

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047  
**2005**  
**Open to Public Inspection**

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

**A For the 2005 calendar year, or tax year beginning 01-01-2005 and ending 12-31-2005**

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

**C Name of organization**  
 CANCER WELLNESS HOUSE INC  
 % Jill Angerbauer Exec Dir  
 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).**

**G Web site:** ▶ 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.**

- 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  
**I** Group Exemption Number ▶ \_\_\_\_\_  
**M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 125,806

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

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received			
	<b>a</b>	Direct public support	<b>1a</b>	123,145	
	<b>b</b>	Indirect public support	<b>1b</b>	904	
	<b>c</b>	Government contributions (grants)	<b>1c</b>	0	
	<b>d</b>	<b>Total</b> (add lines 1a through 1c) (cash \$ 124,049 noncash \$ 0)	<b>1d</b>		124,049
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		0
	<b>3</b>	Membership dues and assessments	<b>3</b>		0
	<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		1,487
	<b>5</b>	Dividends and interest from securities	<b>5</b>		270
	<b>6a</b>	Gross rents	<b>6a</b>	0	
	<b>b</b>	Less rental expenses	<b>6b</b>	0	
	<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		0
<b>7</b>	Other investment income (describe ▶)	<b>7</b>		0	
	<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
			0	<b>8a</b>	0
	<b>b</b>	Less cost or other basis and sales expenses	0	<b>8b</b>	0
	<b>c</b>	Gain or (loss) (attach schedule)	0	<b>8c</b>	0
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		0	
	<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 \$ 0 of contributions reported on line 1a)	<b>9a</b>	0	
	<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>	0	
	<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		0
	<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	0	
	<b>b</b>	Less cost of goods sold	<b>10b</b>	0	
	<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		0
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		0	
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		125,806	
Expenses	<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		85,962
	<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		28,758
	<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		24,304
	<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		0
	<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		139,024
Net Assets	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		-13,218
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		123,727
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) <input checked="" type="checkbox"/>	<b>20</b>		21,500
	<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		132,009

**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)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b>	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b> 0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b> 0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b> 0	0		
<b>25</b>	Compensation of officers, directors, etc . . . . .	<b>25</b> 50,996	34,117	2,747	14,132
<b>26</b>	Other salaries and wages . . . . .	<b>26</b> 19,013	9,821	6,840	2,352
<b>27</b>	Pension plan contributions . . . . .	<b>27</b> 0	0	0	0
<b>28</b>	Other employee benefits . . . . .	<b>28</b> 5,000	3,850	1,150	0
<b>29</b>	Payroll taxes . . . . .	<b>29</b> 9,912	6,233	1,526	2,153
<b>30</b>	Professional fundraising fees . . . . .	<b>30</b> 0	0	0	0
<b>31</b>	Accounting fees . . . . .	<b>31</b> 6,646	0	6,646	0
<b>32</b>	Legal fees . . . . .	<b>32</b> 0	0	0	0
<b>33</b>	Supplies . . . . .	<b>33</b> 7,865	4,535	2,270	1,060
<b>34</b>	Telephone . . . . .	<b>34</b> 3,131	1,066	2,065	0
<b>35</b>	Postage and shipping . . . . .	<b>35</b> 1,500	641	541	318
<b>36</b>	Occupancy . . . . .	<b>36</b> 5,318	5,318	0	0
<b>37</b>	Equipment rental and maintenance . . . . .	<b>37</b> 1,281	1,121	100	60
<b>38</b>	Printing and publications . . . . .	<b>38</b> 3,651	29	416	3,206
<b>39</b>	Travel . . . . .	<b>39</b> 802	743	0	59
<b>40</b>	Conferences, conventions, and meetings . . . . .	<b>40</b> 4,753	4,255	115	383
<b>41</b>	Interest . . . . .	<b>41</b> 0	0	0	0
<b>42</b>	Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	<b>42</b> 6,755	6,755	0	0
<b>43</b>	Other expenses not covered above (itemize)				
<b>a</b>	See Additional Data Table	<b>43a</b>			
<b>b</b>		<b>43b</b>			
<b>c</b>		<b>43c</b>			
<b>d</b>		<b>43d</b>			
<b>e</b>		<b>43e</b>			
<b>f</b>		<b>43f</b>			
<b>g</b>		<b>43g</b>			
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 139,024	85,962	28,758	24,304

**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? <b>▶</b> Assistance to people affected by cancer  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.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> Specialized Human Services Programs, General Other Classes and support groups for individuals affected by cancer and their families dealing with various aspects (850 Clients)  (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	85,962
<b>b</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <b>▶</b>	85,962

**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.

		<b>(A)</b>		<b>(B)</b>		
		Beginning of year		End of year		
Assets	<b>45</b> Cash—non-interest-bearing . . . . .		33,606	<b>45</b>	12,797	
	<b>46</b> Savings and temporary cash investments . . . . .		48,990	<b>46</b>	10,396	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	0			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>	0	0	<b>47c</b> 0	
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>	0			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>	0	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) . . . . .	<b>51a</b>	0			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>	0	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 checked="" type="checkbox"/> FMV		0	<b>54</b>	48,578
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>	0			
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>	0	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 . . . . .	<b>57a</b>	94,868				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	31,340	48,783	<b>57c</b>	63,528	
<b>58</b> Other assets (describe <input type="checkbox"/> _____)		242	<b>58</b>	637		
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		131,621	<b>59</b>	135,936		
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .		7,894	<b>60</b>	3,927	
	<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 <input type="checkbox"/> _____)		0	<b>65</b>	0	
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .		7,894	<b>66</b>	3,927		
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74					
	<b>67</b> Unrestricted . . . . .		71,654	<b>67</b>	99,546	
	<b>68</b> Temporarily restricted . . . . .		22,496	<b>68</b>	0	
	<b>69</b> Permanently restricted . . . . .		29,577	<b>69</b>	32,463	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74					
	<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 or lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . . .		123,727	<b>73</b>	132,009	
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .		131,621	<b>74</b>	135,936	





**Part VI Other Information** (continued)

	Yes	No
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<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>	Yes	
<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>	60,821	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	Yes	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	<b>83b</b>	Yes	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	<b>84a</b>		No
<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>		
<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>		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>85b</b>		
	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 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>		
<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>		
<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>		No
<b>89a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____ 0, section 4912 <input type="checkbox"/> _____ 0, section 4955 <input type="checkbox"/> _____ 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>		No
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="checkbox"/> _____ 0			
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . <input type="checkbox"/> _____ 0			
<b>90a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> _____			
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions) <input type="checkbox"/> _____	<b>90b</b>		2
<b>91a</b>	The books are in care of <input type="checkbox"/> Victoria Richardson CPA Telephone no <input type="checkbox"/> (801) 520-2992 2552 E 6485 S Located at <input type="checkbox"/> Cottonwood Heights, UT ZIP + 4 <input type="checkbox"/> 84121			
<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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts	<b>91b</b>	Yes	No
<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 <input type="checkbox"/> _____	<b>91c</b>		No
<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 <input type="checkbox"/> _____	<b>92</b>		

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

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<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	1,487
<b>96</b> Dividends and interest from securities . . . . .		0		0	270
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non 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 . . . . .					
<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		0	1,757
<b>105 Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					1,757

**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)
96	Provided for leadership education and development of professionals involved in the programs
95	Supplemented the operational funds for the house so groups and services could be provided

**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
	%			
	%			
	%			
	%			

**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).

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: \_\_\_\_\_ Date: 2006-11-09

Lynn Trenbeath Chairman  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: Victoria Bernier Date: 2006-11-09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Victoria Bernier CPA  
2552 E 6485 S  
Cottonwood Heights, UT 84121

Preparer's SSN or PTIN (See Gen Inst W): \_\_\_\_\_  
EIN: \_\_\_\_\_  
Phone no: (801) 520-2992

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

**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

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

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

OMB No 1545-0047

**2005**

Department of the  
Treasury  
Internal Revenue  
Service

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-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

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

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for 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	0	

<b>Part III Statements About Activities</b> (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, include 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 1 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		No
<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.)		No
<b>a</b>	Sale, exchange, or leasing property?		No
<b>b</b>	Lending of money or other extension of credit?		No
<b>c</b>	Furnishing of goods, services, or facilities?		No
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	Yes	
<b>e</b>	Transfer of any part of its income or assets?		No
<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)		No
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?		No
<b>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		No
<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?		No
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		No

<b>Part IV Reason for Non-Private Foundation Status</b> (See pages 3 through 6 of the instructions.)									
The organization is not a private foundation because it is (Please check only <b>ONE</b> applicable box )									
<b>5</b>	<input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)								
<b>6</b>	<input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V )								
<b>7</b>	<input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)								
<b>8</b>	<input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)								
<b>9</b>	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) <b>Enter the hospital's name, city, and state ►</b> _____								
<b>10</b>	<input type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A)								
<b>11a</b>	<input checked="" type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A)								
<b>11b</b>	<input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)								
<b>12</b>	<input type="checkbox"/> An organization that normally receives <b>(1) more than 33 1/3%</b> of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and <b>(2) no more than 33 1/3%</b> 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 <b>Support Schedule</b> in Part IV-A )								
<b>13</b>	<input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in <b>(1)</b> lines 5 through 12 above, or <b>(2)</b> sections 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 ► <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3								
Provide the following information about the supported organizations (see page 5 of the instructions )									
<table border="1"> <thead> <tr> <th>(a) Name(s) of supported organization(s)</th> <th>(b) Line number from above</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		(a) Name(s) of supported organization(s)	(b) Line number from above						
(a) Name(s) of supported organization(s)	(b) Line number from above								
<b>14</b>	<input type="checkbox"/> 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	106,716	124,881	174,921	301,044	707,562
<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	2,169	4,314	0	0	6,483
<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	0	3,053	0	0	3,053
<b>23</b> Total of lines 15 through 22	108,885	132,248	174,921	301,044	717,098
<b>24</b> Line 23 minus line 17	108,885	132,248	174,921	301,044	717,098
<b>25</b> Enter 1% of line 23	1,089	1,322	1,749	3,010	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 14,342
<b>b</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 2001 through 2004 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts					<b>26b</b> 68,128
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 717,098
<b>d</b> Add Amounts from column (e) for lines	18 6,483	19 0			
	22	26 b	68,128		
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 639,434
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 89 17 %
<b>27 Organizations described on line 12:</b>					
<b>a</b> 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 " <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year	(2004)	(2003)	(2002)	(2001)	
<b>b</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 <b>larger</b> of <b>(1)</b> the amount on line 25 for the year or <b>(2)</b> \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals ) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in <b>(1)</b> or <b>(2)</b> , enter the sum of these differences (the excess amounts) for each year	(2004)	(2003)	(2002)	(2001)	
<b>c</b> Add Amounts from column (e) for lines	15	16			
	17	20	21		
<b>d</b> Add Line 27a total and line 27b total					<b>27c</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27d</b>
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27e</b>
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27f</b>
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27g</b>
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 <b>Do not file this list with your return.</b> Do not include these grants in line 15					<b>27h</b>

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

**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>		<b>(a)</b> Affiliated group totals	<b>(b)</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— <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is—</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is—</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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>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>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) <b>▶</b>	Lobbying Expenditures During 4-Year Averaging Period				
	<b>(a)</b> 2005	<b>(b)</b> 2004	<b>(c)</b> 2003	<b>(d)</b> 2002	<b>(e)</b> 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		No	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)		No	
<b>c</b> Media advertisements		No	
<b>d</b> Mailings to members, legislators, or the public		No	
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .)			0

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



## TY 2005 Depreciation and Depletion Schedule

**Name:** CANCER WELLNESS HOUSE INC

**EIN:** 87-0568405

**Software ID:** 05000240

**Software Version:** v1.00

Asset	Amount
Capital Improve	6,299
Furniture	456

## TY 2005 Investments - Securities Schedule

**Name:** CANCER WELLNESS HOUSE INC

**EIN:** 87-0568405

**Software ID:** 05000240

**Software Version:** v1.00

Description	Book Value	Cost/FMV
Endowment-MS Funds	32,462	F
Reserves-MS Stock	16,116	F

**TY 2005 Land etc. Schedule****Name:** CANCER WELLNESS HOUSE INC**EIN:** 87-0568405**Software ID:** 05000240**Software Version:** v1.00

<b>Category/Item</b>	<b>Cost/Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>
Artwork	21,500	0	21,500
Furniture and Equipment	10,378	9,000	1,378
Leasehold Improvements	62,990	22,340	40,650

**TY 2005 Other Assets Schedule****Name:** CANCER WELLNESS HOUSE INC**EIN:** 87-0568405**Software ID:** 05000240**Software Version:** v1.00

<b>Description</b>	<b>Beginning of Year Amount</b>	<b>End of Year Amount</b>
Sales Tax Refund Receivable	242	637

## TY 2005 Other Changes in Net Assets Schedule

**Name:** CANCER WELLNESS HOUSE INC

**EIN:** 87-0568405

**Software ID:** 05000240

**Software Version:** v1.00

Description	Amount
In kind revenue	21,500

## TY 2005 Other Income Schedule

**Name:** CANCER WELLNESS HOUSE INC

**EIN:** 87-0568405

**Software ID:** 05000240

**Software Version:** v1.00

Description	2003	2002	2001	2000	Total
Realized Gain on Investments		3,053	0	0	

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Jill Angerbauer MPA 59 South 1100 East SALT LAKE CITY, UT 84102	Exec Director/CEO 40	50,996	10,315	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Dave Wirthlin 59 South 1100 East SALT LAKE CITY, UT 84102	Board Member 2	0	0	0
Lynn Trenbeath MS 59 South 1100 East Salt Lake City, UT 84102	Secretary 4	0	0	0
Doug Poole MBA 59 South 1100 East Salt Lake City, UT 84102	Board Member 2	0	0	0
Joseph E Hatch PC 59 South 1100 East Salt Lake City, UT 84102	Board Member 2	0	0	0
Bryan Blodgett 59 South 1100 East SALT LAKE CITY, UT 84102	Board Member 2	0	0	0
Carole Noel Barnard 59 South 1100 East SALT LAKE CITY, UT 84102	Board Member 2	0	0	0
Linda Kelley PhD 59 South 1100 East Salt Lake City, UT 84102	Board Member 2	0	0	0
Kirk Wessel PhD 59 South 1100 East Salt Lake City, UT 84102	Chairman 5	0	0	0
Ray Lynch MBA CPA 59 South 1100 East Salt Lake City, UT 84102	Board Member 2	0	0	0
Brian Dunn MHA 59 South 1100 East Salt Lake City, UT 84102	Board Member 2	0	0	0

**Additional Data****Software ID:** 05000240**Software Version:** v1.00**EIN:** 87-0568405**Name:** CANCER WELLNESS HOUSE INC**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> Insurance	<b>43a</b>	2,435	0	2,435	0
<b>b</b> Dues and Subscriptions	<b>43b</b>	287	0	247	40
<b>c</b> Miscellaneous	<b>43c</b>	1,164	122	1,022	20
<b>d</b> Bank Fees	<b>43d</b>	214	0	107	107
<b>e</b> Recognition	<b>43e</b>	945	0	531	414
<b>f</b> Contract Labor	<b>43f</b>	3,306	3,306	0	0
<b>g</b> Mileage	<b>43g</b>	43	43	0	0
<b>h</b> Programming Supplies	<b>43h</b>	2,745	2,745	0	0
<b>i</b> Non capitalized computer equipment	<b>43i</b>	1,262	1,262	0	0

990 Online Filers: Please fax completed and signed form to 866-699-3916

Form **8453-EO**

**Exempt Organization Declaration and Signature for Electronic Filing**

OMB No. 1545-1879

For calendar year 2005, or tax year beginning 1/1/2005 and ending 12/31/2005

**2005**

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**CANCER WELLNESS HOUSE INC**

Employer identification number

**87 0568405**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b whichever is applicable, blank (i.e. do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>\$125,806</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

**Part II Declaration of Officer**

I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(s).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2005 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here  11/09/06  
Signature of officer Date  
Lynn Trenbeath, Chairman  
Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EN Phone no. ( )

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code			EN Phone no. (801) 528-2882

*Victoria Bernier*, 11/9/06  
Victoria Bernier, Victoria Bernier CPA  
2552 E 6485 S, Cottonwood Heights, UT 84121