

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

2004Open to Public
Inspection**A** For the 2004 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
Instruc-
tions**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 or-
ganization 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 ▶**761,190.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received					
	a	Direct public support	1a	384,560.			
	b	Indirect public support	1b	296,881.			
	c	Government contributions (grants)	1c				
	d	Total (add lines 1a through 1c) (cash \$ 676,159. noncash \$ 5,282.)	1d	681,441.			
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,625.			
	3	Membership dues and assessments	3				
	4	Interest on savings and temporary cash investments	4	5,665.			
	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					
Revenue	8a	Gross amount from sales 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	214.			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	<214.>			
	9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ <input checked="" type="checkbox"/>	STMT 1				
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	71,459.			
	b	Less direct expenses other than fundraising expenses	9b	10,347.			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 2				
	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	750,629.				
Expenses	13	Program services (from line 44, column (B))	13	722,265.			
	14	Management and general (from line 44, column (C))	14	38,824.			
	15	Fundraising (from line 44, column (D))	15	23,540.			
	16	Payments to affiliates (attach schedule)	16				
	17	Total expenses (add lines 16 and 44, column (A))	17	784,629.			
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<34,000.>			
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	485,176.			
	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	451,176.			

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

Form 990 (2004)

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Part II Statement of Functional Expenses

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

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)	23 311,855.	311,855.	STATEMENT 4	
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 76,034.	57,026.	11,405.	7,603.
26 Other salaries and wages	26 220,322.	199,800.	9,104.	11,418.
27 Pension plan contributions	27 17,820.	15,443.	1,233.	1,144.
28 Other employee benefits	28 25,489.	22,089.	1,764.	1,636.
29 Payroll taxes	29 25,620.	22,203.	1,773.	1,644.
30 Professional fundraising fees	30			
31 Accounting fees	31 4,485.		4,485.	
32 Legal fees	32			
33 Supplies	33 5,852.	5,267.	585.	
34 Telephone	34 5,495.	5,220.	275.	
35 Postage and shipping	35 3,027.	2,724.	303.	
36 Occupancy	36 30,000.	27,000.	3,000.	
37 Equipment rental and maintenance	37 14,448.	13,003.	1,445.	
38 Printing and publications	38 8,270.	7,443.	827.	
39 Travel	39 6,945.	6,945.		
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 10,046.	9,041.	1,005.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 3	43e 18,921.	17,206.	1,620.	95.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 784,629.	722,265.	38,824.	23,540.

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 16,000 PATIENTS ASSISTED				
(Grants and allocations \$ _____)				722,265.
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)				722,265.

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.	45	100.
	46 Savings and temporary cash investments	299,283.	46	265,704.
	47 a Accounts receivable	1,908.		
	b Less: allowance for doubtful accounts		47c	1,908.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable	20,750.	49	17,000.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	2,290.	53	1,914.
	54 Investments - securities		54	
	55 a Investments - land, buildings, and equipment basis			
	b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	239,232.			
b Less: accumulated depreciation STMT 5	68,104.	57c	171,128.	
58 Other assets (describe ►)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	499,555.	59	457,754.	
Liabilities	60 Accounts payable and accrued expenses	12,029.	60	5,921.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► SEE STATEMENT 6)	2,350.	65	657.
66 Total liabilities (add lines 60 through 65)	14,379.	66	6,578.	
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	447,972.	67	413,551.
	68 Temporarily restricted	37,204.	68	37,625.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 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)	485,176.	73	451,176.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	499,555.	74	457,754.

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

Part III		Part III	
a Total revenue, gains, and other support per audited financial statements	a 750,629.	a Total expenses and losses per audited financial statements	a 784,629.
b Amounts included on line a but not on line 12, Form 990.		b Amounts included on line a but not on line 17, Form 990	
(1) Net unrealized gains on investments \$		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify) \$		(4) Other (specify) \$	
Add amounts on lines (1) through (4)	b 0.	Add amounts on lines (1) through (4)	b 0.
c Line a minus line b	c 750,629.	c Line a minus line b	c 784,629.
d Amounts included on line 12, Form 990 but not on line a :		d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify) \$		(2) Other (specify) \$	
Add amounts on lines (1) and (2)	d 0.	Add amounts on lines (1) and (2)	d 0.
e Total revenue per line 12, Form 990 (line c plus line d)	e 750,629.	e Total expenses per line 17, Form 990 (line c plus line d)	e 784,629.

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)
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[illegible]

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

Yes	No
-----	----

ZIP + 4 ► 27103

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					2,625.
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	5,665.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<214.>	
101 Net income or (loss) from special events			01	61,112.	
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.		66,563.	2,625.
105 Total (add line 104, columns (B), (D), and (E))					69,188.

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).

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.

5/4/05

Date

Tara O'Brien Maxwell / Executive Director

Type or print name and title

PA

Date

5/2/05

Check if
self-

Preparer's SSN or PTIN

244 74 6952

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

2004

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)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

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 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b 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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	684,712.	725,870.	665,217.	537,565.	2,613,364.
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	71,841.	37,277.	24,381.	27,080.	160,579.
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	7,213.	8,503.	8,644.	8,319.	32,679.
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 8		89.
23 Total of lines 15 through 22	763,766.	771,739.	698,242.	572,964.	2,806,711.
24 Line 23 minus line 17	691,925.	734,462.	673,861.	545,884.	2,646,132.
25 Enter 1% of line 23	7,638.	7,717.	6,982.	5,730.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					52,923.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					512,038.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					2,646,132.
d Add: Amounts from column (e) for lines 18 <u>32,679.</u> 19 <u> </u> 22 <u>89.</u> 26b <u>512,038.</u>					544,806.
e Public support (line 26c minus line 26d total)					2,101,326.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					79.4112%
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	(2003)	(2002)	(2001)	(2000)	
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	(2003)	(2002)	(2001)	(2000)	
c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.)		
<hr/>		
<hr/>		
<hr/>		
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.)		
<hr/>		
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.)		
<hr/>		
<hr/>		
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) 2004

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

N/A

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

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

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

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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

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2004 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(D)	COMPUTER	010191SL		5.00	16	4,562.			4,562.	4,562.		0.
2(D)	EQUIPMENT	010192SL		5.00	16	3,366.			3,366.	3,366.		0.
3(D)	EQUIPMENT	010192SL		5.00	16	550.			550.	550.		0.
4(D)	EQUIPMENT	010193SL		5.00	16	4,807.			4,807.	4,807.		0.
5(D)	FAX MACHINE	010194SL		5.00	16	550.			550.	550.		0.
6(D)	COPIER (CAPITAL LS)	010194SL		5.00	16	13,190.			13,190.	13,190.		0.
7(D)	CHAIR - OFFICE FURN	020195SL		5.00	16	260.			260.	260.		0.
8(D)	COMPUTER	030195SL		5.00	16	3,228.			3,228.	3,228.		0.
9(D)	PEOPLES COMPUTER	050195SL		5.00	16	1,960.			1,960.	1,960.		0.
10(D)	COMPUTER	120197SL		5.00	16	1,006.			1,006.	1,006.		0.
11(D)	MONITOR	022197SL		5.00	16	265.			265.	265.		0.
12	DRAWINGS FOR RENOVAT	040699SL		10.00	16	1,228.			1,228.	498.		123.
13(D)	EXPOSTAR TABLE	033198SL		5.00	16	1,330.			1,330.	1,330.		0.
14	DEMOLITION ON BLD	040699SL		39.00	16	16,669.			16,669.	1,733.		427.
15	SECURITY SYSTEM	040699200DB		7.00	17	2,200.			2,200.	1,709.		196.
16	TELEPHONE SYSTEM	033199200DB		7.00	17	8,107.			8,107.	6,298.		723.
17	NETWORK SERVER SYSTEM	040699200DB		7.00	17	24,435.			24,435.	18,984.		2,180.
18	RENOVATIONS TO BUILDING	040699SL		39.00	17	162,513.			162,513.	19,624.		4,167.

428102
10-08-04

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2004 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.	144.		32.
20	RENOVATIONS TO KITCHEN	063099	SL	39.00	17	1,465.			1,465.	171.		38.
21	ELECTRICAL WORK TO BLDG	051899	SL	39.00	17	3,840.			3,840.	455.		98.
22	FURNITURE	012899	200DB	7.00	17	630.			630.	489.		56.
23	CHAIRS FOR SUPPORT	030499	200DB	7.00	17	466.			466.	362.		42.
24	SOFA	032599	200DB	7.00	17	395.			395.	307.		35.
25	(D) TWO SIGNS	032699	200DB	7.00	17	1,198.			1,198.	931.		53.
26	BLINDS FOR WINDOWS	042299	200DB	7.00	17	2,117.			2,117.	1,645.		189.
27	REFRIGERATOR	051299	200DB	7.00	17	465.			465.	361.		41.
28	TABLES	072999	200DB	7.00	17	481.			481.	374.		43.
29	BROCHURE CABINET FOR LOBBY	102999	200DB	7.00	17	500.			500.	388.		45.
30	MOVING COSTS	041699	200DB	7.00	17	1,487.			1,487.	1,155.		133.
31	MISCELLANEOUS FURNITURE	063099	200DB	7.00	17	478.			478.	371.		43.
32	LAPTOP COMPUTER	071601	200DB	5.00	17	1,550.			1,550.	1,153.		190.
33	IBM MODEM PART #33L4618, NETVISTA A20	101501	200DB	5.00	17	1,489.			1,489.	1,203.		204.
34	WORKSTATION PANEL	041502	200DB	5.00	17	1,137.			1,137.	591.		218.
35	IBM COMPUTER WITH MONITOR MODEM AND NETV	051603	SL	5.00	16	719.			719.	96.		144.
36	DELL COMPUTERS - JOHN NEELY	121704	SL	5.00	16	1,258.			1,258.			0.

428102
10-08-04

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2004 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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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
37	2-DELL DIMENSION 2400 SERIES INTEL PENTIUM C	082904	SL	5.00	16	1,280.			1,280.			85.
38	DELL SERVER	030304	SL	5.00	16	1,485.			1,485.			248.
39	LAPTOP COMPUTER-TARA	020604	SL	5.00	16	1,599.			1,599.			293.
	* TOTAL 990 PAGE 2 DEPR					275,504.		0.	275,504.	94,116.	0.	10,046.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	1
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPUTER	01/01/91	12/31/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	4,562.	0.	4,562.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
EQUIPMENT	01/01/92	12/31/04	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	3,366.	0.	3,366.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT	01/01/92	12/31/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	550.	0.	550.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EQUIPMENT	01/01/93	12/31/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	4,807.	0.	4,807.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
FAX MACHINE	01/01/94	12/31/04	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	550.	0.	550.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COPIER (CAPITAL LS)	01/01/94	12/31/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	13,190.	0.	13,190.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
CHAIR - OFFICE FURN	02/01/95	12/31/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	260.	0.	260.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPUTER	03/01/95	12/31/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	3,228.	0.	3,228.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
PEOPLES COMPUTER	05/01/95	12/31/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,960.	0.	1,960.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPUTER	12/01/97	12/31/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,006.	0.	1,006.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
MONITOR	02/21/97	12/31/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	265.	0.	265.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
EXPOSTAR TABLE DISPL	03/31/98	12/31/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,330.	0.	1,330.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
TWO SIGNS	03/26/99	07/01/04	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,198.	0.	984.	<214.>
TO FM 990, PART I, LN 8		36,272.	0.	36,058.	<214.>

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
RAFFLE TICKET SALES FOR TRIP	67,429.		67,429.	9,181.	58,248.
BIKE RIDE	3,035.		3,035.	1,166.	1,869.
NOTE CARDS	995.		995.		995.
TO FM 990, PART I, LINE 9	71,459.		71,459.	10,347.	61,112.

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
WORKMAN'S					
COMPENSATION	1,474.	1,277.	102.	95.	
STAFF TRAINING	3,296.	3,296.			
HOTELS/MEALS	746.	746.			
BULK MAIL	5,650.	5,650.			
DUES	896.		896.		
INSURANCE	3,204.	2,884.	320.		
MISCELLANEOUS	126.		126.		
UTILITIES	3,529.	3,353.	176.		
TOTAL TO FM 990, LN 43	18,921.	17,206.	1,620.	95.	

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	4
DESCRIPTION		AMOUNT	
PROGRAM SUPPLIES		35,687.	
SURRY COUNTY ASSISTANCE		27,017.	
OTHER		856.	
MEDICAL, DENTAL AND HOSPITAL EXPENSES PROVIDED		248,295.	
TOTAL TO FORM 990, PART II, LINE 23		311,855.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	5
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
DRAWINGS FOR RENOVAT	1,228.	621.	607.
DEMOLITION ON BLD	16,669.	2,160.	14,509.
SECURITY SYSTEM	2,200.	1,905.	295.
TELEPHONE SYSTEM	8,107.	7,021.	1,086.
NETWORK SERVER SYSTEM	24,435.	21,164.	3,271.
RENOVATIONS TO BUILDING	162,513.	23,791.	138,722.
LANDSCAPING	1,239.	176.	1,063.
RENOVATIONS TO KITCHEN	1,465.	209.	1,256.
ELECTRICAL WORK TO BLD	3,840.	553.	3,287.
FURNITURE	630.	545.	85.
CHAIRS FOR SUPPORT	466.	404.	62.

SOFA	395.	342.	53.
BLINDS FOR WINDOWS	2,117.	1,834.	283.
REFRIGERATOR	465.	402.	63.
4 TABLES	481.	417.	64.
BROCHURE CABINET FOR LOBBY	500.	433.	67.
MOVING COSTS	1,487.	1,288.	199.
MISCELLANEOUS FURNITURE	478.	414.	64.
LAPTOP COMPUTER	1,550.	1,343.	207.
IBM MODEM PART #33L4618,			
NETVISTA A20 PART #6269A6U,			
17" MONITOR PART	1,489.	1,407.	82.
WORKSTATION PANEL	1,137.	809.	328.
IBM COMPUTER WITH MONITOR			
MODEM AND NETVISTA	719.	240.	479.
2-DELL COMPUTERS -JOHN & NEELY	1,258.	0.	1,258.
2-DELL DIMENSION 2400 SERIES			
INTEL PENTIUM COMPUTERS- LINDA			
& NEDRA	1,280.	85.	1,195.
DELL SERVER	1,485.	248.	1,237.
LAPTOP COMPUTER-TARA	1,599.	293.	1,306.
TOTAL TO FORM 990, PART IV, LN 57	239,232.	68,104.	171,128.

FORM 990	OTHER LIABILITIES	STATEMENT	6
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DESCRIPTION	AMOUNT
PAYROLL TAXES W/H AND ACCRUED	657.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	657.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

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	76,034.	5,322.	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 WINSTON-SALEM, NC	BOARD MEMBER 5/WEEK	0.	0.	0.
ANDREA DAVIS WINSTON-SALEM, NC	BOARD MEMBER 5/WEEK	0.	0.	0.
TY DAURITY WINSTON-SALEM, NC	BOARD MEMBER 5/WEEK	0.	0.	0.

GINGER HAUSER	BOARD MEMBER			
WINSTON-SALEM, NC	5/WEEK	0.	0.	0.
LYNN HOOD HOLTZCLAW	BOARD MEMBER			
WINSTON-SALEM, NC	5/WEEK	0.	0.	0.
VICTORIA JESSUP	BOARD MEMBER			
WINSTON-SALEM, NC	5/WEEK	0.	0.	0.
ZACK LADD	BOARD MEMBER			
WINSTON-SALEM, NC	5/WEEK	0.	0.	0.
FREDDIE MASENCUP	BOARD MEMBER			
WINSTON-SALEM, NC	5/WEEK	0.	0.	0.
KATE MICHALEK	BOARD MEMBER			
WINSTON-SALEM, NC	5/WEEK	0.	0.	0.
ANEIL MISHRA	BOARD MEMBER			
WINSTON-SALEM, NC	5/WEEK	0.	0.	0.
CATHY PACE	BOARD MEMBER			
WINSTON-SALEM, NC	5/WEEK	0.	0.	0.
LEE ROSS	BOARD MEMBER			
WINSTON-SALEM, NC	5/WEEK	0.	0.	0.
DEREK SAWYER	BOARD MEMBER			
WINSTON-SALEM, NC	5/WEEK	0.	0.	0.
PAT SCHREIBER	BOARD MEMBER			
WINSTON-SALEM, NC	5/WEEK	0.	0.	0.
MAUREEN SINTICH	BOARD MEMBER			
WINSTON-SALEM, NC	5/WEEK	0.	0.	0.
KEITH VEST	BOARD MEMBER			
WINSTON-SALEM, NC	5/WEEK	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

76,034.

5,322.

0.

SCHEDULE A	OTHER INCOME			STATEMENT	8
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	
MISCELLANEOUS	0.	89.	0.	0.	
TOTAL TO SCHEDULE A, LINE 22	0.	89.	0.	0.	