

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

OMB No 1545-0047

**2001**Open to Public  
Inspection**A** For the 2001 calendar year, or tax year period beginning and ending**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization**CANCER SERVICES, INC.**

Number and street (or P O box if mail is not delivered to street address)

**3175 MAPLEWOOD AVE**

City or town, state or country, and ZIP + 4

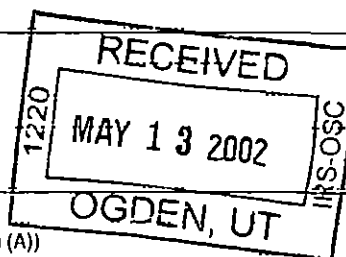
**WINSTON-SALEM, NC 27103****D** Employer identification number**56-0656375****E** Telephone number**(336) 760-9983****F** Accounting method ☐ Cash ☒ Accrual  
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Web site ▶ **WWW.CANCER-SERVICES.COM****J** Organization type (check only one) ▶ ☒ 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **696,796.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	355,472.	
	b	Indirect public support	1b	308,299.	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 662,282. noncash \$ 1,489.)	1d	663,771.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,149.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	8,644.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶ )	7			
Expenses	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	23,232.	
	b	Less: direct expenses other than fundraising expenses	9b	2,649.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	20,583.	
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	694,147.		
Net Assets	13	Program services (from line 44, column (B))	13	617,748.	
	14	Management and general (from line 44, column (C))	14	26,636.	
	15	Fundraising (from line 44, column (D))	15	3,287.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	647,671.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	46,476.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	332,130.	
	20	Other changes in net assets or fund balances (attach explanation)	20	0.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	378,606.	

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01-04-02

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2001)

19110506 788031 01750

2001.05020 CANCER SERVICES, INC.

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**Part II** Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23	296,131.	296,131.	STATEMENT 3
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25	51,089.	51,089.	0.
26 Other salaries and wages	26	151,575.	137,716.	11,305.
27 Pension plan contributions	27	13,013.	12,123.	726.
28 Other employee benefits	28	20,504.	19,101.	1,144.
29 Payroll taxes	29	16,175.	15,070.	902.
30 Professional fundraising fees	30			
31 Accounting fees	31	4,035.		4,035.
32 Legal fees	32			
33 Supplies	33	6,027.	5,424.	603.
34 Telephone	34	7,529.	7,014.	420.
35 Postage and shipping	35	2,829.	2,546.	283.
36 Occupancy	36	30,000.	27,000.	3,000.
37 Equipment rental and maintenance	37	5,548.	4,993.	555.
38 Printing and publications	38	2,452.	2,207.	245.
39 Travel	39	6,533.	6,533.	
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	13,526.	12,418.	1,108.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 2	43e	20,705.	18,383.	2,310.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	647,671.	617,748.	26,636.

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III** Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶

**ASSISTANCE TO CANCER PATIENTS**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a ASSIST CANCER PATIENTS WITH COSTS OF PRESCRIPTIONS AND OTHER MEDICAL SUPPLIES AND SEEKS TO EDUCATE THE COMMUNITY ABOUT CANCER. APPROXIMATELY 17,000 PATIENTS ASSISTED	(Grants and allocations \$ _____)	617,748.
b _____	(Grants and allocations \$ _____)	
c _____	(Grants and allocations \$ _____)	
d _____	(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		617,748.

**Part IV Balance Sheets**

**Note** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	100.	45	100.
	46 Savings and temporary cash investments	109,720.	46	183,241.
	47 a Accounts receivable	1,222.		
	b Less allowance for doubtful accounts		47c	1,222.
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable	28,811.	49	27,511.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	268,025.			
b Less accumulated depreciation	72,211.	206,302.	57c	195,814.
58 Other assets (describe <input type="checkbox"/> )		58	0.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	346,301.	59	407,888.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	10,378.	60	23,344.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 4 )	3,793.	65	5,938.
66 <b>Total liabilities</b> (add lines 60 through 65)	14,171.	66	29,282.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	329,981.	67	378,556.
	68 Temporarily restricted	2,149.	68	50.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	332,130.	73	378,606.
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	346,301.	74	407,888.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.





**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32.)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>DRUG REIMBURSEMENTS</b>					1,149.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	8,644.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	20,583.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		29,227.	1,149.
105 Total (add line 104, columns (B), (D), and (E))					30,376.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32.)

Line No Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

93 A REIMBURSEMENT FOR PRESCRIPTION MEDICATIONS PROVIDED TO CANCER PATIENTS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes☒ No

Note. If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

I am preparing this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct, and I am not aware of any information of which preparer has any knowledge.

1/8/02

Tara O. Maxwell | Executive Director

Type or print name and title

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions )**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2001**

Name of the organization

**CANCER SERVICES, INC.**

Employer identification number

**56 0656375**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>TARA MAXWELL</u>	<u>40 / WEEK</u>			
<u>WINSTON-SALEM, NC</u>		<u>51,089.</u>	<u>3,592.</u>	
Total number of other employees paid over \$50,000 ▶	<u>1</u>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services ▶	<u>0</u>	

**Part III** Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>\$</b> _____ <b>\$</b> _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions ) <b>SEE STATEMENT 9</b>		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below )	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)



**Part IV-A****Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	537,565.	498,494.	519,539.	327,200.	1,882,798.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	77,664.	50,785.	35,719.	23,882.	188,050.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	8,319.	4,377.	3,063.	1,713.	17,472.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.		134.	213.	25.	372.
23 Total of lines 15 through 22	623,548.	553,790.	558,534.	352,820.	2,088,692.
24 Line 23 minus line 17	545,884.	503,005.	522,815.	328,938.	1,900,642.
25 Enter 1% of line 23	6,235.	5,538.	5,585.	3,528.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 38,013.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 363,001.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,900,642.
d Add: Amounts from column (e) for lines 18 17,472. 19 22 372.					26d 380,845.
e Public support (line 26c minus line 26d total)					26e 1,519,797.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 79.9623%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.				N/A
(2000)	(1999)	(1998)	(1997)		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					N/A
(2000)	(1999)	(1998)	(1997)		
c Add: Amounts from column (e) for lines 15 16 17 20					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					NONE

**Part V Private School Questionnaire** (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2001

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -	The lobbying nontaxable amount is -	
Not over \$500 000	20% of the amount on line 40	
Over \$500 000 but not over \$1 000 000	\$100 000 plus 15% of the excess over \$500 000	
Over \$1 000 000 but not over \$1 500 000	\$175 000 plus 10% of the excess over \$1 000 000	
Over \$1 500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1 500 000	
Over \$17 000 000	\$1 000 000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

**Exempt Organizations** (See page 12 of the instructions )

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

N/A

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

**2001**

Name of organization

**CANCER SERVICES, INC.**

Employer identification number

**56-0656375**

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 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 box(es) for both the General rule and a Special rule-see instructions )

**General Rule-**

☐ For organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

CANCER SERVICES, INC.

56-0656375

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>		\$ <u>10,171.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>		\$ <u>115,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
RAFFLE TICKET SALES FOR TRIP	23,232.		23,232.	2,649.	20,583.	
TO FM 990, PART I, LINE 9	23,232.		23,232.	2,649.	20,583.	

FORM 990	OTHER EXPENSES				STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
WORKMAN'S COMPENSATION	923.	860.	51.	12.		
STAFF TRAINING	1,670.	1,670.				
HOTEL AND MEALS	1,100.	1,100.				
BULK MAIL	4,060.	4,060.				
DUES	1,205.		1,205.			
INSURANCE	3,518.	3,342.	176.			
JANITORIAL	4,552.	4,324.	228.			
MISCELLANEOUS	491.		491.			
UTILITIES	3,186.	3,027.	159.			
TOTAL TO FM 990, LN 43	20,705.	18,383.	2,310.	12.		

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS				STATEMENT	3
DESCRIPTION	AMOUNT					
PROGRAM SUPPLIES	34,856.					
SURRY COUNTY ASSISTANCE	12,998.					
OTHER	1,548.					
MEDICAL, DENTAL AND HOSPITAL EXPENSES PROVIDED	246,729.					
TOTAL TO FORM 990, PART II, LINE 23	296,131.					

FORM 990	OTHER LIABILITIES	STATEMENT	4
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DESCRIPTION	AMOUNT
PAYROLL TAXES W/H AND ACCRUED	5,938.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	5,938.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	5
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DESCRIPTION	AMOUNT
FUNDRAISING EXP	1,931.
TOTAL TO FORM 990, PART IV-A	1,931.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	6
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DESCRIPTION	AMOUNT
FUNDRAISING EXP	1,931.
TOTAL TO FORM 990, PART IV-B	1,931.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	7
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DESCRIPTION	AMOUNT
NON CASH CONTRIBUTIONS	1,489.
TOTAL TO FORM 990, PART IV-A	1,489.



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FORM 990                      PART V - LIST OF OFFICERS, DIRECTORS,                      STATEMENT      8  
                                  TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TARA MAXWELL WINSTON-SALEM, NC	EXECUTIVE DIRECTOR 40/WEEK	51,089.	3,592.	0.
JENNY W. MORRIS WINSTON-SALEM, NC	PRESIDENT 5/WEEK	0.	0.	0.
MIKE W. SHAW WINSTON-SALEM, NC	VICE PRESIDENT 5/WEEK	0.	0.	0.
LORI J. MOWEN WINSTON-SALEM, NC	TREASURER 5/WEEK	0.	0.	0.
BRENDA T. HODGE WINSTON-SALEM, NC	SECRETARY 5/WEEK	0.	0.	0.
KRISTINE HOWARD WINSTON-SALEM, NC	LEGAL ADVISOR 5/WEEK	0.	0.	0.
SHARON MURPHY WINSTON-SALEM, NC	CHAIR OF PERSONNEL 5/WEEK	0.	0.	0.
PATRICIA ZEKAN, M.D. WINSTON-SALEM, NC	CO-CHAIR MEDICAL ADVISORY 5/WEEK	0.	0.	0.
EDWARD G. SHAW, M.D. WINSTON-SALEM, NC	CO-CHAIR MEDICAL ADVISORY 5/WEEK	0.	0.	0.
REV. JAMES M. SLOAN WINSTON-SALEM, NC	EXECUTIVE COMMITTEE MEMBER 5/WEEK	0.	0.	0.
RON L. WILLARD WINSTON-SALEM, NC	EXECUTIVE COMMITTEE MEMBER 5/WEEK	0.	0.	0.

DAVID BRADLEY	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
MELISSA COMBES	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
TY DAURITY	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
BARBARA GLOWAY	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
THERESA M. GANTT	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
ZACK LADD	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
FREDDIE MASENCUP	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
FRANKIE D. POWELL, PH.D.	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
RON RIMMER	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
KAREN SHEARIN	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			

TOTALS INCLUDED ON FORM 990, PART V	51,089.	3,592.	0.
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SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH	STATEMENT	9
	SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,		
	CREATORS, KEY EMPLOYEES, ETC.,		
	PART III, LINE 2		

SEE PART V OF FORM 990

SCHEDULE A	OTHER INCOME			STATEMENT 10
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
MISCELLANEOUS	0.	134.	213.	25.
TOTAL TO SCHEDULE A, LINE 22	0.	134.	213.	25.

**CANCER SERVICES, INC**  
**Comprehensive Depreciation Letter Size [Depreciation]**  
**Federal Tax**  
**For the Period January 1, 2001 to December 31, 2001**

Asset ID	Asset Description	Placed in Service Date	Asset Balances			Depreciable Basis			Current & Accum Depreciation			Net Book Value		
			Beginning	Additions	Deletions	Ending	Depreciable Basis	Use %	Net Size 1/1/01	Prior Reported Depreciation	Depreciable Basis	Beginning Accum Depr	Current Depr	Net Book Value 12/31/01
21001	CLASS BLD													
01012	DRAWINGS FOR RENOVAT	4/8/1999	1,228.00	0.00	0.00	1,228.00	SL 100AHY	10.0	0.00	129.63	1,228.00	129.63	122.80	975.57
01014	DEMOLITION ON BLD	4/8/1999	16,669.00	0.00	0.00	16,669.00	SL 100AHY	39.0	0.00	451.15	16,669.00	451.15	427.41	15,790.44
01050	Remodeling to building	4/8/1999	162,513.00	0.00	0.00	162,513.00	MS 100AHY	39.0	0.00	7,122.94	162,513.00	7,122.94	4,166.63	151,223.23
01060	Landscapeing	6/30/1999	1,239.00	0.00	0.00	1,239.00	MS 100AHY	39.0	0.00	49.00	1,239.00	49.00	31.77	1,158.23
01070	Remodeling to kitchen	6/30/1999	1,465.00	0.00	0.00	1,465.00	MS 100AHY	39.0	0.00	57.94	1,465.00	57.94	37.56	1,369.50
01080	Electrical Work to Bld	6/18/1999	3,840.00	0.00	0.00	3,840.00	MS 100AHY	39.0	0.00	160.08	3,840.00	160.08	98.46	3,581.45
21001	CLASS BLD													
01001	COMPUTER	1/1/1991	4,562.00	0.00	0.00	4,562.00	SL 100FPM	5.0	0.00	4,562.00	0.00	4,562.00	0.00	0.00
01002	EQUIPMENT	1/1/1992	3,366.00	0.00	0.00	3,366.00	SL 100FPM	5.0	0.00	3,366.00	0.00	3,366.00	0.00	0.00
01003	EQUIPMENT	1/1/1992	550.00	0.00	0.00	550.00	SL 100FPM	5.0	0.00	550.00	0.00	550.00	0.00	0.00
01004	EQUIPMENT	1/1/1993	4,807.00	0.00	0.00	4,807.00	SL 100FPM	5.0	0.00	4,807.00	0.00	4,807.00	0.00	0.00
01005	FAX MACHINE	1/1/1994	550.00	0.00	0.00	550.00	SL 100FPM	5.0	0.00	550.00	0.00	550.00	0.00	0.00
01006	COPIER (CAPITAL LS)	1/1/1994	13,190.00	0.00	0.00	13,190.00	SL 100FPM	5.0	0.00	13,190.00	0.00	13,190.00	0.00	0.00
01007	CHAIR OFFICE FURN	2/1/1995	260.00	0.00	0.00	260.00	SL 100FPM	5.0	0.00	260.00	0.00	260.00	0.00	0.00
01008	COMPUTER	3/1/1995	3,228.00	0.00	0.00	3,228.00	SL 100FPM	5.0	0.00	3,228.00	0.00	3,228.00	0.00	0.00
01009	PEOPLES COMPUTER	5/1/1995	1,960.00	0.00	0.00	1,960.00	SL 100FPM	5.0	0.00	1,960.00	0.00	1,960.00	0.00	0.00
01010	COMPUTER	12/1/1997	1,006.00	0.00	0.00	1,006.00	SL 100FPM	5.0	0.00	620.37	1,006.00	620.37	201.20	184.43
01011	MONITOR	2/21/1997	265.00	0.00	0.00	265.00	SL 100FPM	5.0	0.00	207.56	265.00	207.56	53.00	4.42
01012	EXPOSTAR TABLE DISPL	3/31/1999	1,330.00	0.00	0.00	1,330.00	SL 100FPM	5.0	0.00	753.67	1,330.00	753.67	266.00	310.33
01020	Security System	4/8/1999	2,200.00	0.00	0.00	2,200.00	MC 200AHY	7.0	0.00	853.16	2,200.00	853.16	394.78	962.06
01030	Telephone System	3/21/1999	8,107.00	0.00	0.00	8,107.00	MC 200AHY	7.0	0.00	3,143.89	8,107.00	3,143.89	1,417.81	3,545.20
01040	Nineport Server System	4/8/1999	24,435.00	0.00	0.00	24,435.00	MC 200AHY	7.0	0.00	9,475.69	24,435.00	9,475.69	4,273.68	10,685.43
01050	Furniture	1/2/1999	630.00	0.00	0.00	630.00	MC 200AHY	7.0	0.00	244.32	630.00	244.32	110.19	275.49
01060	Charts for Support	3/4/1999	466.00	0.00	0.00	466.00	MC 200AHY	7.0	0.00	180.71	466.00	180.71	81.50	263.79
01070	Scis	3/21/1999	395.00	0.00	0.00	395.00	MC 200AHY	7.0	0.00	153.18	395.00	153.18	69.09	172.72
01080	Two Signs	3/2/1999	1,198.00	0.00	0.00	1,198.00	MC 200AHY	7.0	0.00	464.56	1,198.00	464.56	209.53	523.89

Asset ID	Scheduled Dates		Asset Balances			Life Yr Mo	Book Cost	FIC Reduction Amount	Depreciable Basis			Current & Accum Depreciation			Net Book Value			
	Placed In Service Date	Disposal Date	Beginning	Address	Deductions				Ending	Dep't Multiplier	Prior Reported Depreciation	Bus Use %	Net Bk 178178A	Beginning Accum Depr		Current Dep't	Net Bk 178178A	Net Additions Deductions
Class EQ																		
X00140	Blinds for Windows																	
	4/22/1999		2,117.00	0.00	0.00	7 0	2,117.00	0.00	100.00	0.00	820.97	2,117.00	820.97	370.26	0.00	0.00	1,191.23	925.77
X00150	Refrigerator																	
	5/17/1999		465.00	0.00	0.00	7 0	465.00	0.00	100.00	0.00	180.33	465.00	180.33	81.33	0.00	0.00	261.66	203.34
X00160	4 Tables																	
	7/29/1999		481.00	0.00	0.00	7 0	481.00	0.00	100.00	0.00	186.53	481.00	186.53	84.13	0.00	0.00	270.66	210.34
X00170	Brochure Cabinet for Lobby																	
	10/29/1999		500.00	0.00	0.00	7 0	500.00	0.00	100.00	0.00	193.90	500.00	193.90	87.45	0.00	0.00	281.35	218.65
X00180	Meeting Coats																	
	4/19/1999		1,487.00	0.00	0.00	7 0	1,487.00	0.00	100.00	0.00	576.66	1,487.00	576.66	260.06	0.00	0.00	836.74	650.26
X00190	Miscellaneous Furniture																	
	6/30/1999		478.00	0.00	0.00	7 0	478.00	0.00	100.00	0.00	185.37	478.00	185.37	83.60	0.00	0.00	268.97	209.03
X00200	LAPTOP COMPUTER																	
	7/16/2001		0.00	1,549.94	0.00	5 0	1,549.94	0.00	100.00	0.00	0.00	1,549.94	0.00	309.99	0.00	0.00	309.99	1,239.95
X00210	IBM Micro-vm Part #633204H 17" Monitor Part #633204H Lotus SmartSuite																	
	10/15/2001		0.00	1,489.00	0.00	5 0	1,489.00	0.00	100.00	0.00	0.00	1,489.00	0.00	297.80	0.00	0.00	297.80	1,191.20
Subtotal: EQ (27)			78,033.00	3,038.94	0.00		81,071.94	0.00		0.00	50,714.12	48,658.94	50,714.12	8,641.52	0.00	0.00	59,365.64	21,716.30
Grand Total			264,907.00	3,038.94	0.00		268,025.94	0.00		0.00	86,694.67	256,552.94	58,694.67	13,526.35	0.00	0.00	72,211.22	195,814.72