) Fax number (include area code) Fax number (include area code) CHRIS@DEANMICHAELCLARIZIOCANCERFOUN DEANMICHAELCLARIZIOCANCERFOUNDATION

290301

Form CRI-300R

Page 1

9.	Where and when was the organization legally established? Date: 01/01/2008 State: NJ
	As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.
10.	Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? Yes No Yes
11.	Does the organization intend to solicit contributions from the general public?
12.	Is the organization authorized by any other state or jurisdiction to solicit contributions? If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.
13.	Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? Yes Yes No If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.
14.	What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.
14a.	What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration. Already Exists-PROVIDES SUPPORT FOR CANCER PATIENTS, THEIR FAMILIES.
15.	Does the organization use an independent paid fund-raiser or fund-raising counsel? Yes X No If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.
15a.	Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? Yes No If "Yes," please describe the situation.
16.	Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? Yes X No If "Yes," please explain:
17	
17.	Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. b. Has a tax exemption been granted under another I.R.S. code? If "Yes," advise which one:
	c. Has an I.R.S. tax exemption been refused, changed or revoked? If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

290302 05-01-12

18.	18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any judicing organization ever entered into any voluntary agreement of discontinuance with any governmental entity? If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance with any governmental entity? does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on	Yes X No nuance. If the document	
19.	19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (i a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any juris agency or officer? If "Yes," please attach to this registration the relevant document.		
20.	20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to he practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting of such proceedings pending in this or any other jurisdiction? If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, admin formal notice, written assurance or other document) which show the final disposition of the matter.	contributions, or are Yes X No	
21.	21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employee of any criminal offense committed in connection with the performance of activities regulated under this act or any involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perfor by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be conviction.	criminal or civil offense rm activities regulated	
22.	22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been a administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual en practice in relation to the solicitation of contributions or the administration of charitable assets. If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other docu final disposition of the matter.	a judgment of liability ngaged in an unlawful Yes X No	
23.	23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive	e staff employees:	_
	Name Business address Telephone number Title See Statement 1	Salary	_
			_ _ _
			_ _ _
			_

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided. Please report all figures as GROSS, not NET. Full legal name and street address of the organization Full legal name: DEAN MICHAEL CLARIZIO CANCER FOUNDATION Fiscal year-end being reported: 12/31/2012Federal ID Number (EIN) 20-4835509 Mailing address: 10 CONNEL DRIVE, WEST ORANGE, NJ 07052 Street address of the registering organization: 10 CONNEL DRIVE, WEST ORANGE, NJ 07052 -00 Telephone number: 973-325-0551 New Jersey Charities Registration number: CH 32253-00 Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$250,000. Note: If the organization received gross revenue of less than \$250,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board. In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above. A. Receipts Line A1a. Direct Public Support received from the following sources: 9,730. Direct mail (1) (2)Telephone solicitation ______ (3)Commercial co-venture ____ (4)Canisters, counter cards, door to door etc (5) (6)(7)Foundations and trusts Donated land, buildings, property, equipment (8)and materials Legacies and bequests ________ (9) Membership dues solely resulting from (10)solicitations _____ (11)Other support (specify) Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) 71,909. Line A1c. Indirect Public Support received from the following sources: Federated fund-raising organization (1) (2)(3)

290304 Form CRI-300R Page 4

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3))

Line A1e. Total Gross Contributions (add lines A1b and A1d)

71,909.

Line A2.	Government grants including purchase of service contracts (specify agency)	
	a	
	b	
	C	
	d	
Line A2e.	Total Government Grants (add lines 2a thru 2d)	
Line A3.	Other Support	
	a. Bona fide membership	
	b. Program service revenue	
	c. Professional services rendered by volunteers	
	d. Miscellaneous income (specify)	
Line A3e.	Total Other Support (add the total of lines A3a thru A3d)	
Line A4.	Total Gross Revenue (add lines A1e, A2e, and A3e)	71,909.
B. Expenses		
Line B1.	Program expenses	71,327.
Line B2.	Management and general expenses	2 2 4
Line B3.	Fund-raising expenses	
Line B4.	Payments to state/national affiliates (if applicable)	
Line B5.	Total Expenses (add the totals of line B1 thru B4)	
C. Excess o	r Deficit	
For the fisca	l year-end (subtract line B5 from line A4)	-2,372.
D. Fund Bala	ance	
Line D1.	Net assets or fund balances at beginning of year	23,711.
Line D2.	Other changes in net assets or fund balances (attach explanation)	
Line D3.	Net assets or fund balances at end of year (Combine line C, D1 and D2)	
	- · · · · · · · · · · · · · · · · · · ·	

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: http://www.njconsumeraffairs.gov/ocp/charities.htm.

Long-Form Renewal Registration Statement Form CRI-300RC Confidential Information

Organization's Name: DEAN MICHAEL CLARIZIO CANCER FOUNDATION					
N.J. Charities Registration Number: CH-	2253-00	00		Federal ID Number (EIN	N) <u>20-4835509</u>
Fiscal Year-End being reported: 12/31/2012					
24. Are any of the organization's officers, adoption to:	directors, trustees or the fi	ve most-highly co	mpensated em	ployees related by bloc	od, marriage or
a. each other?b. any officers, agents or employeesc. any chief executive, employee, ar proprietor, director, officer, truster	y other employee of the or	Yes Xiganization with a	No direct financial	interest in the transact	ion, or any partner,
vendor providing goods or service d. If you answered "Yes," to questio	es to the organization?				Yes X No
25. Do any of the organization's officers, of activities engaged in by a fund-raising vendor providing goods or services to If "Yes," please detail these relationsh number of all interested parties.	counsel or independent particle the organization?	aid fund-raiser und	der contract to	the organization, or an	y supplier or
We understand that this registration is being may inspect the records in the possession of also understand that we may be required to	of this organization in order	to ascertain com	pliance with the	-	•
We hereby certify that the above information above statements are willfully false, we are		al schedule(s) and	statement(s) a	re true. We are aware t	hat if any of the
Signature	Name CHRIS CLA	RIZIO	ORGA Title PRES	NIZATIONAL IDENT	Date
Signature	Name JOE CLARI	ZIO JR.	_ Title <u>VP</u>		Date
This form must be sign	ed by two (2) authorized of	ficers of the orgar	nization, includi	ng the chief financial of	fficer.

Note: Form CRI-300RC must be filed $\underline{\text{with}}$ Form CRI-300R.

Form CRI-300R

Page 6

Form CRI-300R List of Offi	Statement 1		
Name of Individual	Title	Telephone No.	
CHRIS CLARIZIO	PRESIDENT	973-325-0551	
Address			
10 CONNEL DRIVE WEST ORANGE, NJ 07052			
Salary			
Name of Individual	Title	Telephone No.	
JOE CLARIZIO JR.	VP	973-325-0551	
Address			
10 CONNEL DRIVE WEST ORANGE, NJ 07052			
Salary			
Name of Individual	Title	Telephone No.	
JOSEPH CLARIZIO	VP	973-325-0551	
Address			
10 CONNEL DRIVE WEST ORANGE, NJ 07052			
Salary			

Salary

0.

Name of Individual Title Telephone No. VICE PRESIDENT

JOE CLARIZIO JR.

10 CONNEL DRIVE WEST ORANGE, NJ 07052

Salary

Address

0.

DEAN MICHAEL CLARIZIO CANCER FOUNDATION 20-4835509 Name of Individual Title Telephone No. JOSEPH CLARIZIO VICE PRESIDENT Address 10 CONNEL DRIVE WEST ORANGE, NJ 07052 Salary 0. Name of Individual Title Telephone No. MARIA CLARIZIO TREASURER Address 10 CONNEL DRIVE WEST ORANGE, NJ 07052 Salary 0. Name of Individual Title Telephone No. TRINE ESTELLE **SECRETARY** Address

10 CONNEL DRIVE WEST ORANGE, NJ 07052

Salary

0.

Form CRI-300RC Explanation of Relationship Statement Page 6, Line 24

FOUR OF THE ORGANIZATIONS BOARD MEMBERS ARE DIRECTLY RELATED BY BLOOD TO THE FOUNDER OF THE ORGANIZATION DEAN MICHAEL CLARIZIO.