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Short Form
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 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

A For the 2009 calendar year, or tax year beginning**, 2009, and ending****, 20****B Check if applicable**

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization, number and street, city, town, state, and ZIP code

Cancer Services Network, Inc

P O Box 2026
Abilene TX 79604-2026**D Employer identification number**

75-2794022

E Telephone number

325-672-0040

F Group Exemption Number

►

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

G Accounting method ☐ Cash ☒ Accrual
 Other (specify) ►

I Website: ► www.cancerservicesnetwork.org

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

J Tax-exempt status (check only one) ☒ 501(c)(3) ◀ (insert no) 4947(a)(1) or 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 383,021.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

(See the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	317,948.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	79.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (combine applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including 54,259. of contributions reported on line 1)	6a	64,994.
6b	Less direct expenses other than fundraising expenses	6b	14,773.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	50,221.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ►)	8		
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	368,248.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	138,703.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	129,973.
	13	Professional fees and other payments to independent contractors	13	4,500.
	14	Occupancy, rent, utilities, and maintenance	14	5,243.
	15	Printing, publications, postage, and shipping	15	2,154.
	16	Other expenses (describe ► SEE STMT)	16	28,705.
	17	Total expenses. Add lines 10 through 16	17	309,278.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	58,970.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	149,449.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	208,419.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	101,076.	22 108,161.
23 Land and buildings		23
24 Other assets (describe ► SEE STMT)	61,327.	24 109,127.
25 Total assets	162,403.	25 217,288.
26 Total liabilities (describe ► SEE STMT)	12,954.	26 8,869.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	149,449.	27 208,419.

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

Form 990-EZ (2009)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?	Help low-income cancer patients
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Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

28	Provide financial assistance to low-income patients by providing prescriptions, medical supplies & equipment, emergency funds, counseling & support (Grants \$ 138,703) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	261,819
29 (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)									
--	--	--	--	--	--	--	--	--	--

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed		
42a The organization's books are in care of <u>Cancer Services Network</u> Telephone no <u>325-672-0040</u> Located at <u>100 Chestnut, Ste 100 TX Abilene</u> ZIP + 4 <u>79602-</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)? 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.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46 - 49b and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
46		X
47		X
48		X
49a		X
49b		

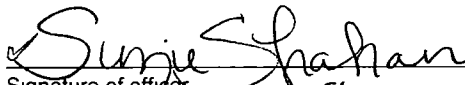
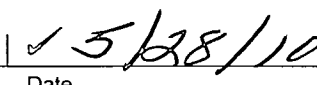
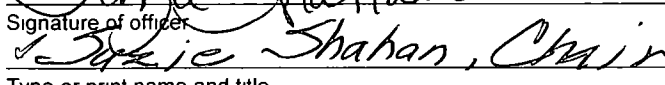
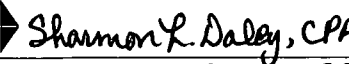
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

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.			
	 Signature of officer		 Date	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature	 Sharon L. Daley, CPA	Date	05/21/2010
	Firm's name (or yours if self-employed), address, and ZIP + 4	Borden Duffel PC 226 South Leggett Drive ABILENE TX 79605-		Check if self-employed <input type="checkbox"/> Preparer's identifying no. (See instr.) P00541889 EIN 75-2570775 Phone no 325-673-1040
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Cancer Services Network, Inc

Employer identification number

75-2794022

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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 exempt 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).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	

Total

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	81317.	125533.	157219.	304729.	317948.	986746.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	81317.	125533.	157219.	304729.	317948.	986746.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						986746.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	81317.	125533.	157219.	304729.	317948.	986746.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	857.	331.	760.	327.	79.	2354.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						989100.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.76 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.61 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10% facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10% facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box in line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Cancer Services Network, Inc

Employer identification number
75-2794022

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>FashionsCure</u> (event type)	(b) Event #2 <u>Rhnstn Rndup</u> (event type)	(c) Other Events <u>2</u> (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	64,994.	29,624.	24,635.	119,253.
	2 Less (Charitable contributions)		29,624.	24,635.	54,259.
	3 Gross revenue (line 1 minus line 2)	64,994.			64,994.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,773.			14,773.
	10 Direct expense summary Add lines 4 through 9 in column (d)				14,773.
	11 Net income summary Combine lines 3 and 10 in column (d)				50,221.

Part III

Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes 0.0% No	Yes 0.0% No	Yes 0.0% No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes No

9a

10a X

11 X

12 X

Schedule G (Form 990 or 990-EZ) 2009

	Yes	No
--	-----	----

13 Indicate the percentage of gaming activity operated in**a** The organization's facility

13a	0.00 %
------------	--------

b An outside facility

13b	0.00 %
------------	--------

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a		X
------------	--	---

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____**c** If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a		X
------------	--	---

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Schedule G (Form 990 or 990-EZ) 2009

Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	Special Assistance for Clients	
Donee's name	Various	
Donee,s address	Various	
Relationship	Clients	
FMV		138,703.
Book value		138,703.
Date of gift		12/2009

Detail Sheet

2009

Name: Cancer Services Network, Inc

ID: 75-2794022

Description: Part 1, Line 10 - Grants paid

[illegible]

US '990	Other Expenses			2009
Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
Office Expenses	4,454.			
Equipment Rental & Maintenance	2,679.			
Conferences, Coventions, Meetings	1,182.			
Insurance	1,400.			
Travel	3,461.			
Misc Fundraising Expenses	5,816.			
Miscellaneous Program Expenses	8,187.			
Miscellaneous Expenses	162.			
Depreciation	1,364.			
	28,705.			

US 990	Other Assets		2009
Description	Beginning of year book value	End of year book value	FMV
Office Equipment, Net Book Value	3,617.	4,120.	4,120.
Accounts Receivable - CPRIT	10,592.	17,067.	17,067.
Accounts Receivable - SheltonFamily		10,000.	10,000.
Prepaid Expenses	620.	649.	649.
Inventory	46,498.	77,291.	77,291.
	61,327.	109,127.	109,127.

US '990**Other Liabilities****2009**

Description	Beginning of year book amount	End of year book amount
Accounts Payable - Trade	9,908.	5,197.
Payroll Taxes Payable	1,676.	2,442.
Retirement Plan Contribtn Payable	1,370.	1,230.
	12,954.	8,869.

FYE: 12/31/2009

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Office Equipment												
1		Gateway Computer System	5/14/01	4,319.00	0.00	0.00	4,319.00	0.00	4,319.00	0.00	S/L	5.0
3		2 Shelving Units	12/03/02	599.98	0.00	0.00	521.40	78.58	599.98	0.00	S/L	7.0
4		1 Filing Cabinet	12/03/02	154.98	0.00	0.00	134.69	20.29	154.98	0.00	S/L	7.0
5		Assorted Office Equipment	8/15/03	750.00	0.00	0.00	571.41	107.14	678.55	71.45	S/L	7.0
6		Assorted Office Furniture	8/15/03	500.00	0.00	0.00	380.96	71.43	452.39	47.61	S/L	7.0
7		2 Dell Computers - Donated	8/15/05	1,200.00	0.00	0.00	820.00	240.00	1,060.00	140.00	S/L	5.0
8		HP Printer - Donated	8/15/05	800.00	0.00	0.00	546.67	160.00	706.67	93.33	S/L	5.0
9		Work Station & Chairs - Donated	8/15/05	210.00	0.00	0.00	102.50	30.00	132.50	77.50	S/L	7.0
10		Adobe Software - Donated	8/15/05	350.00	0.00	0.00	350.00	0.00	350.00	0.00	S/L	3.0
11		HP Photosmart Printer - Donated	12/30/07	167.76	0.00	0.00	33.55	33.55	67.10	100.66	S/L	5.0
12		Dell Server	10/17/07	2,431.29	0.00	0.00	567.30	486.26	1,053.56	1,377.73	S/L	5.0
13		IBM Net V isa Computer (Donated)	5/06/08	55.00	0.00	0.00	7.33	11.00	18.33	36.67	S/L	5.0
14		Toshiba Printer/Copier/Fax (Donate	7/09/08	142.00	0.00	0.00	14.20	28.40	42.60	99.40	S/L	5.0
15		Dell Latitude D600 Computer (Don	7/09/08	340.00	0.00	0.00	34.00	68.00	102.00	238.00	S/L	5.0
16		Phone System	12/15/09	1,500.00	0.00c	0.00	0.00	25.00	25.00	1,475.00	S/L	5.0
Office Equipment				13,520.01	0.00c	0.00	8,403.01	1,359.65	9,762.66	3,757.35		
Group: Office Furniture												
17		Office Furniture	12/01/09	367.00	0.00c	0.00	0.00	4.37	4.37	362.63	S/L	7.0
Office Furniture				367.00	0.00c	0.00	0.00	4.37	4.37	362.63		
Grand Total				13,887.01	0.00c	0.00	8,403.01	1,364.02	9,767.03	4,119.98		