

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2001

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 2001 calendar year, or tax year beginning 07/01, 2001, and ending 06/30/2002

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 ANIMAL CANCER FOUNDATION

C/O ROSSI, DOSKOCIL & CO.

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

ONE WORLD TRADE CENTER

2100

City or town, state or country, and ZIP + 4

LONG BEACH, CA 90831

D Employer identification number

94-3342838

E Telephone number

(562) 495-3325

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).

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 Enter 4-digit GEN ▶

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

G Web site: ▶

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 116,208.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	101,073.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 101,073. noncash \$)	1d	101,073.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	
	5	Dividends and interest from securities		5	163.
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe ▶)		7		
8a	Gross amount from sales of assets other than inventory		(A) Securities		(B) Other
	Less: cost or other basis and sales expenses		8a		
	Gain or (loss) (attach schedule)		8b		
	Net gain or (loss) (combine line 8c, columns (A) and (B))		8c		
8d			8d		
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ of contributions reported on line 1a)		9a		
b	Less: direct expenses other than fundraising expenses		9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	14,972.	
10a	Gross sales of inventory, less returns and allowances		10a		
b	Less: cost of goods sold		10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c		
11	Other revenue (from Part VII, line 103)		11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	116,208.	
Expenses	13	Program services (from line 44, column (B))		13	105,944.
	14	Management and general (from line 44, column (C))		14	7,182.
	15	Fundraising (from line 44, column (D))		15	5,650.
	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses (add lines 13 and 14, column (A))		17	118,776.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	-2,568.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	77,584.
	20	Other changes in net assets or fund balances (attach explanation) STMT 2.		20	-2,141.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	72,875.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2001)

Part II Statement of Functional Expenses

A. 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 Specific Instructions on page 21.)

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 \$ _____)	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	NONE			
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				
33 Supplies	33	523.		523.	
34 Telephone	34	1,739.	1,594.	100.	45.
35 Postage and shipping	35	538.	522.	16.	
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	272.	272.		
39 Travel	39	466.	466.		
40 Conferences, conventions, and meetings	40				
41 Interest	41	29.		29.	
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize): STMT 3	43a	115,209.	103,090.	6,514.	5,605.
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	118,776.	105,944.	7,182.	5,650.

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 Specific Instructions on page 24.)

What is the organization's primary exempt purpose? **STMT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a STMT 5		
(Grants and allocations \$ _____)		10,000.
b STMT 5		
(Grants and allocations \$ _____)		25,000.
c STMT 5		
(Grants and allocations \$ _____)		20,000.
d STMT 5		
(Grants and allocations \$ _____)		50,944.
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		105,944.

Part IV Balance Sheets (See Specific Instructions on page 24.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	66,255.	45	63,574.
	46 Savings and temporary cash investments	398.	46	511.
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a 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	
	51a 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 checked="" type="checkbox"/> STMT 6. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	10,931.	54	8,790.
	55a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation (attach schedule)	57b	57c		
58 Other assets (describe ►)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	77,584.	59	72,875.	
Liabilities	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	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
65 Other liabilities (describe ►)		65		
66 Total liabilities (add lines 60 through 65)		66		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	77,584.	67	72,875.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19; and column (B) must equal line 21).	77,584.	73	72,875.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	77,584.	74	72,875.

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.

Part IV-B	Recon	dition of Expenses per Audited
	Financial	Statements with Expenses per
	Return	

a Total revenue, gains, and other support per audited financial statements . . . ▶	a	a Total expenses and losses per audited financial statements ▶	a
b Amounts included on line a but not on line 12, Form 990: (1) Net unrealized gains on investments . . \$ _____ (2) Donated services and use of facilities \$ _____ (3) Recoveries of prior year grants \$ _____ (4) Other (specify): _____ \$ _____ Add amounts on lines (1) through (4) ▶	b	b Amounts included on line a but not on line 17, Form 990: (1) Donated services and use of facilities \$ _____ (2) Prior year adjustments reported on line 20, Form 990 \$ _____ (3) Losses reported on line 20, Form 990 \$ _____ (4) Other (specify): _____ \$ _____ Add amounts on lines (1) through (4) . . ▶	b
c Line a minus line b ▶	c	c Line a minus line b ▶	c
d Amounts included on line 12, Form 990 but not on line a : (1) Investment expenses not included on line 6b, Form 990 . . . \$ _____ (2) Other (specify): _____ \$ _____ Add amounts on lines (1) and (2) ▶	d	d Amounts included on line 17, Form 990 but not on line a : (1) Investment expenses not included on line 6b, Form 990 . . . \$ _____ (2) Other (specify): _____ \$ _____ Add amounts on lines (1) and (2) . . ▶	d
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e

[illegible]

☐ Yes ☒ No

structions on page 27.)

Yes	No
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Form **990** (2001)

g Activities (See Specific Instructions on page 32.)

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

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	
		14	163.	
541700	14,972.			
	14,972.		163.	

105	Total (add line 104, columns (B), (D), and (E))	15,135.
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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).

(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
	%			
	%			
	%			
	%			

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Yes	X	No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Yes	X	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 _____

Type or print name and title. _____

**Paid
Preparer's
Use Only**

Preparer's signature 	Date	Check if self-employed  <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
Firm's name (or yours if self-employed), address, and ZIP + 4 	<u>ROSSI, DOSKOCIL & FINKELSTEIN LLP</u>		EIN  <u>95-4091474</u>
	<u>ONE WORLD TRADE CENTER, SUITE 2100</u>		Phone no.  <u>562-495-3325</u>
	<u>LONG BEACH, CA</u>	<u>90831</u>	