

Form **990**

OMB No 1545-0047

**2005**

Open to Public Inspection

**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.

Department of the Treasury  
Internal Revenue Service

**A For the 2005 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C Name of organization**  
**Cancer Patient Services**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**1800 N. Blanchard St. 120**  
 City or town, state or country, and ZIP + 4  
**Findlay OH 45840**

**D Employer identification no**  
**34-4491513**

**E Telephone number**  
**419-423-0286**

**F Accounting method:**  Cash  Accrual  Other (specify) \_\_\_\_\_

**G Website:** **cancerpatientservices.org**

**J Organization type**  
 (check only one)  501(c) ( **3** ) (insert no.)  4947(a)(1) or  527

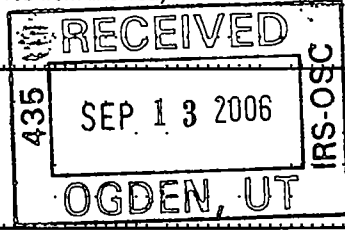
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

**L Gross receipts.** Add lines 6b, 8b, 9b, and 10b to line 12 **228,859**

**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 instr.)  
**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).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)		
<b>1</b> Contributions, gifts, grants, and similar amounts received:		
<b>a</b> Direct public support	<b>1a</b> 33,973	
<b>b</b> Indirect public support	<b>1b</b> 119,731	
<b>c</b> Government contributions (grants)	<b>1c</b>	
<b>d Total</b> (add lines 1a through 1c) (cash \$ <b>153,704</b> noncash \$ _____)		<b>1d</b> 153,704
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)		<b>2</b>
<b>3</b> Membership dues and assessments		<b>3</b>
<b>4</b> Interest on savings and temporary cash investments		<b>4</b> 4,217
<b>5</b> Dividends and interest from securities		<b>5</b>
<b>6a</b> Gross rents	<b>6a</b>	
<b>b</b> Less: rental expenses	<b>6b</b>	
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)		<b>6c</b>
<b>7</b> Other investment income (describe <b>▶</b> )		<b>7</b>
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities 32,377 <b>8a</b>	(B) Other
<b>b</b> Less: cost or other basis and sales expenses	33,152 <b>8b</b> 30	
<b>c</b> Gain or (loss) (attach schedule)	-775 <b>8c</b> -30	
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	See Stmt 1 See Stmt 2	<b>8d</b> -805
<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 \$ _____ of contributions reported on line 1a)	<b>9a</b> 38,561	
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)		<b>9c</b> 38,561
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	
<b>b</b> Less: cost of goods sold	<b>10b</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		<b>10c</b>
<b>11</b> Other revenue (from Part VII, line 103)		<b>11</b>
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		<b>12</b> 195,677
<b>13</b> Program services (from line 44, column (B))		<b>13</b> 171,601
<b>14</b> Management and general (from line 44, column (C))		<b>14</b> 21,393
<b>15</b> Fundraising (from line 44, column (D))		<b>15</b> 6,802
<b>16</b> Payments to affiliates (attach schedule)		<b>16</b>
<b>17 Total expenses</b> (add lines 16 and 44, column (A))		<b>17</b> 199,796
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)		<b>18</b> -4,119
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))		<b>19</b> 157,398
<b>20</b> Other changes in net assets or fund balances (attach explanation)	See Statement 3	<b>20</b> 1,303
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)		<b>21</b> 154,582

SCANNED SEP 25 2006 Revenue



GIB

**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 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 \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	35,498	26,623	8,875	
26	Other salaries and wages	26	11,127	8,346	2,781	
27	Pension plan contributions	27				
28	Other employee benefits	28	3,976	2,982	994	
29	Payroll taxes	29	4,632	3,474	1,158	
30	Professional fundraising fees	30				
31	Accounting fees	31	1,340	1,005	335	
32	Legal fees	32				
33	Supplies	33	5,652	4,166	1,388	98
34	Telephone	34	2,268	1,701	567	
35	Postage and shipping	35	2,233	1,637	546	50
36	Occupancy	36	9,088	6,816	2,272	
37	Equipment rental and maintenance	37				
38	Printing and publications	38	1,916	757	253	906
39	Travel	39				
40	Conferences, conventions, and meetings	40	821	616	205	
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	2,776	2,077	699	
43	Other expenses not covered above (itemize)					
a	<b>See Statement 4</b>	43a	118,469	111,401	1,320	5,748
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	199,796	171,601	21,393	6,802

**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 the instructions.)**

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.

What is the organization's primary exempt purpose?

**► Public Education & Cancer Patient Aid**

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) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

**a Cancer Patient Aid**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**171,601**

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**f Total of Program Service Expenses (should equal line 44, column (B), Program services)**

**171,601**

**Part IV Balance Sheets (See the instructions.)**

**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		
<b>Assets</b>	45	Cash-non-interest-bearing		45	273	
	46	Savings and temporary cash investments	61,816	46	21,481	
	47a	Accounts receivable	31,446			
	b	Less: allowance for doubtful accounts		15,000	47c	31,446
	48a	Pledges receivable				
	b	Less: allowance for doubtful accounts			48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)				
	b	Less: allowance for doubtful accounts			51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54	Investments-securities <b>See Statement 5</b> <input type="checkbox"/> Cost <input type="checkbox"/> FMV	76,016	54	87,899	
	55a	Investments-land, buildings, and equipment: basis				
	b	Less: accumulated depreciation (attach schedule)			55c	
56	Investments-other (attach schedule)	See Stmt 6	12,626	56	13,372	
57a	Land, buildings, and equipment: basis	36,574				
b	Less: accumulated depreciation (attach schedule)					
57b		26,536	11,215	57c	10,038	
58	Other assets (describe <b>See Statement 7</b> )		651	58	651	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58.	177,324	59	165,160		
<b>Liabilities</b>	60	Accounts payable and accrued expenses	16,439	60	8,305	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a	Tax-exempt bond liabilities (attach schedule)		64a		
	b	Mortgages and other notes payable (attach schedule)		64b		
	65	Other liabilities (describe <b>See Statement 8</b> )	3,487	65	2,273	
66	<b>Total liabilities.</b> Add lines 60 through 65	19,926	66	10,578		
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted	132,298	67	126,434	
	68	Temporarily restricted	25,100	68	28,148	
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	157,398	73	154,582		
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	177,324	74	165,160		





Part VI Other Information (continued)		Yes	No
<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>X</b>
<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>	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>X</b>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>84b</b>	<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>N/A</b>	
<b>85</b>	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	<b>N/A</b>	
<b>85a</b>	<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>N/A</b>	
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			
<b>85c</b>	<b>c</b> Dues, assessments, and similar amounts from members		
<b>85d</b>	<b>d</b> Section 162(e) lobbying and political expenditures		
<b>85e</b>	<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>85f</b>	<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>85g</b>	<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>N/A</b>	
<b>85h</b>	<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>N/A</b>	
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>86b</b>	<b>b</b> Gross receipts, included on line 12, for public use of club facilities		
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>87b</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>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>	<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		<b>0</b>
<b>89b</b>	<b>b</b> 501(c)(3) and 501(c)(4) orgs. 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>X</b>
<b>89c</b>	<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		<b>0</b>
<b>89d</b>	<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization		<b>0</b>
<b>90a</b>	List the states with which a copy of this return is filed <b>OH</b>		
<b>90b</b>	<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		<b>2</b>
<b>91a</b>	The books are in care of <b>Garth Beatty</b> <b>1800 N. Blanchard St., Suite 120</b> Located at <b>Findlay, OH</b>	Telephone no. <b>419-423-0286</b> ZIP + 4 <b>45840</b>	
<b>91b</b>	<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b>	<b>91b</b>	<b>X</b>
<b>91c</b>	<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country		<b>X</b>
<b>92</b>	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	<b>92</b>	<input type="checkbox"/>

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

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
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	4,217	
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	-775	-30
101 Net income or (loss) from special events			1	38,561	
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		42,003	-30
105 Total (add line 104, columns (B), (D), and (E))					41,973

**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 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)
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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).

**Please Sign Here**

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.

*Garth Beatty* Signature of officer Date *9/08/2006*

**Garth Beatty** Treasurer

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature *RO [Signature]* Date *9/01/06* Check if self-employed  Preparer's SSN or PTIN (See Gen Instr W) **P00025172**

Firm's name (or yours if self-employed), address, and ZIP + 4 **Thomas and Ridge CPAs, Inc.** EIN **34-1935986**

**314 W. Hardin Street** Phone no **419-424-1835**

**Findlay, OH 45840**

**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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2005**

**Supplementary Information-(See separate instructions.)**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Cancer Patient Services**

Employer identification number  
**34-4491513**

**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) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

**Part II-A 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line 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.		<b>X</b>
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?		<b>X</b>
b	Lending of money or other extension of credit?		<b>X</b>
c	Furnishing of goods, services, or facilities?		<b>X</b>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>X</b>	
<b>See Statement 10</b>			
e	Transfer of any part of its income or assets?		<b>X</b>
3a	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 )		<b>X</b>
b	Do you have a section 403(b) annuity plan for your employees?		<b>X</b>
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		<b>X</b>
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		<b>X</b>
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>

**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) Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 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 V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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		
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?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	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?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	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		

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

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

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

**Limits on Lobbying Expenditures**

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

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is-</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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.) **N/A**

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 through c 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 through c h.)

Yes	No	Amount

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





## Federal Statements

### Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss
Merrill Lynch - See attached Statement Purchase			Various	Various	\$ 32,377	\$ 33,152	\$	-775
Total					\$ 32,377	\$ 33,152	0	-775

### Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss
Floor Telescope Easel Purchase			8/01/92	12/31/05	\$	41	41	\$
Hp Deskjet 870CSE Printer Purchase			12/01/96	12/31/05		553	553	
Computer Hardware Purchase			5/01/98	12/31/05		302	302	
Workio 150 Copier, Scanner, Fax Purchase			2/01/01	12/31/05		1,804	1,774	-30
Total					\$ 0	\$ 2,700	\$ 2,670	\$ -30

**Federal Statements**

**Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
Unrealized appreciation on investments	\$ 557
Change in Community Foundation	746
Total	<u>\$ 1,303</u>

**Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
<b>Expenses</b>				
Utilities	2,172	1,629	543	
Insurance	1,656	1,242	414	
Miscellaneous	7,221	1,110	363	5,748
Ostomy Supplies & Dressings	6,523	6,523		
Food Supplement	20,235	20,235		
Prosthesis	131	131		
Transportation	20,547	20,547		
Drugs	38,446	38,446		
Radiation Therapy	1,800	1,800		
Equipment Delivery Charge	1,380	1,380		
Equip. Clean & Sterilization	1,196	1,196		
Education	49	49		
Grant Coordinator Fees	3,779	3,779		
Other Financial Assistance	2,159	2,159		
National Cancer Survivor Day	383	383		
Volunteer Coordinator Fees	6,250	6,250		
Wigs	1,106	1,106		
Financial Literacy	1,818	1,818		
"Breast Quest" Expenses	1,618	1,618		
Total	<u>\$ 118,469</u>	<u>\$ 111,401</u>	<u>\$ 1,320</u>	<u>\$ 5,748</u>

**Statement 5 - Form 990, Part IV, Line 54 - Investments in Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
Corporate Stock	76,016	87,899	
	<u>76,016</u>	<u>87,899</u>	

**Statement 6 - Form 990, Part IV, Line 56 - Other Investments**

Description	Beginning of Year	End of Year	Basis of Valuation
Investment in Community Foundation	\$ 12,626	\$ 13,372	
Total	<u>\$ 12,626</u>	<u>\$ 13,372</u>	

**Federal Statements****Statement 7 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
	\$ 651	\$ 651
Total	\$ <u>651</u>	\$ <u>651</u>

**Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Withheld & Accrued Taxes	\$ 3,487	\$ 2,273
Total	\$ <u>3,487</u>	\$ <u>2,273</u>

## Federal Statements

### Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
Garth Beatty	Findlay OH 45840	825 S. Cory St.	Treasurer	2	0	0	0
E.J. Cutliff	Findlay OH 45840	933 Adams St.	Board Member	1	0	0	0
Sherrri Davidson	Carey OH 43316	19351 CH 4	Board Member	1	0	0	0
Margaret Dwiggins	Findlay OH 45840	611 Coventry Drive	Board Member	1	0	0	0
Donald Flory	Findlay OH 45840	2731 Greenacre Ave.	Board Member	1	0	0	0
Eric Hausserman	Findlay OH 45840	19591 CR 7	Board Member	1	0	0	0
Jerry Lee	Findlay OH 45840	701 W. Melrose Avenue	V. President	2	0	0	0
Donna Long	Findlay OH 45840	216 Northcliff Dr.	Board Member	1	0	0	0
Pat Maidment	Findlay OH 45840	16065 Lakeside Ct.	Board Member	1	0	0	0
John A. Malacos	Findlay OH 45840	3218 Ridgeview Drive	Board Member	1	0	0	0
Cynthia Meyer-Hatfield	Findlay OH 45840	3108 Gleneagle Drive	Board Member	1	0	0	0
Larry Schock	Van Buren OH 45889	2186 T.R. 232	President	2	0	0	0
Precia Shenk Stuby	Findlay OH 45840	438 Carnahan Ave.	Board Member	1	0	0	0
Jeff Stephani	Findlay OH 45840	2615 Goldenrod Lane	Board Member	1	0	0	0
Trisha Troiano	Carey OH 43316	322 Crabapple Dr.	Board Member	1	0	0	0
Amy Volpp	Findlay OH 45840	3501 Western Ave.	Board Member	1	0	0	0
Bradley Warren	Findlay OH 45840	PO Box 1086	Secretary	2	0	0	0

## Federal Statements

### Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Kimberly Popenberg	Alvada OH 44802	5985 T. R. 25	Exec. Dir.	40	35,498	0	0

# Federal Statements

**Statement 10 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of  
Exp**

Description

---

See Part V, Form 990

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**Cancer Patient Services**

Identifying number

**34-4491513**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses.	1	105,000
2	Total cost of section 179 property placed in service (see instructions).	2	
3	Threshold cost of section 179 property before reduction in limitation.	3	420,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr.	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions).	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12.	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions).	14	
15	Property subject to section 168(f)(1) election.	15	
16	Other depreciation (including ACRS).	16	2,776

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005.	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

**Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28.	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	2,776
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	23	

For Paperwork Reduction Act Notice, see separate instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.**

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>Cancer Patient Services</b>	Employer identification number <b>34-4491513</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>1800 N. Blanchard St. 120</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Findlay OH 45840</b>	

Check type of return to be filed (File a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 4720                               |                                    |

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

- The books are in the care of **Amy Volpp**  
Telephone No **419-423-0286** FAX No
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box  If it is for **part of the group**, check this box  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **11/15/06**
- 5 For calendar year **2005**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**Additional time is requested to gather information to prepare a complete and accurate return.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title **CPA** Date **8/07/06**

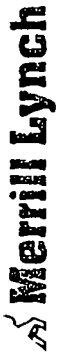
**Notice to Applicant-To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name <b>Thomas and Ridge CPAs, Inc.</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>314 W. Hardin Street</b>
	City or town, province or state, and country (including postal or ZIP code) <b>Findlay OH 45840</b>



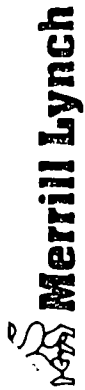
CANCER PATIENT SERVICES

# EMA Fiscal Statement

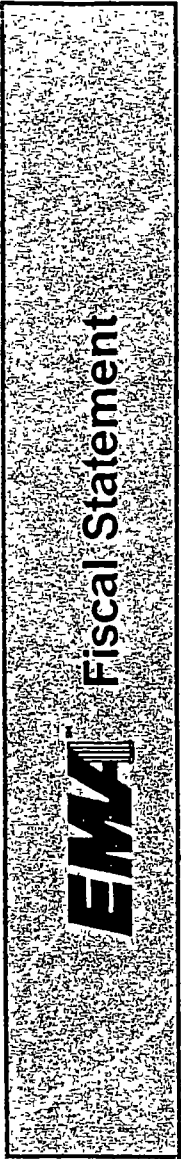
## FISCAL YEAR ACTIVITY

Date	Transaction	Quantity	Description	Price	Debit	Credit
152	FEDERATED MKT OPPS CLC		12/21/04	1,981.97	1,986.63	(4.66) ST
124	VICTRY DIVERSIFIED STK C		12/21/04	1,966.62	1,992.67	(26.05) ST
253	ML BD FD INTM TERM C		12/21/04	2,968.07	3,033.46	(65.39) ST
333	FED BD FD FORT SHRS		12/21/04	2,996.70	3,110.22	(113.52) ST
32	VICTRY DIVERSIFIED STK C		12/21/04	496.11	514.24	(18.13) ST
83	ML BD FD INTM TERM C		12/21/04	977.82	995.17	(17.35) ST
72	LORD ABB AFFILIATED FD C		12/21/04	1,010.75	1,059.84	(49.09) ST
129	PIMCO REAL RTN BD C		12/21/04	1,476.33	1,491.24	(14.91) ST
111	FED BD FD FORT SHRS		12/21/04	992.31	1,036.74	(44.43) ST
60	NATION MARSICO FOC EQ C		12/21/04	998.51	1,051.19	(52.68) ST
77	FEDERATED MKT OPPS CLC		12/21/04	994.80	1,006.39	(11.59) ST
31	AMERN CAP WLD GR INCC		12/21/04	1,012.46	1,029.19	(16.73) ST
64	VICTRY DIVERSIFIED STK C		12/21/04	994.12	1,028.48	(34.36) ST
14	TEMP GROWTH FD CL C		12/21/04	306.59	308.97	(2.38) ST
36	LORD ABB AFFILIATED FD C		12/21/04	505.73	529.91	(24.18) ST
44	NATION MARSICO FOC EQ C		12/21/04	745.31	770.88	(25.57) ST
62	FEDERATED MKT OPPS CLC		12/21/04	798.55	810.34	(11.79) ST

PLEASE SEE REVERSE SIDE:  
 Statement Period Year Ending 12/31/05 Account No. 64P-04051  
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CANCER PATIENT SERVICES



REALIZED CAPITAL GAIN AND LOSS SUMMARY

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sale Price	Cost Basis	Gain or (Loss)
23	AMERICAN CAPITAL	12/21/04	05/26/05	758.03	763.60	(5.57) ST
50	VICTRY DIVERSIFIED STK C	12/21/04	05/26/05	793.98	803.50	(9.52) ST
75	ML BD FD INTRM TERM PTF	12/21/04	05/26/05	888.77	899.25	(10.48) ST
34	TEMP GROWTH FD CL C	12/21/04	05/26/05	746.28	750.38	(4.10) ST
63	LORD ABB AFFILIATED FD C	12/21/04	05/26/05	893.14	927.36	(34.22) ST
78	PIMCO REAL RTN BD C	12/21/04	05/26/05	889.57	901.68	(12.11) ST
100	FEDERATED BOND FUND	12/21/04	05/26/05	891.00	934.00	(43.00) ST
60	FEDERATED MKT OPFS CL C	12/21/04	07/14/05	773.98	784.20	(10.22) ST
63	ML BD FD INTRM TERM C	12/21/04	07/14/05	745.32	755.37	(10.05) ST
70	LORD ABB AFFILIATED FD C	12/21/04	07/14/05	1,008.31	1,030.40	(22.09) ST
90	PIMCO REAL RTN BD C	12/21/04	07/14/05	1,005.94	1,040.39	(34.45) ST
112	FED BD FD FORT SHRS	12/21/04	07/14/05	1,004.57	1,046.07	(41.50) ST
11	NATION MARSICO FOC EQ C	12/21/04	09/16/05	201.85	192.72	9.13 ST
17	LORD ABB AFFILIATED FD C	12/21/04	09/16/05	250.29	250.24	0.05 ST
34	FED BD FD FORT SHRS	12/21/04	09/16/05	303.61	317.56	(13.95) ST

Total 32,377.39

33,152.28

774.99

PLEASE SEE REVERSE SIDE  
Page 15 of 16  
Statement Period Year Ending 12/31/05  
Account No 64P-04051

01458182

