

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

2003Open to Public
Inspection**A** For the 2003 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 SERVICES, INC.**

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

3175 MAPLEWOOD AVE

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

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

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? N/A ☐ Yes ☐ No
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ **WWW.CANCER-SERVICES.COM****J** Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **769,566.****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** **390,815.****b** Indirect public support**1b** **299,697.****c** Government contributions (grants)**1c****d** Total (add lines 1a through 1c) (cash \$ **684,837.** noncash \$ **5,675.**)**1d** **690,512.****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** **1,144.****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4** **7,213.****5** Dividends and interest from securities**5****6 a** Gross rents**6a****b** Less: rental expenses**6b****c** Net gain or (loss) (subtract line 6b from line 6a)**6c****7** Other investment income (describe ▶)**7****8 a** Gross amount from sales of assets other than inventory**(A) Securities****(B) Other****8a****b** Less: cost or other basis and sales expenses (attach schedule)**8b****8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d****9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ **0.** of contributions reported on line 1a)**9a** **70,697.****b** Less: direct expenses other than fundraising expenses**9b** **6,514.****c** Net income or (loss) from special events (subtract line 9b from line 9a)**SEE STATEMENT 1****9c** **64,183.****10 a** 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** **763,052.****13** Program services (from line 44, column (B))**13** **658,230.****14** Management and general (from line 44, column (C))**14** **35,139.****15** Fundraising (from line 44, column (D))**15** **17,765.****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** **711,134.****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** **51,918.****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** **433,258.****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** **485,176.**323001
12-17-03

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2003)

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

Page 2

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)	23 256,294.	256,294.	STATEMENT 3	
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 74,708.	59,767.	11,206.	3,735.
26 Other salaries and wages	26 213,843.	196,476.	6,445.	10,922.
27 Pension plan contributions	27 14,268.	12,670.	873.	725.
28 Other employee benefits	28 20,126.	17,873.	1,231.	1,022.
29 Payroll taxes	29 24,989.	22,191.	1,529.	1,269.
30 Professional fundraising fees	30			
31 Accounting fees	31 4,314.		4,314.	
32 Legal fees	32			
33 Supplies	33 5,573.	5,016.	557.	
34 Telephone	34 5,920.	5,624.	296.	
35 Postage and shipping	35 3,129.	2,816.	313.	
36 Occupancy	36 30,000.	27,000.	3,000.	
37 Equipment rental and maintenance	37 14,670.	13,203.	1,467.	
38 Printing and publications	38 9,040.	8,136.	904.	
39 Travel	39 6,138.	6,138.		
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 9,881.	9,137.	744.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 2	43e 18,241.	15,889.	2,260.	92.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 711,134.	658,230.	35,139.	17,765.

Joint Costs Check ☐ if you are following SOP 98-2Are 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 AccomplishmentsWhat 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 \$ _____)				658,230.
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)				658,230.

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	240,958.	299,283.
	47 a Accounts receivable	1,367.	
	b Less allowance for doubtful accounts		1,367.
	48 a Pledges receivable		
	b Less allowance for doubtful accounts		
	49 Grants receivable	20,625.	20,750.
	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		2,290.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment basis		
	b Less accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment basis	269,882.		
b Less accumulated depreciation STMT 4	94,117.	175,765.	
58 Other assets (describe <input type="checkbox"/>)			
59 Total assets (add lines 45 through 58) (must equal line 74)	447,768.	499,555.	
Liabilities	60 Accounts payable and accrued expenses	8,135.	12,029.
	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 <input type="checkbox"/> SEE STATEMENT 5)	6,375.	2,350.
66 Total liabilities (add lines 60 through 65)	14,510.	14,379.	
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	373,175.	447,972.
	68 Temporarily restricted	60,083.	37,204.
	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)	433,258.	485,176.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	447,768.	499,555.

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-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expenses and losses per audited financial statements	a	711,134.
b	Amounts included on line a but not on line 17, Form 990	b	0.
(1)	Donated services and use of facilities \$ _____	c	711,134.
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____	d	0.
(3)	Losses reported on line 20, Form 990 \$ _____	e	711,134.
(4)	Other (specify) \$ _____		
	Add amounts on lines (1) through (4)		
c	Line a minus line b		
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)		
e	Total expenses per line 17, Form 990 (line c plus line d)		

[illegible]

Form 990 (2003)

Part VI	Other Information
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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
78 a	Did the organization have unrelated business gross income 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
80 a	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 <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a		0.
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	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		
83 a	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		
84 a	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?	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85b		
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a		N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
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
89 a	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) 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 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.
90 a	List the states with which a copy of this return is filed NONE			
b	Number of employees employed in the pay period that includes March 12, 2003	90b		9
91	The books are in care of TARA MAXWELL			
		Telephone no (336) 760-9983		

Located at ► 3175 MAPLEWOOD AVENUE, WINSTON-SALEM, NC

ZIP + 4 ► 27103

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 | ▶ ☐ N/A

Part VII Analysis of Income-Producing Activities (See page 33 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					1,144.
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	7,213.	
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	64,183.	
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.		71,396.	1,144.
105 Total (add line 104, columns (B), (D), and (E))					72,540.

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 34 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 34 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 34 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

5/17/04
Date

Tara O'Brien Maxwell
Type or print name and title

2004
Date

Check if
self-

Preparer's SSN or PTIN

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

2003

Name of the organization

CANCER SERVICES, INC.

Employer identification number

56 0656375

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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 instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

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 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)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

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

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

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

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

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

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ►	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	725,870.	665,217.	537,565.	498,494.	2,427,146.
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	37,277.	24,381.	27,080.	50,785.	139,523.
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	8,503.	8,644.	8,319.	4,377.	29,843.
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.	89.		SEE STATEMENT 7	134.	223.
23 Total of lines 15 through 22	771,739.	698,242.	572,964.	553,790.	2,596,735.
24 Line 23 minus line 17	734,462.	673,861.	545,884.	503,005.	2,457,212.
25 Enter 1% of line 23	7,717.	6,982.	5,730.	5,538.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 49,144.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 414,531.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 2,457,212.
d Add: Amounts from column (e) for lines 18 29,843. 19 22 223. 26b 414,531.					26d 444,597.
e Public support (line 26c minus line 26d total)					26e 2,012,615.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 81.9064%
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				
(2002) (2001) (2000) (1999)					
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				
(2002) (2001) (2000) (1999)					
c Add: Amounts from column (e) for lines 15 16 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 1999 through 2002, 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?	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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
<hr/>		
<hr/>		
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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/>		
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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/>		
<hr/>		
34 a 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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
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	

Schedule A (Form 990 or 990-EZ) 2003

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		
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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

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

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

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

2003 DEPRECIATION AND AMORTIZATION REPORT

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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
1	COMPUTER	0110191	SL	5.00	16	4,562.			4,562.	4,562.		0.
2	EQUIPMENT	0110192	SL	5.00	16	3,366.			3,366.	3,366.		0.
3	EQUIPMENT	0110192	SL	5.00	16	550.			550.	550.		0.
4	EQUIPMENT	0110193	SL	5.00	16	4,807.			4,807.	4,807.		0.
5	FAX MACHINE	0110194	SL	5.00	16	550.			550.	550.		0.
6	COPIER (CAPITAL LS)	0110194	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.	1,006.		0.
11	MONITOR	022197	SL	5.00	16	265.			265.	265.		0.
12	DRAWINGS FOR RENOVAT	040699	SL	10.00	16	1,228.			1,228.	372.		123.
13	EXPOSTAR TABLE DISPL	033198	SL	5.00	16	1,330.			1,330.	1,286.		44.
14	DEMOLITION ON BLD	040699	SL	39.00	16	16,669.			16,669.	1,306.		427.
15	SECURITY SYSTEM	040699	200DB	7.00	17	2,200.			2,200.	1,513.		196.
16	TELEPHONE SYSTEM	033199	200DB	7.00	17	8,107.			8,107.	5,574.		724.
17	NETWORK SERVER SYSTEM RENOVATIONS TO	040699	200DB	7.00	17	24,435.			24,435.	16,802.		2,182.
18	BUILDING	040699	SL	39.00	17	162,513.			162,513.	15,457.		4,167.

32e102
05-01-03

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

2003 DEPRECIATION AND AMORTIZATION REPORT

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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	063099	SL	39.00	17	1,239.			1,239.	113.		32.
20	RENOVATIONS TO KITCHEN	063099	SL	39.00	17	1,465.			1,465.	133.		38.
21	ELECTRICAL WORK TO BLDG	051899	SL	39.00	17	3,840.			3,840.	357.		98.
22	FURNITURE	012899	200DB	7.00	17	630.			630.	433.		56.
23	CHAIRS FOR SUPPORT	030499	200DB	7.00	17	466.			466.	320.		42.
24	SOFA	032599	200DB	7.00	17	395.			395.	272.		35.
25	TWO SIGNS	032699	200DB	7.00	17	1,198.			1,198.	824.		107.
26	BLINDS FOR WINDOWS	042299	200DB	7.00	17	2,117.			2,117.	1,456.		189.
27	REFRIGERATOR	051299	200DB	7.00	17	465.			465.	320.		42.
28	TABLES	072999	200DB	7.00	17	481.			481.	331.		43.
29	BROCHURE CABINET FOR LOBBY	102999	200DB	7.00	17	500.			500.	344.		45.
30	MOVING COSTS	041699	200DB	7.00	17	1,487.			1,487.	1,022.		133.
31	MISCELLANEOUS FURNITURE	063099	200DB	7.00	17	478.			478.	329.		43.
32	LAPTOP COMPUTER	071601	200DB	5.00	17	1,550.			1,550.	837.		316.
33	IBM MODEM PART #33L4618, NETVISTA A20	101501	200DB	5.00	17	1,489.			1,489.	864.		339.
34	WORKSTATION PANEL	041502	200DB	5.00	17	1,137.			1,137.	227.		364.
35	IBM COMPUTER WITH MONITOR MODEM AND NETV	051603	SL	5.00	16	719.			719.			96.
* TOTAL 990 PAGE 2												
DEPR						269,882.		0.	269,882.	84,236.	0.	9,881.

32e102
05-01-03

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
RAFFLE TICKET SALES FOR TRIP	70,697.		70,697.	6,514.	64,183.
TO FM 990, PART I, LINE 9	70,697.		70,697.	6,514.	64,183.

FORM 990	OTHER EXPENSES	STATEMENT	2
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
WORKMAN'S COMPENSATION	1,818.	1,615.	111.	92.
STAFF TRAINING	2,027.	2,027.		
HOTELS/MEALS	954.	954.		
BULK MAIL	5,364.	5,364.		
DUES	1,141.		1,141.	
INSURANCE	2,931.	2,638.	293.	
LINE OF CREDIT	176.		176.	
MISCELLANEOUS	366.		366.	
UTILITIES	3,464.	3,291.	173.	
TOTAL TO FM 990, LN 43	18,241.	15,889.	2,260.	92.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	3
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DESCRIPTION	AMOUNT
PROGRAM SUPPLIES	35,414.
SURRY COUNTY ASSISTANCE	20,348.
OTHER	1,765.
MEDICAL, DENTAL AND HOSPITAL EXPENSES PROVIDED	198,767.
TOTAL TO FORM 990, PART II, LINE 23	256,294.

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.	495.	733.
EXPOSTAR TABLE DISPL	1,330.	1,330.	0.
DEMOLITION ON BLD	16,669.	1,733.	14,936.
SECURITY SYSTEM	2,200.	1,709.	491.
TELEPHONE SYSTEM	8,107.	6,298.	1,809.
NETWORK SERVER SYSTEM	24,435.	18,984.	5,451.
RENOVATIONS TO BUILDING	162,513.	19,624.	142,889.
LANDSCAPING	1,239.	145.	1,094.
RENOVATIONS TO KITCHEN	1,465.	171.	1,294.
ELECTRICAL WORK TO BLD	3,840.	455.	3,385.
FURNITURE	630.	489.	141.
CHAIRS FOR SUPPORT	466.	362.	104.
SOFA	395.	307.	88.
TWO SIGNS	1,198.	931.	267.
BLINDS FOR WINDOWS	2,117.	1,645.	472.
REFRIGERATOR	465.	362.	103.
4 TABLES	481.	374.	107.
BROCHURE CABINET FOR LOBBY	500.	389.	111.
MOVING COSTS	1,487.	1,155.	332.
MISCELLANEOUS FURNITURE	478.	372.	106.
LAPTOP COMPUTER	1,550.	1,153.	397.
IBM MODEM PART #33L4618, NETVISTA A20 PART #6269A6U, 17" MONITOR PART	1,489.	1,203.	286.
WORKSTATION PANEL	1,137.	591.	546.
IBM COMPUTER WITH MONITOR			
MODEM AND NETVISTA	719.	96.	623.
TOTAL TO FORM 990, PART IV, LN 57	269,882.	94,117.	175,765.

FORM 990	OTHER LIABILITIES	STATEMENT	5
DESCRIPTION		AMOUNT	
PAYROLL TAXES W/H AND ACCRUED		2,350.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		2,350.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	6
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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	74,708.	6,256.	0.
MIKE W. SHAW WINSTON-SALEM, NC	PRESIDENT 5/WEEK	0.	0.	0.
RON L. WILLARD WINSTON-SALEM, NC	VICE PRESIDENT 5/WEEK	0.	0.	0.
JANA WALSER-SMITH WINSTON-SALEM, NC	TREASURER 5/WEEK	0.	0.	0.
KRISTINE HOWARD WINSTON-SALEM, NC	SECRETARY/LEGAL ADVISOR 5/WEEK	0.	0.	0.
SHARON MURPHY WINSTON-SALEM, NC	CHAIR OF PERSONNEL 5/WEEK	0.	0.	0.
PATRICIA ZEKAN, M.D. WINSTON-SALEM, NC	CO-CHAIR MEDICAL ADVISORY 5/WEEK	0.	0.	0.
CAROLYN FERREE, M.D. WINSTON-SALEM, NC	CO-CHAIR MEDICAL ADVISORY 5/WEEK	0.	0.	0.

CARMEN BRUCE	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
ANDREA DAVIS	BOARD MEMEBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
TY DAURITY	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
GINGER HAUSER	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			
ANEIL MISHRA	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
CATHY PACE	BOARD MEMBER	0.	0.	0.
WINSTON-SALEM, NC	5/WEEK			
TOTALS INCLUDED ON FORM 990, PART V		74,708.	6,256.	0.

SCHEDULE A	OTHER INCOME			STATEMENT 7
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
MISCELLANEOUS	89.	0.	0.	134.
TOTAL TO SCHEDULE A, LINE 22	89.	0.	0.	134.