

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2004**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2004 calendar year, or tax year beginning January 01, 2004, and ending December 31, 2004**

- 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 WELLNESS HOUSE INC**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**59 South 1100 East**

City or town, state or country, and ZIP + 4  
**SALT LAKE CITY UT 84102**

**D Employer identification number**  
**87 : 0568405**

**E Telephone number**  
**( 801 ) 236-2294**

**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?  Yes  No  
(If "No," attach a list See instructions)

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

**G Website:** ▶ **www.cancer-wellness.org**

**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 ▶ **109531**

**I** Group Exemption Number ▶

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received					
	<b>a</b> Direct public support	<b>1a</b>		<b>105604</b>		
	<b>b</b> Indirect public support	<b>1b</b>		<b>1112</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		<b>0</b>		
	<b>d Total</b> (add lines 1a through 1c) (cash \$ <b>106716</b> noncash \$ <b>0</b> )				<b>1d</b>	<b>106716</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)				<b>2</b>	<b>0</b>
	<b>3</b> Membership dues and assessments				<b>3</b>	<b>0</b>
	<b>4</b> Interest on savings and temporary cash investments				<b>4</b>	<b>1728</b>
	<b>5</b> Dividends and interest from securities				<b>5</b>	<b>441</b>
	<b>6a</b> Gross rents	<b>6a</b>		<b>0</b>		
	<b>b</b> Less rental expenses	<b>6b</b>		<b>0</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)				<b>6c</b>	<b>0</b>
<b>7</b> Other investment income (describe ▶ )				<b>7</b>	<b>0</b>	
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
	<b>0</b>	<b>8a</b>	<b>0</b>			
	<b>0</b>	<b>8b</b>	<b>0</b>			
	<b>0</b>	<b>8c</b>	<b>0</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))				<b>8d</b>	<b>0</b>	
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ <b>0</b> of contributions reported on line 1a)	<b>9a</b>		<b>646</b>		
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>		<b>737</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)				<b>9c</b>	<b>-91</b>
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		<b>0</b>			
	<b>b</b> Less cost of goods sold	<b>10b</b>		<b>0</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				<b>10c</b>	<b>0</b>
<b>11</b> Other revenue (from Part VII, line 103)				<b>11</b>	<b>0</b>	
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				<b>12</b>	<b>108794</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))				<b>13</b>	<b>76741</b>
	<b>14</b> Management and general (from line 44, column (C))				<b>14</b>	<b>38749</b>
	<b>15</b> Fundraising (from line 44, column (D))				<b>15</b>	<b>23255</b>
	<b>16</b> Payments to affiliates (attach schedule)				<b>16</b>	<b>0</b>
	<b>17 Total expenses</b> (add lines 13, 14, 15, and 16)				<b>17</b>	<b>138745</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)				<b>18</b>	<b>-29951</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))				<b>19</b>	<b>155974</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)				<b>20</b>	<b>-2296</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)				<b>21</b>	<b>123727</b>

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	0	0		
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc	53061	37251	7591	8219
26	Other salaries and wages	11939	3700	6639	1600
27	Pension plan contributions	0	0	0	0
28	Other employee benefits	8161	3488	4466	207
29	Payroll taxes	5362	3288	1371	703
30	Professional fundraising fees	0	0	0	
31	Accounting fees	4807	0	4807	0
32	Legal fees	0	0	0	0
33	Supplies	5951	2355	952	2644
34	Telephone	3115	2025	623	467
35	Postage and shipping	1461	0	1055	406
36	Occupancy	5436	3022	1827	587
37	Equipment rental and maintenance	0	0	0	0
38	Printing and publications	7796	281	833	6682
39	Travel	189	0	157	32
40	Conferences, conventions, and meetings	0	0	0	0
41	Interest	155	0	155	0
42	Depreciation, depletion, etc (attach schedule)	6674	6674	0	0
43	Other expenses not covered above (itemize) a				
b	<b>Attachment #1: PART II OTHER EXPENSES</b>	24638	14657	8273	1708
c					
d					
e					
44	<b>Total functional expenses</b> (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	138745	76741	38749	23255

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <b>Attachment #2: PRIMARY EXEMPT PURPOSE</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a <b>Specialized Human Services Programs, General Other: Classes and support groups for individuals affected by cancer and their families dealing with various aspects -800 Clients-</b>  (Grants and allocations \$ _____)	76741
b  (Grants and allocations \$ _____)	
c  (Grants and allocations \$ _____)	
d  (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>76741</b>

**Part IV Balance Sheets** (See page 25 of the instructions.)

<b>Note:</b> 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	
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .	64381	<b>45</b>	33606	
	<b>46</b> Savings and temporary cash investments . . . . .	45059	<b>46</b>	48990	
	<b>47a</b> Accounts receivable . . . . .	0			
	<b>b</b> Less allowance for doubtful accounts . . . . .	0	<b>47c</b>	0	
	<b>48a</b> Pledges receivable . . . . .	0			
	<b>b</b> Less allowance for doubtful accounts . . . . .	0	<b>48c</b>	0	
	<b>49</b> Grants receivable . . . . .	0	<b>49</b>	0	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>50</b>	0	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	0			
	<b>b</b> Less allowance for doubtful accounts . . . . .	0	<b>51c</b>	0	
	<b>52</b> Inventories for sale or use . . . . .	0	<b>52</b>	0	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	0	<b>53</b>	0	
	<b>54</b> Investments—securities (attach schedule) . . . . .	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54</b>	0
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	0			
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	0	<b>55c</b>	0	
<b>56</b> Investments—other (attach schedule) . . . . .	0	<b>56</b>	0		
<b>57a</b> Land, buildings, and equipment basis . . . . .	73369				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	24586	<b>57c</b>	48783		
<b>58</b> Other assets (describe ▶ <u>Sales Tax Refund Receivable</u> )	0	<b>58</b>	242		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	160733	<b>59</b>	131621		
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	4759	<b>60</b>	7894	
	<b>61</b> Grants payable . . . . .	0	<b>61</b>	0	
	<b>62</b> Deferred revenue . . . . .	0	<b>62</b>	0	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>63</b>	0	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	0	<b>64a</b>	0	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	0	<b>64b</b>	0	
	<b>65</b> Other liabilities (describe ▶ _____ )	0	<b>65</b>	0	
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .	4759	<b>66</b>	7894		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>				
	<b>67</b> Unrestricted . . . . .	102430	<b>67</b>	71654	
	<b>68</b> Temporarily restricted . . . . .	24232	<b>68</b>	22496	
	<b>69</b> Permanently restricted . . . . .	29312	<b>69</b>	29577	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>				
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 <b>or</b> lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . . .	155974	<b>73</b>	123727		
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	160733	<b>74</b>	131621		

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.

<b>Part IV-A</b> Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)		<b>Part IV-B</b> Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
<b>a</b> Total revenue, gains, and other support per audited financial statements . . . ▶	<b>a</b> 152524	<b>a</b> Total expenses and losses per audited financial statements . . . ▶	<b>a</b> 178483
<b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990		<b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990	
(1) Net unrealized gains on investments . . . \$ 2020		(1) Donated services and use of facilities \$ 39000	
(2) Donated services and use of facilities \$ 40973		(2) Prior year adjustments reported on line 20, Form 990. . . . \$ 0	
(3) Recoveries of prior year grants . . . \$ 0		(3) Losses reported on line 20, Form 990. \$ 0	
(4) Other (specify) _____ \$ 0		(4) Other (specify) _____ \$ 0	
Add amounts on lines (1) through (4) ▶	<b>b</b> 42993	<b>Special Events</b> \$ 738	
<b>c</b> Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b> 109531	Add amounts on lines (1) through (4) ▶	<b>b</b> 39738
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b> :		<b>c</b> Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b> 138745
(1) Investment expenses not included on line 6b, Form 990. . . \$ 0		<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b> :	
(2) Other (specify) _____		(1) Investment expenses not included on line 6b, Form 990 . . . \$ 0	
Attachment #3: PARTIVA NONINCL REVENUE \$ -737		(2) Other (specify) _____ \$ 0	
Add amounts on lines (1) and (2) ▶	<b>d</b> -737	Add amounts on lines (1) and (2) ▶	<b>d</b> 0
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ). . . . . ▶	<b>e</b> 108794	<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . . ▶	<b>e</b> 138745

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 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
<b>Attachment #4: OFFICERS</b>				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see page 28 of the instructions

<b>Part VI Other Information</b> (See page 28 of the instructions.)		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	<b>76</b>	<input checked="" type="checkbox"/>
<b>77</b>	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	<b>77</b>	<input checked="" type="checkbox"/>
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	<input type="checkbox"/>
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	<input checked="" type="checkbox"/>
<b>80a</b>	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? . . . . .	<b>80a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," enter the name of the organization ► ..... ..... and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b>	Enter direct and indirect political expenditures See line 81 instructions . . . . . <b>81a</b> 0		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	<input checked="" type="checkbox"/>
<b>82a</b>	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? . . . . .	<b>82a</b>	<input checked="" type="checkbox"/>
<b>b</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). . . . . <b>82b</b> 40973		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	<b>83b</b>	<input checked="" type="checkbox"/>
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	<b>84a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>84b</b>	<input type="checkbox"/>
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? . . . . .	<b>85a</b>	<input type="checkbox"/>
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>85b</b>	<input type="checkbox"/>
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
<b>c</b>	Dues, assessments, and similar amounts from members. . . . . <b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures. . . . . <b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. . . . . <b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e). . . . . <b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	<b>85g</b>	<input type="checkbox"/>
<b>h</b>	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? . . . . .	<b>85h</b>	<input type="checkbox"/>
<b>86</b>	<b>501(c)(7) orgs.</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12. <b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b>		
<b>87</b>	<b>501(c)(12) orgs.</b> Enter <b>a</b> Gross income from members or shareholders . . . . . <b>87a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . . <b>87b</b>		
<b>88</b>	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. . . . .	<b>88</b>	<input checked="" type="checkbox"/>
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter Amount of tax imposed on the organization during the year under section 4911 ► 0, section 4912 ► 0, section 4955 ► 0		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> 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 . . . . .	<b>89b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ► 0		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . ► 0		
<b>90a</b>	List the states with which a copy of this return is filed ► .....		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2004 (See instructions) <b>90b</b> 0		
<b>91</b>	The books are in care of ► <b>Victoria Richardson CPA</b> Telephone no ► ( <b>801</b> ) <b>520-2992</b> Located at ► <b>PO Box 711603 Cottonwood Heights, UT</b> ZIP + 4 ► <b>84171</b>		
<b>92</b>	<b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> —Check here. . . . . ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► <b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
<b>93</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments		0		0	1728
<b>96</b> Dividends and interest from securities . . . . .		0		0	441
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .		0	1	-91	0
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		0		-91	2169
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					2078

**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)
▼	
	<b>Attachment #5: RELATIONSHIP ACTIVITIES</b>

**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
	%			
	%			
	%			
	%			

**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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer: **Kirk Wessel, Chairman**      Date: **Nov 02, 2005**

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_      Date: **11/02/2005**      Check if self-employed:       Preparer's SSN or PTIN (See Gen. Inst. W): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **Victoria Richardson CPA**      EIN: \_\_\_\_\_      Phone no: ( ) - \_\_\_\_\_

**Po Box 711603 Cottonwood Heights, UT 84171**

**SCHEDULE A**  
(Form 990 or 990-EZ)

**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

OMB No 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization  
**CANCER WELLNESS HOUSE INC**

Employer identification number  
**87 : 0568405**

**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 . . . . . ▶		

**Part III** Statements About Activities (See page 2 of the instructions.)

	Yes	No
<b>1</b> 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	✓
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .	2a	✓
<b>b</b> Lending of money or other extension of credit? . . . . .	2b	✓
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	2c	✓
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	✓
<b>e</b> Transfer of any part of its income or assets? . . . . .	2e	✓
<b>3a</b> 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	✓
<b>b</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	3b	✓
<b>4a</b> 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	✓
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	4b	✓

**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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28).	124881	174921	301044	213578	814424
<b>16</b> Membership fees received . . . . .	0	0	0	0	0
<b>17</b> 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 . . . . .	0	0	0	0	0
<b>18</b> 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 . . . . .	4314	0	0	0	4314
<b>19</b> Net income from unrelated business activities not included in line 18. . . . .	0	0	0	0	0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .	0	0	0	0	0
<b>21</b> 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	0	0	0	0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .	3053	0	0	0	3053
<b>23</b> Total of lines 15 through 22 . . . . .	132248	174921	301044	213578	821791
<b>24</b> Line 23 minus line 17 . . . . .	132248	174921	301044	213578	821791
<b>25</b> Enter 1% of line 23 . . . . .	1322	1749	3010	2136	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . ▶				<b>26a</b>	16436
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 ▶				<b>26b</b>	27947
c Total support for section 509(a)(1) test. Enter line 24, column (e) . . . . . ▶				<b>26c</b>	821791
d Add Amounts from column (e) for lines 18 <u>4314</u> 19 <u>0</u> 22 <u>3053</u> 26b <u>27947</u> . . . . . ▶				<b>26d</b>	35314
e Public support (line 26c minus line 26d total) . . . . . ▶				<b>26e</b>	786477
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶				<b>26f</b>	0.957 %
<b>27 Organizations described on line 12:</b> 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 (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 (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶				<b>27c</b>	
d Add Line 27a total, _____ and line 27b total, _____ . . . . . ▶				<b>27d</b>	
e Public support (line 27c total minus line 27d total) . . . . . ▶				<b>27e</b>	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) . . ▶ <b>27f</b> _____					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶				<b>27g</b>	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . ▶				<b>27h</b>	%

**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.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	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? . . . . .		
<b>30</b>	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? . . . . .		
<b>31</b>	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 ) ..... ..... .....		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>d</b>	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 ) ..... .....		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges? . . . . .		
<b>b</b>	Admissions policies? . . . . .		
<b>c</b>	Employment of faculty or administrative staff? . . . . .		
<b>d</b>	Scholarships or other financial assistance? . . . . .		
<b>e</b>	Educational policies? . . . . .		
<b>f</b>	Use of facilities? . . . . .		
<b>g</b>	Athletic programs? . . . . .		
<b>h</b>	Other extracurricular activities? . . . . .		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ..... .....		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
<b>b</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		
<b>35</b>	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)

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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> 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 . . . . .	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41). . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36. . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38. . . . .	<b>44</b>	

**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				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the 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	Yes	No	Amount
<b>a</b> Volunteers . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Media advertisements . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Mailings to members, legislators, or the public . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Publications, or published or broadcast statements . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			<b>0</b>

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



**Organization Name:** CANCER WELLNESS HOUSE INC

**EIN:** 87-0568405

Return: 990

OTHER EXPENSES

Statement: 1

Page 1 of 1

DESCRIPTION	OTHER EXPENSES	OTHER EXPENSES (PROGRAM)	OTHER EXPENSES (MANAGEMENT)	OTHER EXPENSES (FUNDRAISING)
MISCELLANEOUS	451	51	400	0
RECOGNITION	498	0	498	0
OUTSIDE LABOR	12325	6800	5425	100
OFFICE SUPPLIES	4271	2566	774	931
PROGRAM ACTIVITIES	2677	2677	0	0
BANK SERVICE CHARGES	148	0	148	0
INSURANCE	3944	2563	789	592
SUBSCRIPTIONS	324	0	239	85

Attention: This page was created using data from an Electronically-Filed return.

**Organization Name:** CANCER WELLNESS HOUSE INC

**EIN:** 87-0568405

Return: 990

PRIMARY EXEMPT PURPOSE

Statement: 2

Page 1 of 1

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Assistance to people affected by cancer

**Organization Name:** CANCER WELLNESS HOUSE INC

**EIN:** 87-0568405

Return: 990

PART IV-A NON-INCLUDED REVENUE

Statement: 3

Page 1 of 1

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DESCRIPTION

AMOUNT

**Special Events Expenses**

-737

**Organization Name: CANCER WELLNESS HOUSE INC**

**EIN: 87-0568405**

Return: 990

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Statement: 4

Page 1 of 2

Name	Title	Address:	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Name Joseph E Hatch Pc	Board Member	5295 South Commerce Drive Suite 200 Murray UT 84107	2	0	0	0
Name Kirk Wessel Phd	Chairman	7963 Mustang Loop Rd Park City UT 84098	5	0	0	0
Name Linda Kelley Phd	Board Member	371 7th Avenue Salt Lake City UT 84103	2	0	0	0
Name Ray Lynch Mba Cpa	Board Member	2000 Circle Of Hope Salt Lake City UT 84112	2	0	0	0
Name Darren Peoples Pt	Board Member	1762 Wilson Avenue Salt Lake City UT 84108	4	0	0	0
Name Brian Dunn Mha	Board Member	1050 East South Temple Salt Lake City UT 84102	2	0	0	0

**Organization Name: CANCER WELLNESS HOUSE INC**

**EIN: 87-0568405**

Return: 990

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Statement: 4

Page 2 of 2

Name	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
<b>Name Jill Angerbauer Mpa</b>				
<b>Title:</b>				
<b>Exec Director/CEO</b>	40	53061	5875	0
<b>Address:</b>				
59 South 1100 East Salt Lake City UT 84102				
<b>Name Doug Poole Mba</b>				
<b>Title:</b>				
<b>Board Member</b>	2	0	0	0
<b>Address:</b>				
1191 East Hawberry Circle Draper UT 84020				
<b>Name Eve Sanford Phd</b>				
<b>Title:</b>				
<b>Secretary</b>	2	0	0	0
<b>Address:</b>				
1505 South Indian Hills Drive Salt Lake City UT 84108				
<b>Name Wendy J Caputo Cmt</b>				
<b>Title:</b>				
<b>Board Member</b>	2	0	0	0
<b>Address:</b>				
3838 South 700 East Suite 100 Salt Lake City UT 84106				
<b>Name Rick Eiden Phd</b>				
<b>Title:</b>				
<b>Treasurer</b>	2	0	0	0
<b>Address:</b>				
825 North 300 West Salt Lake City UT 84103				
<b>Name Lynn Trenbeath Ms</b>				
<b>Title:</b>				
<b>Board Member</b>	2	0	0	0
<b>Address:</b>				
833 North 250 West Bountiful UT 84010				

**Organization Name:** CANCER WELLNESS HOUSE INC

**EIN:** 87-0568405

Return: 990

Relationship Activities

Statement:5

Page 1 of 1

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Line Number            Relationship Statement

---

96                      Provided for leadership education and development of professionals involved in the programs

95                      Supplemented the operation of the house so groups and services could be provided

**Organization Name:** CANCER WELLNESS HOUSE INC

**EIN:** 87-0568405

Return: 990

CHANGES IN NET ASSETS

Statement: 6

Page 1 of 1

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DESCRIPTION	AMOUNT
Net inkind contributions	1973
Unrealized investment income	2020
Prior period adjustment	-6289

**Organization Name:** CANCER WELLNESS HOUSE INC

**EIN:** 87-0568405

Return: 990

DEPRECIATION AND DEPLETION

Statement: 7

Page 1 of 1

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DESCRIPTION	AMOUNT
<b>Furn and Equip</b>	434
<b>Leasehold Imprv</b>	6240

**Organization Name:** CANCER WELLNESS HOUSE INC

**EIN:** 87-0568405

Return: 990

LAND SCHEDULE

Statement: 8

Page 1 of 1

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Category or Item	Cost or Other Basis	Accumulated Depreciation	Book Value	EOY Fair Market Value
Furniture and Equipment	10379	8739	1640	
Leasehold Improvements	62990	15847	47143	

---

**Organization Name:** CANCER WELLNESS HOUSE INC

**EIN:** 87-0568405

Return: 990

Statement: 9

Special Events Schedule

Page 1 of 1

Event	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income
<b>Snow Angels</b>	26	0	26	337	-311
<b>Benefit Concert</b>	620	0	620	400	220

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**Organization Name:** **CANCER WELLNESS HOUSE INC** **EIN:** 87-0568405

Return: 990

Statement: 10

Page 1 of 1

Support Schedule – Other Income Schedule

Other Income Description	2003	2002	2001	2000	Total
Realized Gain on Investments	3053	0	0	0	3053

Attention: This page was created using data from an Electronically-Filed return.

**Organization Name:** CANCER WELLNESS HOUSE INC

**EIN:** 87-0568405

Return: 990

SCHEDULE A SELF-DEALING COMPENSATION

Statement: 11

Page 1 of 1

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SEE 990/990EZ