

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)

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 09-01, 2005, and ending 08-31, 2006

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: CANCER ASSISTANCE OF WILLIAMS CO INC
D Employer identification number: 34-1841966
E Telephone number: (419) 636-0079
F Accounting method: X Cash

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

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates?
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included?
H(d) Is this a separate return filed by an organization covered by a group ruling?
I Group Exemption Number
M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

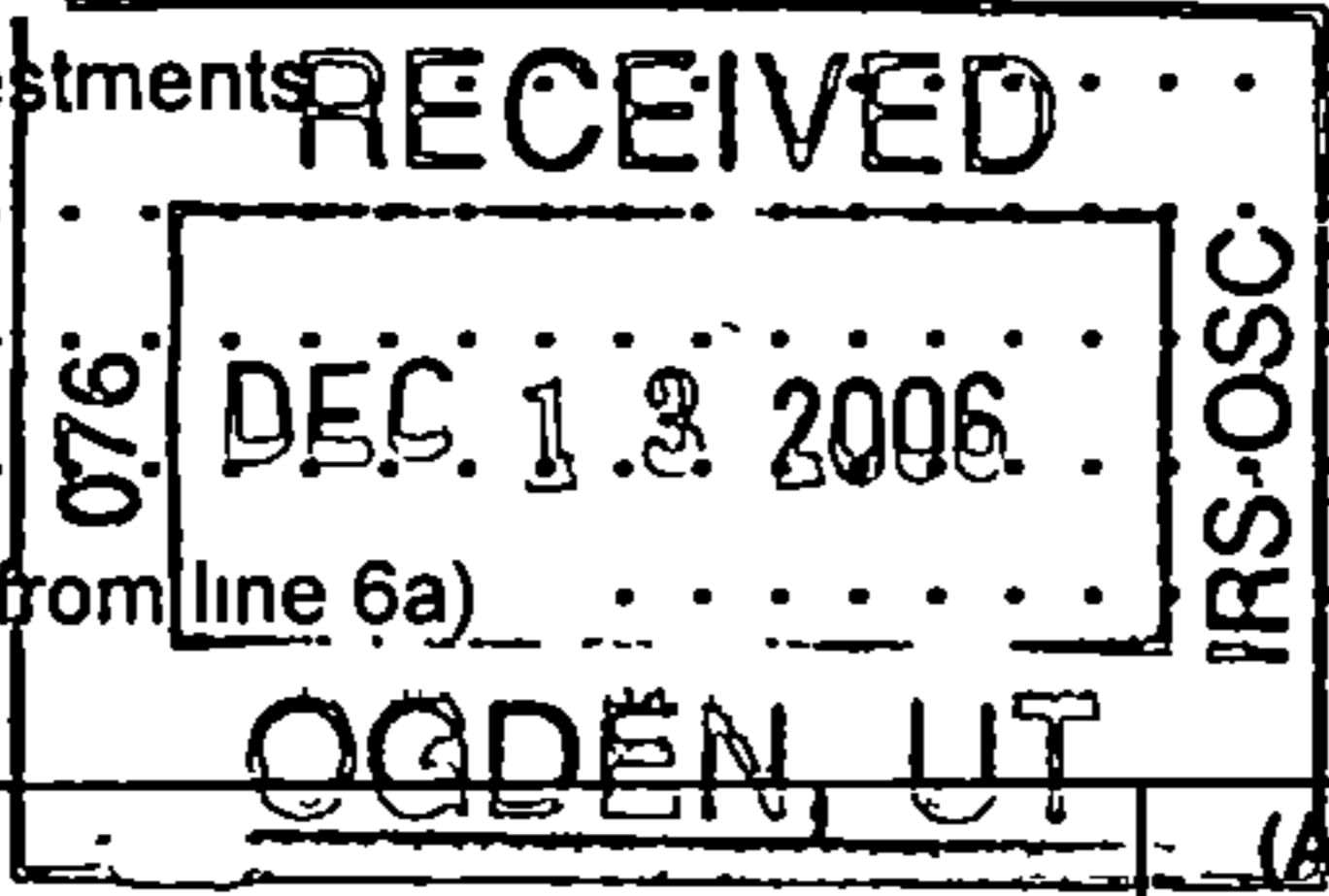
G Website:
J Organization type (check only one) X 501(c) (3) (insert no) 4947(a)(1) or 527

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 12 102,023

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

Table with columns for line number, description, and amount. Includes rows for Contributions (1), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-6c), Other investment income (7), Gross amount from sales of assets (8a-8d), Special events (9a-9c), Gross sales of inventory (10a-10c), Other revenue (11), Total revenue (12), Program services (13), Management and general (14), Fundraising (15), Payments to affiliates (16), Total expenses (17), Excess or deficit (18), Net assets at beginning (19), Other changes (20), Net assets at end (21).



SCANNED JAN 08 2006

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 \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22 | | | |
| 23 | Specific assistance to individuals (attach schedule) | 23 | 40,753 | 40,753 | |
| 24 | Benefits paid to or for members (attach schedule) | 24 | | | |
| 25 | Compensation of officers, directors, etc. | 25 | 14,197 | 14,197 | |
| 26 | Other salaries and wages | 26 | | | |
| 27 | Pension plan contributions | 27 | | | |
| 28 | Other employee benefits | 28 | | | |
| 29 | Payroll taxes | 29 | | | |
| 30 | Professional fundraising fees | 30 | | | |
| 31 | Accounting fees | 31 | | | |
| 32 | Legal fees | 32 | 350 | 350 | |
| 33 | Supplies | 33 | 1,832 | 1,832 | |
| 34 | Telephone | 34 | 642 | 642 | |
| 35 | Postage and shipping | 35 | 590 | 590 | |
| 36 | Occupancy | 36 | 2,224 | 2,224 | |
| 37 | Equipment rental and maintenance | 37 | | | |
| 38 | Printing and publications | 38 | 394 | 394 | |
| 39 | Travel | 39 | | | |
| 40 | Conferences, conventions, and meetings | 40 | | | |
| 41 | Interest | 41 | | | |
| 42 | Depreciation, depletion, etc (attach schedule) | 42 | | | |
| 43 | Other expenses not covered above (itemize): | | | | |
| a | TAXES | 43a | 75 | 75 | |
| b | INSURANCE | 43b | 500 | 500 | |
| c | | 43c | | | |
| d | | 43d | | | |
| e | | 43e | | | |
| f | | 43f | | | |
| g | | 43g | | | |
| 44 | Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 44 | 61,557 | 40,753 | 20,804 |

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 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) | | (B) | |
|---|---|--|--|-------------|---------|
| | | Beginning of year | | End of year | |
| A s s e t s | 45 | Cash - non-interest-bearing | 68,509 | 45 | 108,172 |
| | 46 | Savings and temporary cash investments | | 46 | |
| | 47 a | Accounts receivable | 47a | | |
| | b | Less allowance for doubtful accounts | 47b | 47c | |
| | 48 a | Pledges receivable | 48a | | |
| | b | Less allowance for doubtful accounts | 48b | 48c | |
| | 49 | Grants receivable | | 49 | |
| | 50 | Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| | 51 a | Other notes and loans receivable (attach schedule) | 51a | | |
| | b | Less allowance for doubtful accounts | 51b | 51c | |
| | 52 | Inventories for sale or use | | 52 | |
| | 53 | Prepaid expenses and deferred charges | | 53 | |
| | 54 | Investments - securities (attach schedule) | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54 | |
| | 55 a | Investments - land, buildings, and equipment, basis | 55a | | |
| | b | Less accumulated depreciation (attach schedule) | 55b | 55c | |
| | 56 | Investments - other (attach schedule) | | 56 | |
| | 57 a | Land, buildings, and equipment basis | 57a | | |
| | b | Less accumulated depreciation (attach schedule) | 57b | 57c | |
| | 58 | Other assets (describe <input type="checkbox"/>) | | 58 | |
| 59 | Total assets (must equal line 74) Add lines 45 through 58. | 68,509 | 59 | 108,172 | |
| L i a b i l i t i e s | 60 | Accounts payable and accrued expenses | | 60 | |
| | 61 | Grants payable | | 61 | |
| | 62 | Deferred revenue | | 62 | |
| | 63 | Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64 a | Tax-exempt bond liabilities (attach schedule) | | 64a | |
| | b | Mortgages and other notes payable (attach schedule) | | 64b | |
| | 65 | Other liabilities (describe <input type="checkbox"/>) | | 65 | |
| 66 | Total liabilities. Add lines 60 through 65 | | 66 | | |
| N e t A s s e t s o r F u n d B a l a n c e s | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | | |
| | 67 | Unrestricted | | 67 | |
| | 68 | Temporarily restricted | | 68 | |
| | 69 | Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input checked="" 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 | 68,509 | 72 | 108,172 |
| 73 | Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) | 68,509 | 73 | 108,172 | |
| 74 | Total liabilities and net assets / fund balances. Add lines 66 and 73 | 68,509 | 74 | 108,172 | |

Part VI Other Information (continued)

| | | Yes | No |
|-------------|--|------------|----|
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) | | |
| | 82b | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | X |
| 85 a | 501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members? | N/A | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | N/A | |
| | 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 | | |
| c | Dues, assessments, and similar amounts from members | | |
| | 85c | | |
| d | Section 162(e) lobbying and political expenditures | | |
| | 85d | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | | |
| | 85e | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | | |
| | 85f | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | N/A | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | N/A | |
| 86 a | 501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12 | | |
| | 86a | | |
| b | Gross receipts, included on line 12, for public use of club facilities | | |
| | 86b | | |
| 87 a | 501(c)(12) orgs Enter a Gross income from members or shareholders | | |
| | 87a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | |
| | 87b | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | N/A | |
| 89 a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____; section 4912 ▶ _____, section 4955 ▶ _____ | | |
| 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 | | X |
| | 89b | | |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | | |
| d | Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ _____ | | |
| 90 a | List the states with which a copy of this return is filed ▶ <u>OHIO</u> | | |
| b | Number of employees employed in the pay period that includes March 12, 2005 (See instructions) | 90b | |
| 91 a | The books are in care of ▶ <u>NANCY JOHNSON</u> Telephone no ▶ <u>419-636-0079</u> Located at ▶ <u>228 SOUTH MAIN ST BRYAN, OH</u> ZIP + 4 ▶ <u>43506</u> | | |
| 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)? | | X |
| | If "Yes," enter the name of the foreign country ▶ _____ | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the United States? | | X |
| | If "Yes," enter the name of the foreign country ▶ _____ | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | | |

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 | |
| 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 | | | | | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 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)) | | | | | |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | |

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) |
|----------|--|
| | |
| | |
| | |

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: *William J. Blomquist* Date: 11/19/06

Type or print name and title: *William J. Blomquist*

Paid Preparer's Use Only

Preparer's signature: *Patricia A Pool* Date: 11-16-2006 Check if self-employed:

Firm's name (or yours if self-employed) address, and ZIP + 4: Patricia A Pool, CPA, Inc. 05691 State Route 15 Bryan OH 43506

Preparer's SSN or PTIN (See Gen Inst W): P00025364 EIN: 34-1817971 Phone no: 419-636-8228

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

Department of the Treasury
Internal Revenue Service

Supplementary Information – (See separate instructions.)

2005

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

| | |
|--|---|
| Name of the organization CANCER ASSISTANCE OF WILLIAMS CO IN | Employer identification number 34-1841966 |
|--|---|

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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
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| | |
|--|--|
| 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 | | |
| | | |
| | | |
| | | |
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| | |
|--|--|
| 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 |
|---|---------------------|------------------|
| | | |
| | | |
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| | |
|--|--|
| 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) | 1 | X |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | | |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) | | |
| a | Sale, exchange, or leasing of property? | 2a | X |
| b | Lending of money or other extension of credit? | 2b | X |
| c | Furnishing of goods, services, or facilities? | 2c | X |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | X |
| e | Transfer of any part of its income or assets? | 2e | X |
| 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) | 3a | X |
| b | Do you have a section 403(b) annuity plan for your employees? | 3b | X |
| c | During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? | 3c | X |
| 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? | 4a | X |
| b | Do you provide credit counseling, debt management, credit repair, or debt negotiation services? | 4b | X |

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

- The organization is not a private foundation because it is (Please check only ONE applicable box)
- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
 - 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
 - 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
 - 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **0B**
 - 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 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 |
|---|----------|----------|----------|----------|-----------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants See line 28) | 68,565 | 21,334 | 22,350 | 16,695 | 128,944 |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose | 13,745 | 19,498 | 9,301 | 6,555 | 49,099 |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | | | | | |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge | | | | | |
| 22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets | | | | | |
| 23 Total of lines 15 through 22 | 82,310 | 40,832 | 31,651 | 23,250 | 178,043 |
| 24 Line 23 minus line 17 | 68,565 | 21,334 | 22,350 | 16,695 | 128,944 |
| 25 Enter 1% of line 23 | 823 | 408 | 317 | 233 | |

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ 26a

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 Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c

d Add: Amounts from column (e) for lines 18 _____ 19 _____
22 _____ 26b _____ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year

(2004) _____ (2003) _____ (2002) _____ (2001) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2004) _____ (2003) _____ (2002) _____ (2001) _____

| | |
|--|---------|
| c Add: Amounts from column (e) for lines 15 <u>128,944</u> 16 _____ 17 <u>49,099</u> 20 _____ 21 _____ ▶ 27c | 178,043 |
| d Add Line 27a total _____ and line 27b total _____ ▶ 27d | |
| e Public support (line 27c total minus line 27d total) ▶ 27e | 178,043 |
| f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f | 178,043 |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g | 100.00% |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h | % |

28 Unusual Grants: 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 Do not file this list with your return. Do not include these grants in line 15

Statement Summary
PART III LINE 2D

2005
STATEMENT 01

| | |
|--|----------------------------------|
| Name(s) shown on return CANCER ASSISTANCE OF WILLIAMS CO IN | Identifying Number 34-1841966 |
|--|----------------------------------|

SEE PART IV OF FORM 990EZ

Form 990 - Part V

| Name and address | Titles | Average Hrs | Compensation | (D) Contrib. | (E) Expense |
|---|---------------|-------------|--------------|--------------|-------------|
| BILL BRENNER 112 N DEFIANCE, STRYKER OHIO | PRESIDENT | 1 | 0 | 0 | 0 |
| BETTY SANDERS 310 NORTH ELM ST EDGERTON, OH | VICEPRESIDENT | 1 | 0 | 0 | 0 |
| MARLENE OXENDER 1101 W BROWN RD, MONTPELIER OH | SECRETARY | 1 | 0 | 0 | 0 |
| SUE ROBSON 10719 ST RT 15 MONTPELIER, OH | TREASURER | 1 | 0 | 0 | 0 |
| RAY GRAY 13153 CTY RD J MONTPELIER, OH | DIRECTOR | 1 | 0 | 0 | 0 |
| SHARON LUDWIG 11303 CO RD C, BRYAN OHIO | DIRECTOR | 1 | 0 | 0 | 0 |
| KAY STARK 113 JORDAN DR, BRYAN, OH | DIRECTOR | 1 | 0 | 0 | 0 |
| JEANNIE BOWLING EDON, OHIO 43518 | DIRECTOR | 1 | 0 | 0 | 0 |
| CONNIE JAQUES 106 FRANKLIN AVE, BRYAN, OH | DIRECTOR | 1 | 0 | 0 | 0 |
| NANCY JOHNSON 413 S PORTLAND BRYAN, OH | DIRECTOR | 18 | 923 | 0 | 0 |
| FRANCES DOUGHTEN 402 S WALNUT BRYAN, OH | SECRETARY | 12 | 1,669 | 0 | 0 |
| PEGGY LANTZ 106 LUMBEE LN MONTPELIER, OH | DIRECTOR | 21 | 9,890 | 0 | 0 |