Form **990**

Return C'Organization Exempt Fro... 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

2002

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.

ΑF	or the	200 <u>2 ca</u>	len	idar year, or tax year beginning	1	07/	01,2	002, and ending	0.6	6/30/2003
Вс	heck if applica	able: Plea	se	C Name of organization ANIMAI	CANCER FOUND	ATI	NC		DE	Employer identification number
	Address change	use I		C/O ROSSI, DOSKOCIL &	. co.				94	4-3342838
	Name cha	label inge print		Number and street (or P.O. bo	x if mail is not delivered	to stre	et address)	Room/suite	E 1	Telephone number
	Initial retu									
	Final retu	rn Speci		ONE WORLD TRADE CENTE	R.			2100	(5	562) 495-3325
	Amended return			City or town, state or country, a	nd ZIP + 4				F	Accounting Cash X Accrua
	Application pending	n tion	s.	LONG BEACH, CA 90831						Other (specify)
	_	•	Se	ction 501(c)(3) organizations and	4947(a)(1) nonexempt	chari	table	H and I are not app	licab	ole to section 527 organizations.
			tru	ists must attach a completed Sche	edule A (Form 990 or 9	90-EZ).	H(a) Is this a grou	p retu	ım for affiliates? Yes X N
G	Web site:	www	. A	CFOUNDATION.ORG				H(b) If "Yes," ente	r num	ber of affiliates
J	Organiza	tion type	(che	eck only one) ► X 501(c) (3) ◀ (insert no.) 4947(a)(1	1) or	527	H(c) Are all affiliate	es incl	luded? Yes N
	Check he			if the organization's gross receipts a		an \$25	5,000. The	1		st. See instructions.)
	organizati	ion need	not	file a return with the IRS; but if the o	•			H(d) Is this a separat organization co		by a group ruling? Yes N
				ile a return without financial data. Some st				I Enter 4-digit C	EN J	•
								M Check ▶		if the organization is not required
L	Gross red	ceipts: Ad	d lin	nes 6b, 8b, 9b, and 10b to line 12		189	,265.	to attach Sch	 . в (F	form 990, 990-EZ, or 990-PF).
Pa	rt i R	Revenue	, E	xpenses, and Changes in Net	Assets or Fund Balar	ices (See page	17 of the instru	ction	is.)
	1			ons, gifts, grants, and similar amount			· · · · · · · · · · · · · · · · · · ·		Τ	
	а			lic support		1a		123,431.		
	b			blic support				•	1	
	С			nt contributions (grants)		1. 1			1	
				es 1a through 1c) (cash \$ 12		\leftarrow)	1 d	123,431
	2			ervice revenue including governmer			rt VII, line 9	3)	2	
	3	-				<i>C</i> 1			3	
	4			savings and temporary cash investn	nents		PY		4	
	5			and interest from securities		U			5	74
	6 a			· · · · · · · · · · · · · · · · · · ·		6a				
	b			ll expenses		6b				
	С								6c	
e	7			stment income (describe	,)	7	
Revenue	8 a			ount from sales of assets other	(A) Securities		(B)	Other		
æ		than inv	en!	tory		8a	•		7	
	b			or other basis and sales expenses		8b			7	
	C	Gain or	(los	ss) (attach schedule)		8 c			1	
	d	Net gair	` n or	r (loss) (combine line 8c, columns (A)	and (B))				8d	
	9	Special	eve	ents and activities (attach schedule)						
	а	Gross r	eve	enue (not including \$	of					
				ns reported on line 1a)		9a		65,760.		
	b			ct expenses other than fundraising ex				29,817.		
				e or (loss) from special events (subtr					9с	35,943
	10 a			es of inventory, less returns and allowa		10a				
	b			of goods sold		10b				
	С			it or (loss) from sales of inventory (10b from lir	ne 10a)	10c	
	11			nue (from Part VII, line 103)					11	T
	12			enue (add lines 1d, 2, 3, 4, 5, 6c, 7					12	159,448
	13	Program services (from line 44, column (B))							13	
es	14			ent and general (from line 44, column					14	
Expenses	15	_		g (from line 44, column (D))					15	
ă. X:	16			to affiliates (attach schedule)					16	
ш	17	-		enses (add lines 16 and 44, column					_	
yı	18			(deficit) for the year (subtract line 17		_				
set	19			or fund balances at beginning of ye	j i				19	
Net Assets	20			nges in net assets or fund balances (
Ne.	21			or fund balances at end of year (co						

F			tions must complete column 4947(a)(1) nonexempt char			rr(c)(3) and (4) organizations istructions.)
	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)	925,01 %		Services	and general	
	(cash \$	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	43,077.	32,308.	8,615.	2,154
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	3,973.		3,973.	
32	Legal fees	32				
33	Supplies	33	1,913.		1,913.	
34	Telephone	34	2,751.	1,651.	550.	550
35	Postage and shipping	35	746.	560.	149.	37
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38	23,617.	16,532.		7,085
39	Travel	39	496.	496.		
40	Conferences, conventions, and meetings .	40				
41	Interest	41	29.		29.	
42	Depreciation, depletion, etc. (attach schedule)	42			<u>.</u>	
43	Other expenses not covered above (itemize): 8 TMT 3	43a	48,343.	43,149.	3,638.	1,556
ŧ	·	43b				
(` <u></u>	43c	· · · · —			
•	<u> </u>	43d				
		43e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	124,945.	94,696.	18,867.	11,382.
Joi	nt Costs. Check ▶ if you are follow					
	any joint costs from a combined educational					
If "Y	es," enter (i) the aggregate amount of these jo	int co	sts\$; (ii) the amount allocated	ated to Program services	\$
	the amount allocated to Management and gen			; and (iv) the amount a		
Pa	art III Statement of Program Ser	vice	Accomplishment	t s (See page 24 o	f the instructions.)	Program Service
Wh	at is the organization's primary exempt purpose	? ▶	STMT 4			Expenses
of	organizations must describe their exempt p clients served, publications issued, etc. Disc anizations and 4947(a)(1) nonexempt charita	uss	achievements that are r	not measurable. (Sectio	n 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
						otileis.)
а	<u>STMT_5</u>					
			(Grants a	ind allocations \$		94,696.
b	STMT 5		(Orano o			
_	2				*	
			(Grants a	ind allocations \$)	
С	STMT 5				. ,	
•	z					
			Grants a	ind allocations \$)	
d	STMT 5					
-	ZZYZ_Z					
•						
			(Grants a	nd allocations \$)	
е	Other program services (attach schedule))		ind allocations \$)	
f	Total of Program Service Expenses (sho					94,696.
1020 1			,			Form 990 (2002)

P	art l	V Balance Sheets (See page 24 of the instructions.)			
1	Note:	Where required, attached schedules and amounts within the description	(A)		(B)
_		column should be for end-of-year amounts only.	Beginning of year		End of year
	45	Cash - non-interest-bearing	63,574.	45	98,007
	46	Savings and temporary cash investments	511.	46	581
		Accounts receivable			
	b	Less: allowance for doubtful accounts		47c	
		Pledges receivable			
	l .	Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
Assets	50	Receivables from officers, directors, trustees, and key employees			
	510	(attach schedule)		50	
	Jia	schedule)			
	h	Less: allowance for doubtful accounts		51c	
		Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	·
	54	Investments - securities (attach schedule) STMT .6. ▶ Cost x FMV	8,790.		8,750.
		Investments - land, buildings, and			<u> </u>
		equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule)		55c	
	56	Investments - other (attach schedule)		56	
		Land, buildings, and equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule)		57c	
	58	Other assets (describe ▶)		58	
		T (1 () () () () () () () () ()			
	59 60	Total assets (add lines 45 through 58) (must equal line 74) · · · · · · · ·	72,875.		107,338.
	61	Accounts payable and accrued expenses		60	
	62	Grants payable		62	
ý	!	Loans from officers, directors, trustees, and key employees (attach		02	
ij		schedule)		63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)		64a	
Ï		Mortgages and other notes payable (attach schedule)		64b	
		Other liabilities (describe ▶)		65	
		· · · · · · · · · · · · · · · · · · ·			
	66	Total liabilities (add lines 60 through 65)		66	· · · · · · · · · · · · · · · · · · ·
	Orga			7	
		67 through 69 and lines 73 and 74.		2	
ës	67	Unrestricted	72,875.	67	107,338.
an	68	Temporarily restricted		68	
Bal	69	Permanently restricted		69	
Fund Bala	Orga	nizations that do not follow SFAS 117, check here ▶ and complete lines 70 through 74.			
	70	Capital stock, trust principal, or current funds		70	
ō	71	Paid-in or capital surplus, or land, building, and equipment fund		71	-
ets	72	Retained earnings, endowment, accumulated income, or other funds		72	
ASS	73	Total net assets or fund balances (add lines 67 through 69 or lines			
ŧ	• •	70 through 72;			
Z		column (A) must equal line 19; column (B) must equal line 21)	72,875.		107,338.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		74	107,338

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.

2000	Λ
2200	-4

	i IV-A	Reconcil Financia Return (S	iation of Rever I Statements w See page 26 of	nue /ith the	per Audited Revenue per instructions.)		Pai	rt IV-B	Reco Finan Retur	nciliatio Icial Sta In NOT	n of Expense tements with APPLICAB	es po 1 Ex LE	er Audi penses	ted per
		nue, gains,	and other suppor	t			a		-		osses per	$ \ \ $		
			statements								nts ▶	a		
			line a but not on								a but not			
	ne 12, Fo					1		on line 1		1 990:				
		-	T APPLICABL	E			(1)	Donated		- •				
				-			(2)	and use		-				
. ,	onated ser						(2)	Prior yea	-					
				-				reported						
	ecoveries (•					(2)			. \$				
				-		1	(3)	Losses re	•	\$				
(4) (1	ther (speci	ту):					(4)	Other (sp		3				
_		s]	(4)	Other (sp	cony).					
A	dd amoui	nts on lines	(1) through (4)	-		1		-		_ \$				
, ,,			(1)					Add amo	unts on li	— <u>* </u>	ough (4) ▶	ь		
: Li	ne a mini	us line b		▶										
		ncluded on								ed on line		\Box		
		but not on								ot on line				
(1) In:	vestment	expenses					(1)	Investme	nt expens	ses				
	t included					1		not includ	ded on lir	ne				
6b	, Form 99	90 \$						6b, Form	990	.\$				
	ther (speci			-			(2)	Other (sp	ecify):					
										_				
_		\$		_		ļ				_ \$				
Ad	dd amoui	nts on lines	(1) and (2) •	► d				Add ame	ounts or	n lines (1)	and (2) ▶	d		
e To	otal rever	nue per line	12, Form 990				е	Total ex	penses	per line 1	7, Form 990	!		
(li	ne c plus	line d) · ·	<u>)</u>	<u> </u>	<u> </u>						· · · · · • <u></u>			
Part		t of Office instructions		Tru	stees, and Key	y Em	ploy	/ees (Lis	t each o	one even	if not compe	nsate	ed; see	page 26
		(A) Name a						d average er week		npensation paid, enter	(D) Contribution			Expense nt and other
		(A) Name a						position		-0)	deferred comper	sation		owances
SEE	STATEM	ENT 7								43,077	0-		-0-	
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	-		_		ee receive aggrega hich more than \$10						-		Yes	X No
	-		e - see page 26 of th			0,000	was	proviu c a D	y u ie i eid	ica organiz	auono!		162	LA NO
11	. 55, all	ZOIT GOTTGUUTE	. 555 page 20 of th	۱۱۱۱ پ.										
											· ·, ···-	··· ·····	Form	990 (20

	m 990 (2002) 94 `42838			⊃age 5
Pa	ort VI Other Information (See page _/ of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		_X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78a	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
ı	b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/	A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
8 O 8	a Is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X_
ŀ	o If "Yes," enter the name of the organization▶			
	and check whether it is exempt or nonexempt.			
81 a	a Enter direct or indirect political expenditures. See line 81 instructions			
	bild the organization file Form 1120-POL for this year?	81b	N/	Α
82a	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?	82a	<u> </u>	
ŧ	o 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.)			
	a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	o Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
	a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
t	olf "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible?	84b	N/	
	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/.	
ł	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	Α
	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.			
	Dues, assessments, and similar amounts from members			
	d Section 162(e) lobbying and political expenditures			
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	0.5.	NT /	
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	Α
ł	n If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable	056	NT /	
•	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	F.
	or North Sign Enter a minaral root and capital containing the sign of the sign			
	b Gross receipts, included on line 12, for public use of club facilities			
	o Gross income from other sources. (Do not net amounts due or paid to other			
•	sources against amounts due or received from them.) 87b N/A			
ΩΩ	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
00	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	88		x
89:	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
00.	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
i	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	89b		x
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	002	-	
,	sections 4912, 4955, and 4958		N/A	
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A	
	a List the states with which a copy of this return is filed ▶CALIFORNIA		/ ===	
	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	0	
	The books are in care of DR. GERRY POST Telephone no.			
3 I	Located at ► 252 7TH AVENUE, #8S NY NY ZIP + 4 ► 10001	<u>, ,,</u>		
0.2	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here			T
3 Z	and enter the amount of tax-exempt interest received or accrued during the tax year			ONE
	and office and amount of tax oxomips interest received of decided during the tax year.			

orm 990 (2002)					94	342838			Page 6
	nalysis of Income-Pro	ing Activit	ties (See pag	e 31 of the	instruc	າວີ.)			
	s amounts unless otherwise		lated business in			section 512, 513, or	514	(E)	
ndicated.	s amounts unless otherwise	(A)	(B)		(C)		<u>~: </u>	Related o	•
		Business	Amoun	ıt E	xclusion code	(D) Amount		exempt fund income	
93 Program s	ervice revenue:	code			Couc			nicome	
a				-		· · · · · · · · · · · · · · · · · · ·			
b									
С									
d									
"									
	ledicaid payments			<u></u>					
	, ,								
-	ontracts from government agencies.								
4 Membersh	nip dues and assessments								
35 Interest on s	evings and temporary cash investments •						_		
6 Dividends	and interest from securities				14	7	4.		
7 Net rental	income or (loss) from real estate:								
a debt-finan	ced property						ľ		
	nanced property								
	• •								
	come or (loss) from personal property								
99 Other inve	estment income								
0 Gain or (loss) from sales of assets other than inventory								
1 Net incom	e or (loss) from special events .							3	<u> 35,943</u>
2 Gross profi	t or (loss) from sales of inventory								
Other reve	enue: a			1					
							-		
d									
е									
	add columns (B), (D), and (E))					·····································	4.		35,943.
05 Total (add	l line 104, columns (B), (D), and (E				. .			3	36,017.
▼ of	the organization's exempt purpos	ses (other th	ian by providing to	unds for such	purposes)				
Part IX In	formation Regarding Taxa	hla Subsi	diaries and D	ierogardo	d Entitio	s (See nage 32 o	f the i	nstructions)	
art IA	(A)	nie Subsi	(B)	1 .	C)	(D)	1 1 1		·
	e, address, and EIN of corporation,		Percentage of	Nature o	f activities	Total income	.	(E) End-of-ye	ear
p	artnership, or disregarded entity		ownership interest	 				assefs	
			%						
			%						
			%						
			%						
Part X In	formation Regarding Trai	sfers Ass	sociated with	Personal	Benefit (Contracts (See page	ae 33	of the instructi	ions.)
	ganization, during the year, rece								x No
	organization, during the year, rece							Yes	
• •	- ·				on a per	Sorial Deficit Contra	ici:	163	X No
Note: If "Yes	" to (b), file Form 8870 and Fo	orm 4720 (see instructions	<u>3). </u>			4	th - h t - f l	
	Under penalties of perjury, I declar and belief, it is true, correct, and	ire that I have complete. De	examined this retur	n, including acc er (other than of	companying ficer) is base	schedules and statements ed on all information of whi	s, and to ch prepa	tne best of my knowle arer has any knowle	owieage edge.
Please				•	,				
						i i			
Sign	Signature of officer					Date			
lere									
	Tune or print name and title					 			
	Type or print name and title.			TET		0	1	-d- 00N 0701/0	- 0 1- : 14
	Preparer's			Date	¥	Check if self-	Prepare	er's SSN or PTIN (See	e Gen. Inst. V
Paid	signature		<u> </u>	04	/20/20		PC	0132331	
reparer's	Firm's pame (or yours ROS	SI, DOS	KOCIL & FI	NKELSTE	N LLP	EIN ▶	95	-4091474	
Jse Only	Filling thattie (or yours		TRADE CENT		re 210	O Phone			
	address and ZID + 4	G BEACH			9083		5.6	52-495-332	25
SA	LON	חשמנו	,		200				200 (2002)