

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

2002Open to Public
Inspection**A** For the 2002 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

Room/suite

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 ▶**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.**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 ▶ **771,216.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1 Contributions, gifts, grants, and similar amounts received					
a Direct public support	1a	419,547.			
b Indirect public support	1b	305,889.			
c Government contributions (grants)	1c				
d Total (add lines 1a through 1c) (cash \$ 718,984. noncash \$ 6,452.)	1d			725,436.	
2 Program service revenue (including government fees and contracts (from Part VII, line 93))	2			701.	
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4			8,503.	
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 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			8d	
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	36,576.			
b Less direct expenses other than fundraising expenses	9b	7,169.			
c Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 1		9c 29,407.		
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)			12 764,047.		
13 Program services (from line 44, column (B))			13 663,532.		
14 Management and general (from line 44, column (C))			14 32,131.		
15 Fundraising (from line 44, column (D))			15 13,732.		
16 Payments to affiliates (attach schedule)			16		
17 Total expenses (add lines 16 and 44, column (A))			17 709,395.		
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18 54,652.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19 378,606.		
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)			21 433,258.		

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01-22-03

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2002)

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.

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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	251,625.	251,625.	STATEMENT 3
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	72,450.	57,960.	10,867.
26	Other salaries and wages	26	224,237.	211,679.	4,808.
27	Pension plan contributions	27	15,777.	14,338.	834.
28	Other employee benefits	28	20,926.	19,018.	1,106.
29	Payroll taxes	29	23,780.	21,612.	1,256.
30	Professional fundraising fees	30			
31	Accounting fees	31	4,800.		4,800.
32	Legal fees	32			
33	Supplies	33	5,619.	5,062.	557.
34	Telephone	34	8,616.	8,185.	431.
35	Postage and shipping	35	3,694.	3,325.	369.
36	Occupancy	36	30,000.	27,000.	3,000.
37	Equipment rental and maintenance	37	10,413.	9,372.	1,041.
38	Printing and publications	38	3,057.	2,751.	306.
39	Travel	39	5,932.	5,932.	
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	12,025.	11,067.	958.
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 2	43e	16,444.	14,606.	1,798.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	709,395.	663,532.	32,131.

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 14,400 PATIENTS ASSISTED				
	(Grants and allocations \$ _____)				663,532.
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)				663,532.

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Form 990 (2002)

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
Assets	45 Cash - non-interest-bearing	100.	100.
	46 Savings and temporary cash investments	183,241.	240,958.
	47 a Accounts receivable	1,162.	
	b Less allowance for doubtful accounts	1,222.	1,162.
	48 a Pledges receivable		
	b Less allowance for doubtful accounts		
	49 Grants receivable	27,511.	20,625.
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54 Investments - securities		
	55 a Investments - land, buildings, and equipment basis		
	b Less accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment basis	269,163.		
b Less accumulated depreciation STMT 4	84,240.	195,814.	
58 Other assets (describe ►)			
59 Total assets (add lines 45 through 58) (must equal line 74)	407,888.	447,768.	
Liabilities	60 Accounts payable and accrued expenses	23,344.	8,135.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ► SEE STATEMENT 5)	5,938.	6,375.
66 Total liabilities (add lines 60 through 65)	29,282.	14,510.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	378,556.	373,175.
	68 Temporarily restricted	50.	60,083.
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income or other funds		
	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)	378,606.	433,258.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	407,888.	447,768.

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.

Yes	No
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ZIP +4 ► 27103

N/A

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 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 DRUG REIMBURSEMENTS					701.
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	8,503.	
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	29,407.	
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.		37,910.	701.
105 Total (add line 104, columns (B), (D) and (E))					38,611.

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)
93 A	REIMBURSEMENT FOR PRESCRIPTION MEDICATIONS PROVIDED TO CANCER PATIENTS

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)

accompanying schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge.

5/13/03 **Tara Maxwell** Executive Director
 Date Type or print name and title

Preparer's SSN or PTIN

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2002

CANCER SERVICES, INC.

Employer identification number
56 0656375

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

Total number of other employees paid over \$50 000

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "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 amounts on line 38, Part VI-A or line 1 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 expenses if more than \$1,000)? SEE PART V, FORM 990	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.)	665,217.	537,565.	498,494.	519,539.	2,220,815.
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	24,381.	27,080.	50,785.	35,719.	137,965.
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	8,644.	8,319.	4,377.	3,063.	24,403.
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.			SEE STATEMENT 11 134.	213.	347.
23 Total of lines 15 through 22	698,242.	572,964.	553,790.	558,534.	2,383,530.
24 Line 23 minus line 17	673,861.	545,884.	503,005.	522,815.	2,245,565.
25 Enter 1% of line 23	6,982.	5,730.	5,538.	5,585.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 44,911.
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 sum of all these excess amounts					26b 414,303.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 2,245,565.
d Add: Amounts from column (e) for lines 18 24,403. 19 414,303. 22 347.					26d 439,053.
e Public support (line 26c minus line 26d total)					26e 1,806,512.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 80.4480%
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	(2001) N/A	(2000) N/A	(1999) N/A	(1998) N/A	
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	(2001) N/A	(2000) N/A	(1999) N/A	(1998) N/A	
c Add: Amounts from column (e) for lines 15 17 20 21					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 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.)

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) 2002

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 groupCheck ☐ 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	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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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 11 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.)

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

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
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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?

- a Transfers from the reporting organization to a noncharitable exempt organization of**

(1) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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.

N/A

[illegible]

52 a 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

N/A

[illegible]

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Or Depreciation
1	COMPUTER	010191	SL	5.00	16	4,562.			4,562.	4,562.		0.
2	EQUIPMENT	010192	SL	5.00	16	3,366.			3,366.	3,366.		0.
3	EQUIPMENT	010192	SL	5.00	16	550.			550.	550.		0.
4	EQUIPMENT	010193	SL	5.00	16	4,807.			4,807.	4,807.		0.
5	FAX MACHINE	010194	SL	5.00	16	550.			550.	550.		0.
6	COPIER (CAPITAL LS)	010194	SL	5.00	16	13,190.			13,190.	13,190.		0.
7	CHAIR - OFFICE FURN	020195	SL	5.00	16	260.			260.	260.		0.
8	COMPUTER	030195	SL	5.00	16	3,228.			3,228.	3,228.		0.
9	PEOPLES COMPUTER	050195	SL	5.00	16	1,960.			1,960.	1,960.		0.
10	COMPUTER	120197	SL	5.00	16	1,006.			1,006.	822.		184.
11	MONITOR	022197	SL	5.00	16	265.			265.	261.		4.
12	DRAWINGS FOR RENOVAT	040699	SL	10.00	16	1,228.			1,228.	252.		123.
13	EXPOSTAR TABLE DISPL	033198	SL	5.00	16	1,330.			1,330.	1,020.		266.
14	DEMOLITION ON BLD	040699	SL	39.00	16	16,669.			16,669.	879.		427.
15	SECURITY SYSTEM	040699	200DB	7.00	17	2,200.			2,200.	1,238.		275.
16	TELEPHONE SYSTEM	033199	200DB	7.00	17	8,107.			8,107.	4,562.		1,013.
17	NETWORK SERVER SYSTEM	040699	200DB	7.00	17	24,435.			24,435.	13,750.		3,052.
18	RENOVATIONS TO BUILDING	040699	SL	39.00	17	162,513.			162,513.	11,290.		4,167.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
19	LANDSCAPING	063099SL		39.00	17	1,239.			1,239.	81.		32.
20	RENOVATIONS TO KITCHEN	063099SL		39.00	17	1,465.			1,465.	96.		38.
21	ELECTRICAL WORK TO BLDG	051899SL		39.00	17	3,840.			3,840.	259.		98.
22	FURNITURE	012899200DB7.00		17		630.			630.	355.		79.
23	CHAIRS FOR SUPPORT	030499200DB7.00		17		466.			466.	262.		58.
24	SOFA	032599200DB7.00		17		395.			395.	222.		49.
25	TWO SIGNS	032699200DB7.00		17		1,198.			1,198.	674.		150.
26	BLINDS FOR WINDOWS	042299200DB7.00		17		2,117.			2,117.	1,191.		264.
27	REFRIGERATOR	051299200DB7.00		17		465.			465.	262.		58.
28	TABLES	072999200DB7.00		17		481.			481.	271.		60.
29	BROCHURE CABINET FOR LOBBY	102999200DB7.00		17		500.			500.	281.		62.
30	MOVING COSTS	041699200DB7.00		17		1,487.			1,487.	837.		186.
31	MISCELLANEOUS FURNITURE	063099200DB7.00		17		478.			478.	269.		60.
32	LAPTOP COMPUTER	071601200DB5.00		17		1,550.			1,550.	310.		527.
33	IBM MODEM PART #33L4618, NETVISTA A20101501200DB5.00	101501200DB5.00		17		1,489.			1,489.	298.		566.
34	WORKSTATION PANEL	041502200DB5.00		19B		1,137.			1,137.			227.
	* TOTAL 990 PAGE 2					269,163.		0.	269,163.	72,215.	0.	12,025.
	DEPR											

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	36,576.		36,576.	7,169.	29,407.
TO FM 990, PART I, LINE 9	36,576.		36,576.	7,169.	29,407.

FORM 990	OTHER EXPENSES			STATEMENT 2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
WORKMAN'S COMPENSATION	1,053.	957.	56.	40.
STAFF TRAINING	2,210.	2,210.		
HOTEL AND MEALS	750.	750.		
BULK MAIL	4,600.	4,600.		
DUES	955.		955.	
INSURANCE	3,117.	2,961.	156.	
LINE OF CREDIT	176.		176.	
MISCELLANEOUS	290.		290.	
UTILITIES	3,293.	3,128.	165.	
TOTAL TO FM 990, LN 43	16,444.	14,606.	1,798.	40.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS		STATEMENT 3
DESCRIPTION	AMOUNT		
PROGRAM SUPPLIES	32,515.		
SURRY COUNTY ASSISTANCE	13,777.		
OTHER	1,593.		
PROTHESIS	4,998.		
MEDICAL, DENTAL AND HOSPITAL EXPENSES PROVIDED	198,742.		
TOTAL TO FORM 990, PART II, LINE 23	251,625.		

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 4

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER	4,562.	4,562.	0.
EQUIPMENT	3,366.	3,366.	0.
EQUIPMENT	550.	550.	0.
EQUIPMENT	4,807.	4,807.	0.
FAX MACHINE	550.	550.	0.
COPIER (CAPITAL LS)	13,190.	13,190.	0.
CHAIR - OFFICE FURN	260.	260.	0.
COMPUTER	3,228.	3,228.	0.
PEOPLES COMPUTER	1,960.	1,960.	0.
COMPUTER	1,006.	1,006.	0.
MONITOR	265.	265.	0.
DRAWINGS FOR RENOVAT	1,228.	375.	853.
EXPOSTAR TABLE DISPL	1,330.	1,286.	44.
DEMOLITION ON BLD	16,669.	1,306.	15,363.
SECURITY SYSTEM	2,200.	1,513.	687.
TELEPHONE SYSTEM	8,107.	5,575.	2,532.
NETWORK SERVER SYSTEM	24,435.	16,802.	7,633.
RENOVATIONS TO BUILDING	162,513.	15,457.	147,056.
LANDSCAPING	1,239.	113.	1,126.
RENOVATIONS TO KITCHEN	1,465.	134.	1,331.
ELECTRICAL WORK TO BLD	3,840.	357.	3,483.
FURNITURE	630.	434.	196.
CHAIRS FOR SUPPORT	466.	320.	146.
SOFA	395.	271.	124.
TWO SIGNS	1,198.	824.	374.
BLINDS FOR WINDOWS	2,117.	1,455.	662.
REFRIGERATOR	465.	320.	145.
4 TABLES	481.	331.	150.
BROCHURE CABINET FOR LOBBY	500.	343.	157.
MOVING COSTS	1,487.	1,023.	464.
MISCELLANEOUS FURNITURE	478.	329.	149.
LAPTOP COMPUTER	1,550.	837.	713.
IBM MODEM PART #33L4618, NETVISTA A20 PART #6269A6U, 17" MONITOR PART	1,489.	864.	625.
WORKSTATION PANEL	1,137.	227.	910.
TOTAL TO FORM 990, PART IV, LN 57	269,163.	84,240.	184,923.

FORM 990	OTHER LIABILITIES	STATEMENT	5
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DESCRIPTION	AMOUNT
PAYROLL TAXES W/H AND ACCRUED	6,375.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	6,375.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	6
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DESCRIPTION	AMOUNT
FUNDRAISING EXP	2,557.
TOTAL TO FORM 990, PART IV-A	2,557.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	7
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DESCRIPTION	AMOUNT
FUNDRAISING EXP	2,557.
TOTAL TO FORM 990, PART IV-B	2,557.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	8
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DESCRIPTION	AMOUNT
NON CASH CONTRIBUTIONS	4,998.
TOTAL TO FORM 990, PART IV-A	4,998.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
NON CASH CONTRIBUTION	4,998.
TOTAL TO FORM 990, PART IV-B	4,998.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	10
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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	72,450.	4,431.	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.
RON L. WILLARD 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.

CAROLYN FERREE, M.D.	CO-CHAIR MEDICAL ADVISORY	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
TY DAURITY	BOARD MEMEBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
BARBARA GALLOWAY	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
BETSY HINKLE	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
GWEN HORN	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
VICTORIA JESSUP	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			
KATE MICHALEK	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
JAMES REAVES	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			
JANA WALSER-SMITH	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
TOTALS INCLUDED ON FORM 990, PART V		72,450.	4,431.	0.

SCHEDULE A	OTHER INCOME			STATEMENT 11
DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
MISCELLANEOUS	0.	0.	134.	213.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	134.	213.

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions

▶ Attach to your tax return

OMB No 1545-0172

2002Attachment
Sequence No 67

Identifying number

CANCER SERVICES, INC.

FORM 990 PAGE 2

56-0656375

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 instructions for a higher limit for certain businesses	1	24,000.
2	Total cost of section 179 property placed in service (see 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 instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter 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	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 property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	1,004.

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	10,794.
18	If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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		1,137.	5 YRS.	HY	200DB	227.
c 7-year property						
d 10-year property						
e 15 year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	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 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	12,025.
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	

216251 LHA For Paperwork Reduction Act Notice, see separate instructions

Form 4562 (2002)

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 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 property (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							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L		
		%				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		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
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												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See 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?		

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					
43 Amortization of costs that began before your 2002 tax year					43
44 Total Add amounts in column (f) See instructions for where to report					44