

Department of the Treasury
Internal Revenue Service

Short Form

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)

- ▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2002

Open to Public Inspection

A For the 2002 calendar year, or tax year beginning 9/1/2002 **and ending** 8/31/2003

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number	
		CANCER ASSISTANCE OF WILLIAMS CO., INC.		34-1841966	
		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number
		228 S MAIN ST			(419) 636-0079
City, town, or country		State	ZIP + 4	F Enter 4-digit (GEN) ▶	
BRYAN		OH	43506		

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

G Accounting method Cash Accrual
Other (specify) ▶

I WEB SITE ▶ _____

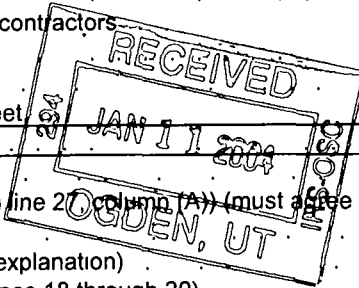
J ORGANIZATION TYPE (check only one) - 501(c) (3) ◀ (insert no) 4947(a)(1) OR 527

H Check if the organization is NOT required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **SOME STATES REQUIRE A COMPLETE RETURN**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 32,610

Part I		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions.)	
Revenue	1	Contributions, gifts, grants, and similar amounts received	22,350
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	
	4	Investment income	
	5 a	Gross amount from sale of assets other than inventory	145
	5 b	Less cost or other basis and sales expenses	
	5 c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	145
	6	Special events and activities (attach schedule):	
	6 a	Gross revenue (not including \$ _____ of contributions reported on line 1)	9,442
6 b	Less direct expenses other than fundraising expenses	959	
6 c	Net income or (loss) from special events and activities (line 6a less line 6b)	8,483	
7 a	Gross sales of inventory, less returns and allowances		
7 b	Less cost of goods sold		
7 c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	0	
8	Other revenue (describe ▶ See Attached Worksheet.)	673	
9	TOTAL REVENUE (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	31,651	
Net Assets	10	Grants and similar amounts paid (attach schedule)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	9,533
	13	Professional fees and other payments to independent contractors	300
	14	Occupancy, rent, utilities, and maintenance	3,144
	15	Printing, publications, postage, and shipping	111
	16	Other expenses (describe ▶ See Attached Worksheet.)	11,212
	17	TOTAL EXPENSES (add lines 10 through 16)	24,300
	18	Excess or (deficit) for the year (line 9 less line 17)	7,351
	19	Net assets or fund balances at beginning of year (from line 20 column (A)) (must agree with end-of-year figure reported on prior year's return)	4,323
20	Other changes in net assets or fund balances (attach explanation)		
21	Net assets or fund balances at end of year (combine lines 18 through 20)	11,674	



Part II		Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See page 39 of the instructions.)	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	4,264	11,674
23	Land and buildings		
24	Other assets (describe ▶ SIGN Susan M Robinson Pres. 10/24/03)	59	0
25	TOTAL ASSETS	4,323	11,674
26	TOTAL LIABILITIES (describe ▶)	0	0
27	NET ASSETS OR FUND BALANCES (line 27 of column (B) MUST agree with line 21)	4,323	11,674

20

Part III Statement of Program Service Accomplishments (See page 39 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>ASSIST CANCER PATIENTS</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>PROVIDED WIGS, MEDICAL SUPPLIES & TRANSPORTATION OF 37 PATIENTS</u> <u>PROVIDED INFORMATION TO CANCER PATIENTS & THEIR FAMILIES, AND THE GENERAL PUBLIC ABOUT CANCER RELATED TOPICS</u> (Grants \$ _____)	28a	8,716
29	<u>PROVIDED CANCER PROTECTION & EARLY DETECTION SCREENING</u> (Grants \$ _____)	29a	
30	(Grants \$ _____)	30a	
31	Other program services (attach schedule) (Grants \$ _____)	31a	
32	TOTAL PROGRAM SERVICE EXPENSES (add lines 28a through 31a)	32	8,716

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 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) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SUE ROBSON 10719 ST RT 15 MONTPELIER, OH 43543	PRESIDENT 1HR/MO	0	0	0
SHARON LUDWIG 11303 CO RD C BRYAN, OH 43506	TREASURER 2HR/MO	0	0	0
ROXANA NESTER 404 WALZ STREET EDON, OH 43518	SECRETARY 2HR/MO	0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file FORM 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
b	501(c)(3) and (4) organizations. 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 an explanation		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization		0
41	List the states with which a copy of this return is filed <u>OHIO</u>		
42	The books are in care of <u>PEGGY LANTZ</u> Telephone no <u>419-636-0079</u> Located at <u>106 LUMBEE LANE MONTPELIER, OH</u> ZIP + 4 <u>43543</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of FORM 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>43</u>		

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.

Date 10/20/03

ident

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 \$ <u>0</u> (Must equal amounts 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 expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See NOTE below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
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.)
- 11 a 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.)
- 11 b 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.)	16,695	18,155	19,230	15,059	69,139
16 Membership fees received					0
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	6,555	8,284	6,167	13,911	34,917
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					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.		9	45		54
23 Total of lines 15 through 22	23,250	26,448	25,442	28,970	104,110
24 Line 23 minus line 17	16,695	18,164	19,275	15,059	69,193
25 Enter 1% of line 23	233	264	254	290	
26 ORGANIZATIONS DESCRIBED ON LINES 10 OR 11 a Enter 2% of amount in column (e), line 24					26a 0
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 0
d Add: Amounts from column (e) for lines	18	19	0	0	26d 0
	22	26b	0	0	26e 0
e Public support (line 26c minus line 26d total)					26e 0
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))					26f 0 00%
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) _____ (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.					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines	15	16	0	0	27c 104,056
	17	20	0	0	27d 0
d Add: Line 27a total _____ and line 27b total _____					27e 104,056
e Public support (line 27c total minus line 27d total)					27f 104,110
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					27g 99 95%
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27h 0 00%
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					
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?		
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		

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.

Table with columns: Limits on Lobbying Expenditures, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include 36-44 detailing lobbying expenditures and nontaxable amounts.

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)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns (a) 2002, (b) 2001, (c) 2000, (d) 1999, (e) Total. Rows include 45-50 detailing nontaxable amounts, ceilings, and 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 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)

Table with columns: Yes, No, Amount. Rows correspond to items a-i from the list above.

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

CANCER ASSISTANCE OF WILLIAMS COUNTY, INC

34-1841966

FORM 990 EZ
SCHEDULE

PAGE 1, PART I, LINE 1

CONTRIBUTIONS OVER \$5000

PAGE 2, PART IV, LINE

OFFICERS, DIRECTORS, AND COMPENSATION

PEGGY LANTZ	EXECUTIVE DIRECTOR
106 LUMBEE LANE, MONTPELIER, OH 43543	21HR/WK

COMPENSATION PAID
\$9,533

CONTRIBUTION TO EMPLOYEE PLAN
\$0

Line 8 (990-EZ) - Other Revenue

1	MISCELLANEOUS INCOME	1	673
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total other income	10	673

Line 16 (990-EZ) - Other Expenses

1	SPECIFIC ASSISTANCE TO INDIVIDUALS	1	8,716
2	TAXES	2	863
3	OFFICE SUPPLIES	3	451
4	TELEPHONE	4	660
5	ADVERTISING	5	12
6	INSURANCE	6	510
7		7	
8		8	
9		9	
10	Total other deductions	10	11,212