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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545 0047

2002

Open to Public Inspection

A For the 2002 calendar year, or tax year 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 Patient Services

Number and street (or P O box if mail is not delivered to street address): 820 N. Main St. Suite 7 — Room/suite

City or town state or country and ZIP + 4: Findlay OH 45840

D Employer ID number: 34-4491513

E Telephone number: 419-423-0286

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 no of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No" att a list See instr)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I Enter 4-digit GEN ▶

G Web site ▶

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**

M Check ▶ ☐ if the organization is not required to attach Sch B (Form 990 990-EZ, or 990-PF)

L Gross receipts Add lines 6b 8b, 9b and 10b to line 12 ▶ 165,711

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Revenue	1	Contributions gifts, grants and similar amounts received				
	a	Direct public support	1a	16,197		
	b	Indirect public support	1b	89,953		
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash $ 106,150 noncash $)			1d	106,150
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	2,530
	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	
	8a	Gross amount from sales of assets other than inventory	(A) Securities 50,609	8a	(B) Other	
	b	Less cost or other basis and sales expenses	77,957	8b		
	c	Gain or (loss) (attach schedule)	-27,348	8c		
	d	Net gain or (loss) (combine line 8c columns (A) and (B)) See Stmt 1			8d	-27,348
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a	6,422		
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	6,422
	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 (att sch) (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	87,754
Expenses	13	Program services (from line 44, column (B))			13	109,150
	14	Management and general (from line 44, column (C))			14	18,336
	15	Fundraising (from line 44, column (D))			15	6,112
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44 column (A))			17	133,598
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-45,844
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	206,742
	20	Other changes in net assets or fund balances (attach explanation) See Stmt 2			20	92,306
	21	Net assets or fund balances at end of year (combine lines 18, 19 and 20)			21	253,204

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OGDEN, UT

SCANNED AUG 27 '03

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For Paperwork Reduction Act Notice, see the separate instructions

DAA

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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 (See page 21 of the instructions)

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 $ ______ non cash $ ______)	22				
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24				
25 Compensation of officers directors, etc	25	43,546	32,659	10,887	
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28	2,236	1,677	559	
29 Payroll taxes	29	3,619	2,714	905	
30 Professional fundraising fees	30	700	525	175	
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	2,518	583	195	1,740
34 Telephone	34	1,778	1,333	445	
35 Postage and shipping	35	1,454	808	270	376
36 Occupancy	36	8,371	6,278	2,093	
37 Equipment rental and maintenance	37	680	510	170	
38 Printing and publications	38	1,740	1,305	435	
39 Travel	39				
40 Conferences conventions and meetings	40	251	188	63	
41 Interest	41				
42 Depreciation depletion, etc (attach schedule)	42	4,514	3,385	1,129	
43 Other expenses not covered above (itemize) a	43a				
b See Statement 3	43b	62,191	57,185	1,010	3,996
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 43) **Organizations completing columns (B)-(D), carry these totals to lines 13-15**	44	133,598	109,150	18,336	6,112

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 (See page 24 of the instructions)

What is the organization s primary exempt purpose?

▶ See Statement 4

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) & (4) orgs & 4947(a)(1) trusts but optional for others.)
a Cancer Patient Aid (Grants and allocations $)	109,150
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) ▶	109,150

Part IV Balance Sheets (See page 24 of the instructions)

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
Assets						
45	Cash - non-interest-bearing			52	45	
46	Savings and temporary cash investments			14,649	46	32,383
47a	Accounts receivable	47a	90,450			
b	Less allowance for doubtful accounts	47b		2,726	47c	90,450
48a	Pledges receivable	48a				
b	Less allowance for doubtful accounts	48b			48c	
49	Grants receivable				49	
50	Receivables from officers directors, trustees and key employees (attach schedule)				50	
51a	Other notes and loans receivable (attach schedule)	51a				
b	Less allowance for doubtful accounts	51b			51c	
52	Inventories for sale or use				52	
53	Prepaid expenses and deferred charges				53	1,111
54	Investments-securities See Stmt 5 ▶ ☐ Cost ☐ FMV			173,220	54	117,408
55a	Investments-land, buildings, and equipment basis	55a				
b	Less accumulated depreciation (attach schedule)	55b			55c	
56	Investments-other (attach schedule)				56	
57a	Land buildings, and equipment basis	57a	34,325			
b	Less accumulated depreciation (attach schedule)	57b	21,229	16,681	57c	13,096
58	Other assets (describe ▶ See Stmt 6)			734	58	734
59	**Total assets** (add lines 45 through 58) (must equal line 74)			208,062	59	255,182
Liabilities						
60	Accounts payable and accrued expenses			1,320	60	432
61	Grants payable				61	
62	Deferred revenue				62	
63	Loans from officers directors trustees and key employees (attach schedule)				63	
64a	Tax-exempt bond liabilities (attach schedule)				64a	
b	Mortgages and other notes payable (attach schedule)				64b	
65	Other liabilities (describe ▶ See Stmt 7)				65	1,546
66	**Total liabilities** (add lines 60 through 65)			1,320	66	1,978
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted			17,541	67	162,754
68	Temporarily restricted			189,201	68	90,450
69	Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ 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	**Total net assets or fund balances** (add lines 67 through 69 or lines 70 through 72 column (A) **must** equal line 19, column (B) **must** equal line 21)			206,742	73	253,204
74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			208,062	74	255,182

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions)

a	Total revenue, gains & other support per audited financial statements ▶	a	91,201
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $ 3,447		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	3,447
c	Line a minus line b ▶	c	87,754
d	Amounts included on line 12 Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12 Form 990 (line c plus line d) ▶	e	87,754

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	133,598
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20 Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	133,598
d	Amounts included on line 17 Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17 Form 990 (line c plus line d) ▶	e	133,598

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated see page 26 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 8		43,546		

75 Did any officer director, trustee or key employee receive aggregate compensation of more than $100 000 from your organization and all related organizations of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes " attach schedule-see page 26 of the instructions

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Part VI Other Information (See page 27 of the instructions)

				Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes " attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		77		X
78a	Did the organization have unrelated business gross inc of $1 000 or more during the year covered by this return?		78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		78b		
79	Was there a liquidation, dissolution, termination or substantial contraction during the year? If "Yes," attach a statement		79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies, trustees officers etc to any other exempt or nonexempt organization?		80a		X
b	If "Yes " enter the name of the organization ▶ and check whether it is ☐ exempt or ☐ nonexempt				
81a	Enter direct or indirect political expenditures See line 81 instr	81a			
b	Did the organization file Form 1120-POL for this year?		81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b	If "Yes " you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes " did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85	501(c)(4) (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2 000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
c	Dues assessments and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures	85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts, included on line 12 for public use of club facilities	86b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b			
88	At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes " complete Part IX		88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 section 4912 ▶ 0 section 4955 ▶ 0				
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes " attach a statement explaining each transaction		89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955 and 4958	▶ 0			
d	Enter Amount of tax on line 89c above reimbursed by the organization	▶ 0			
90a	List the states with which a copy of this return is filed ▶ OH				
b	Number of employees employed in the pay period that includes March 12 2002 (See instructions)	90b	2		
91	The books are in care of ▶ Tim Stahl — Telephone no ▶ 419-423-0286. Located at ▶ 820 N. Main Suite 7 — ZIP + 4 ▶ 45840-3570				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92			

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Note Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by sec 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
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	2,530	
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			18	-27,348	
101 Net income or (loss) from special events			1	6,422	
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		-18,396	0
105 Total (add line 104 columns (B) (D) and (E)) ▶					-18,396

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 page 32 of the instructions)

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)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(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 page 33 of the instructions)

(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)

Please

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

[redacted]

08/11/03

Date

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

2002

Name of the organization: Cancer Patient Services

Employer identification number: 34-4491513

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 ben plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over $50,000 ▶	0			

Part II **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instr 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
None		
Total number of others receiving over $50,000 for professional services ▶		

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 ▶$ ________ **(Must equal amount on line 38, Part VI-A, or line i of Part VI-B)** 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	1		X
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)			
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 exp if more than $1,000)? See Stmt 9	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

Note 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 5 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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts grants and contributions received (Do not include unusual grants See line 28)	96,908	160,766	119,137	77,463	454,274
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					
18 Gross inc from int , dividends amounts received from pymt on securities loans (section 512(a)(5)) rents royalties & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30 1975	4,355	9,932	7,083	8,248	29,618
19 Net income from unrelated business activities not included in line 18					
20 Tax revn levied for the organization s ben & either paid to it or expended on its behalf					
21 The value of serv or facl furnished to the org by a governmental unit without charge Do not incl the value of serv or fac generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of cap assets					
23 Total of lines 15 through 22	101,263	170,698	126,220	85,711	483,892
24 Line 23 minus line 17	101,263	170,698	126,220	85,711	483,892
25 Enter 1% of line 23	1,013	1,707	1,262	857	

26 **Organizations described on lines 10 or 11** a Enter 2% of amount in column (e), line 24 ▶ 26a 9,678

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 1998 through 2001 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c 483,892

d Add Amounts from column (e) for lines 18 29,618 19 ____ 22 ____ 26b ____ ▶ 26d 29,618

e Public support (line 26c minus line 26d total) ▶ 26e 454,274

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 93.8792 %

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

(2001) (2000) (1999) (1998)

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

(2001) (2000) (1999) (1998)

c Add Amounts from column (e) for lines 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ▶ 27c

d Add Line 27a total ____ and line 27b total ____ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test Enter amount on line 23 column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 **Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001 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

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			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?	29		
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?	30		
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?	31		
	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues brochures announcements and other written communications to the public dealing with student admissions programs and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes' to any of the above, please explain (If you need more space attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
(To be completed ONLY by an eligible organization that filed Form 5768) N/A

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
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 ▶	41		
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)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instr) N/A

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	Yes	No	Amount
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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of			
	(i) Cash	51a(i)		X
	(ii) Other assets	a(ii)		X
b	Other transactions			
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
	(iii) Rental of facilities, equipment or other assets	b(iii)		X
	(iv) Reimbursement arrangements	b(iv)		X
	(v) Loans or loan guarantees	b(v)		X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities equipment mailing lists, other assets or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with or related to one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes " complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Special Events Schedule

Form 990

2002

For calendar year 2002, or tax year beginning , and ending

Name

Cancer Patient Services

Employer Identification Number

34-4491513

	(A)	(B)	(C)	Others	Total
Gross receipts	1,471	3,591	1,360	0	6,422
Less contributions	0	0	0	0	0
Gross revenue	1,471	3,591	1,360	0	6,422
Less direct expenses	0	0	0	0	0
Net income (loss)	1,471	3,591	1,360	0	6,422

Descriptions

A) Non-Tea Party

B) Chili Cook-Off

C) Camp Hi Hopes

Others

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions ▶ Attach to your tax return

OMB No 1545-0172

2002

Attachment Sequence No **67**

Name(s) shown on return: Cancer Patient Services

Identifying number: 34-4491513

Business or activity to which this form relates: Form 990

Part I Election To Expense Certain Tangible Property Under Section 179

Note If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	24,000
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	200,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less enter -0- If married filing separately see pg 2 of the instr	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c) lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10 but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003 Add lines 9 and 10 less line 12 ▶	13	

Note Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified prop (other than listed prop) placed in service during the tax year (see pg 3 of the instr)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	4,453

Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts check here ▶ ☐		

Section B-Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		40	7.0	SL	S/L	2
d 10-year property		862	10.0	SL	S/L	59
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental			27 5 yrs	MM	S/L	
property			27 5 yrs	MM	S/L	
i Nonresidential real			39 yrs	MM	S/L	
property				MM	S/L	

Section C-Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see page 6 of the instructions)

21	Listed property Enter amount from line 28	21	
22	**Total** Add amounts from line 12 lines 14 through 17 lines 19 and 20 in column (g) and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr	22	4,514
23	For assets shown above and placed in service during the current year enter the portion of the basis attributable to section 263A costs	23	

Cancer Patient Services 34-4491513

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note For any vehicle for which you are using the standard mileage rate or deducting lease expense complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution See page 8 of the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 7 of the instructions)						25		
26 Property used more than 50% in a qualified business use (see page 7 of the instructions)								
		%						
		%						
27 Property used 50% or less in a qualified business use (see page 7 of the instructions)								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21 page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles- see page 2 of the instructions)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see page 8 of the instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles including commuting by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting by your employees? See page 8 of the instructions for vehicles used by corporate officers directors or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees obtain information from your employees about the use of the vehicles and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions)		

Note If your answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2002 tax year (see page 9 of the instructions)					
43 Amortization of costs that began before your 2002 tax year				43	
44 **Total** Add amounts in column (f) See page 9 of the instructions for where to report				44	

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc			How Rec'd			
Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
Principal Securities			Purchase			
	Various	Various	$ 50,609	$ 77,957	$	$ -27,348
Total			$ 50,609	$ 77,957	$ 0	$ -27,348

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Audit adjustment for prior year beginning balance	$ 88,859
Unrealized appreciation on investments	3,447
Total	$ 92,306

Federal Statements

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	$	$	$	$
Expenses				
Insurance	1,527	1,145	382	
Dues & Subscriptions	240	180	60	
Miscellaneous	387	88	30	269
Utilities	1,271	953	318	
Ostomy Supplies & Dressings	6,319	6,319		
Radiation Therapy	1,000	1,000		
Food Suplements	12,030	12,030		
Prosthesis	1,175	1,175		
Transportation	9,088	9,088		
Drugs	21,172	21,172		
Equipment Delivery Charge	878	878		
Office Cleaning	880	660	220	
Camp Hi Hopes	3,727			3,727
National Cancer Day	223	223		
Support Group & Care	200	200		
Eq. Cleaning & Sterilization	530	530		
Education	165	165		
Other Financial Assistance	1,379	1,379		
Total	$ 62,191	$ 57,185	$ 1,010	$ 3,996

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

Public Education & Cancer Patient Aid

Statement 5 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning of Year	End of Year	Basis of Valuation
Corporate Stock	106,620	68,826	
Corporate Bonds	66,600	48,582	
	173,220	117,408	

Statement 6 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
PREPAID DEPOSITS	$ 734	$ 734
Total	$ 734	$ 734

Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
WITHheld & Accrued Taxes	$	$ 1,546
Total	$ 0	$ 1,546

Federal Statements

Statement 8 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	Title	Average Hours	Comp	Benefits	Expenses	Address	City, State, Zip
Timothy Stahl	Treasurer		0	0	0	2053 Morning Glory Lane	Elida, OH 45807
Precia Shenk	President		0	0	0	1100 E. Main Croos St Suite 23	Findlay, OH 45840
Jeanne Atkins	Bd Member		0	0	0	911 N Main St	Findlay, OH 45840
William Doyle	Bd Member		0	0	0	2236 Windsong	Findlay, OH 45840
William Hession	Secretary		0	0	0	2014 Knollwood Dr	Findlay, OH 45840
Rhonda May	Bd. Member		0	0	0	1860 Breckenridge	Findlay, OH 45840
Perry Prosch	Bd. Member		0	0	0	124 W. Lima St	Findlay, OH 45840
Eric Rothlisberg	Bd Member		0	0	0	21102 TR 154	Mt. Blanchard, OH 45867
Tamara Rooney	Vice-Pres.		0	0	0	339 E. Hardin St.	Findaly, OH 45840
Dale Gillespie	Bd Member		0	0	0	2006 Knollwood Dr.	Findaly, OH 45840
Karen Krout	Bd. Member		0	0	0	7617 TR 120	McComb, OH 45858
Michael Noggle	Bd Member		0	0	0	119 Hurd Avenue	Findlay, OH 45840
Ellen Schindler	Bd Member		0	0	0	337 Garfield Ave	Findlay, OH 45840
Larry Schock	Bd. Member		0	0	0	2186 TR 232	Van Buren, OH 45889
Craig Bowman	Bd Member		0	0	0	19536 TR 42	Wharton, OH 43359
Margaret, Dwigging	Bd Member		0	0	0	611 Coventry Dr	Findlay, OH 45840
Christine Furr	Bd. Member		0	0	0	636 Cherry St	Findlay, OH 45840
Joan Grohoske	Admin. Asst.	40	11,719	0	0	1723 Fostoria Ave Apt. C	Findlay, OH 45840
Kim Popenberg	Exec. Dir	25	31,827	0	0		

Federal Statements

Statement 9 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp

See Part V, Form 990

Form 8868
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only ▶ ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization Cancer Paient Services	Employer identification number 34-4491513
	Number, street, and room or suite no If a P O box, see instructions 820 N. Main St. Suite 7	
	City, town or post office state, and ZIP code For a foreign address, see instructions Findlay OH 45840	

Check type of return to be filed (file a separate application for each return)

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box ▶ ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ______ If this is for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 8/15/03 , to file the exempt organization return for the organization named above The extension is for the organization s return for
▶ ☒ calendar year 2002 or
▶ ☐ tax year beginning _ _ _ _ _ and ending _ _ _ _ _

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL 990-PF, 990-T, 4720 or 6069, enter the tentative tax, less any nonrefundable credits See instructions $

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit $

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or if required deposit with FTD coupon or, if required by using EFTPS (Electronic Federal Tax Payment System) See instructions $

Signature and Verification

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

Signature ▶ [signature] Title ▶ CPA Date ▶ 5/08/03

For Paperwork Reduction Act Notice, see Instruction Form **8868** (12-2000)

DAA