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Form **990-EZ**

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)

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

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

		e 2 <u>009 c</u> al	lendar year, or tax year beginning and ending			
B CI	heck if	e Please	C Name of organization D Emp	loyer i	dentification number	
	Addres				22222	
	Name change	print or type	<u> </u>		388093	
<u></u>	Preturn See Number and Street (or P. 0. box, it mains not delivered to street address) Nothingstite L. Freephone number					
	Terminated				277-9849	
_	Ameni return			-	mption	
	Applica pending			nber 🕨		
	• Sect	tion 501(c)((3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting m Other (specify		X Casii Acciuai	
		. N. T.TT.T			ha organization is not	
			W. CURINGKIDSCANCER. ORG H. Check ► L. (check park and any park any p		he organization is not lule B (Form 990, 990-EZ, or 990-PF)	
			(check only one) — X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 required to attach the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more			
K U	heck 🎚		orm 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.	шан фа	:0,000. A FOITH 550-EZ 01	
	dd line		nd 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	420,866.	
	rt I	Rever	nue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions	for Pa	rt I.)	
<u> </u>		ــــــــــــــــــــــــــــــــــــــ	ins, gifts, grants, and similar amounts received	1	255,354.	
			ervice revenue including government fees and contracts	2	111,337.	
ļ		-	p dues and assessments	3		
	4	Investment	'	4	176.	
	-		unt from sale of assets other than inventory 5a			
9			or other basis and sales expenses 5b			
2010	C	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
9	6	Special eve	ents and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here			
@	а	Gross reve	nue (not including \$ 161,780. of contributions			
		reported or				
	b	Less: direc	t expenses other than fundraising expenses 6b 56,725.			
	C	Net income	e or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-2,726.	
2	7a	Gross sales	s of inventory, less returns and allowances 7a			
Ž			of goods sold 7b		-	
SCANNED DECORE	C	Gross profi	et or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
D	8		nue (describe)	8		
			nuerAdd Imes-1\2/3-4.3c, 6c, 7c, and 8	9	364,141.	
	10	1 1	similar amounts-paid (attach schedule) STMT 4	10	230,200.	
		Benefits pa	id to or for members	11	40 500	
Expenses	12		her compensation, and employee denefits	12	48,529. 2,084.	
eu	13	Profession	al fees and other payments to independent contractors	13	2,004.	
EX	14	Occupancy	r, rent; vtilities and vinantenance	14 15	808.	
			ublications, postage, and shipping nses (describe ► SEE STATEMENT 1)	16	53,254.	
	17	•	nses Add lines 10 through 16	17	334,875.	
			(deficit) for the year (Subtract line 17 from line 9)	18	29,266.	
its	19		or fund balances at beginning of year (from line 27, column (A))		25/2001	
SSE	13		e with end-of-year figure reported on prior year's return)	19	63,271.	
Net Assets	20	, -	iges in net assets or fund balances (attach explanation)	20		
ž	21		or fund balances at end of year. Combine lines 18 through 20	21	92,537.	
	rt II	1	ce Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 99			
			(See the instructions for Part II.) (A) Beginning of year		(B) End of year	
22	Cas	h, savings.	and investments 78,271	. 22	109,323.	
23		d and buildi		23		
24		er assets (d	escribe SEE STATEMENT 2) 0		10,000.	
25		al assets	78,271		119,323.	
26	Tota	al liabilities	s (describe ► <u>SEE STATEMENT 3</u>) 15,000		26,786.	
27	Net	assets or fu	und balances (line 27 of column (B) must agree with line 21) 63, 271	. 27	92,537.	
9321	71	LHA F	or Privacy Act and Paperwork Reduction Act Notice see the senarate instructions		Form 990-EZ (2009)	

Forr	m 990-EZ (2009) CURING KIDS CANCER, INC			20-	33880	93 Page 2
Pa	art III Statement of Program Service Accomplish	ments (See the instructions for	Part III.)		Ex	penses
Wha	nat is the organization's primary exempt purpose?TO FUND PED]	TATRIC CANCER RE	SEARCH		1 ' '	r section 501(c)(3)
Des	scribe what was achieved in carrying out the organization's exempt	t purposes. In a clear and conc	ise manner, descri	be) organizations and 7(a)(1) trusts, optional
	e services provided, the number of persons benefited, and other rel				for others)	
28	SEE STATEMENT 6					
					•	
	(Grants \$ 230, 200.) If this amount includes fore	eign grants, check here	•		28a	296,320.
29						
	(Grants \$) If this amount includes fore	ion grants, check here	•		29a	
30	Tordino V					
•		·				
		 				
	(Grants \$) If this amount includes fore	ugn grants, check here	•		30a	
21	Other program services (attach schedule)	ign grants, check here		<u> </u>	004	
31	(Grants \$) If this amount includes fore	wan grante check here			31a	
22	Total program service expenses (add lines 28a through 31a)	agn grants, check here			32	296,320.
	Part IV List of Officers, Directors, Trustees, and Ke	ev Employees, List each one an	ven if not compensated if	(See the		
	alt IV List of Chicolo, Bilostolo, Flactoco, and to	List each one ev	er i not compensated (i .	ntributions	GT at (14)
		(b) Title and average hours	(c) Compensation		mployee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0-)		eferred	other allowances
	CATABLE OUTEN	DDEGIDENM		COM	pensation	
	RAINNE OWEN	PRESIDENT	26 125		0	_
_	250 VIENNA WAY, MARIETTA, GA 30062		26,125.		0.	0.
	LAY OWEN	SECRETARY			•	
	250 VIENNA WAY, MARIETTA, GA 30062		0.		0.	0.
_	RETCHEN ANDERSON	TREASURER			•	
	<u>250 VIENNA WAY, MARIETTA, GA 30062</u>		0.		<u> </u>	0.
	AUL M. GOUIN	DIRECTOR	_		_	_
	<u>250 VIENNA WAY, MARIETTA, GA 30062</u>		0.		0.	0.
_	HRISTIANNE RATTE	DIRECTOR				
42	<u>250 VIENNA WAY, MARIETTA, GA 30062</u>		4,195.		<u> </u>	0.
<u>BC</u>	O WILKINS	DIRECTOR				
42	<u>250 VIENNA WAY, MARIETTA, GA 30062</u>	2.00	0.		0.	0.
DF	R. JOHN BERSAGEL, M.D., 5455	DIRECTOR				
ME	ERIDIAN MARK DRIVE, ATLANTA, GA	2.00	0.		0.	0.
CF	HRIS ARENA	DIRECTOR				
42	250 VIENNA WAY, MARIETTA, GA 30062		0.		0.	0.
TC	ONY CARTER	DIRECTOR				
42	250 VIENNA WAY, MARIETTA, GA 30062		0.		0.	0.
JZ	AMIE SIMS	DIRECTOR				_
	250 VIENNA WAY, MARIETTA, GA 30062		0.		0.	0.
_	AVID HAIGHT	DIRECTOR				
_	250 VIENNA WAY, MARIETTA, GA 30062	2 2.00	0.		0.	0.
_	EFF WHITNEY	DIRECTOR				
42	250 VIENNA WAY, MARIETTA, GA 30062	2.00	0.		0.	0.
				[

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932	2172 -08-10			l	Form	990-EZ (2009)
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Pa	Other information (Note the statement requirements in the instructions for Part V)		Yes	No
22	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	103	X
33	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
34	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
35	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
a	and proxy tax requirements?	35a		х
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000	11/	
36	complete applicable parts of Sch. N	36		х
97.	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37Ь		х
	Did the organization her form 1720-1 of this year. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made.	0.0		
JUA	in a prior year and still outstanding at the end of the period covered by this return?	38a		х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
704	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •			
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		Х
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 • O .			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	1	1 1	
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. > GA			
42 a	The organization's books are in care of ► CURING KIDS CANCER, INC. Telephone no. ► 678-27	<u>7-9</u>	<u>849</u>	
	Located at ► 4250 VIENNA WAY, MARIETTA, GA ZIP+4 ► 3	<u>006</u>	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		r	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b	\sqcup	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 U.S.?	42c	Ш	X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	/-		Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	·	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	\vdash	<u> X</u>
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		(2222)
		rorm 9	90-FZ (C/UU91

Form 990-EZ (2009) CURING KIDS CANCER, INC. 20-3388093 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 Yes No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public 46 X 46 office? If "Yes," complete Schedule C, Part I Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 47 is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X 49b b If "Yes," was the related organization a section 527 organization? 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." (d) Contributions (b) Title and average hours (c) Compensation (e) Expense to employee (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position deferred other allowances compensation NONE Total number of other employees paid over \$100,000 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." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 d this return, including accompanying schedules and statements, and to the best of my knowledge and belief, in officer) is based on all information of which preparer has any knowledge Sign Here PRESIDENT Date Check if self-Paid Preparer's signature Preparer's identifying number (See instr.) employed Preparer's Use Only

STE. 325

TILLER

30342

780 JOHNSON FERRY RD.,

MOORE STEPHENS

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2009)

404-256-1606

X Yes

EIN >

Phone >

Firm's name (or yours

if self-employed). address, and ZIP + 4

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 trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

lame of	the organizati	on						E	mployer id	dentificati	on nu	mber
		CURING	KIDS CANCER,	INC.					20	-3388	093	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	t) See inst	tructions.				
he orgar	nization is not a	private foundation	because it is (For lines 1	through 1	1, check	only one b	oox.)					
1 🔲	A church, cor	nvention of churches	s, or association of chur	ches desci	nbed in se	ction 170	(b)(1)(A)(i)	١.				
2 🔲	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🔲	A hospital or	a cooperative hospi	tal service organization of	described i	n section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pıtal descr	ibed in se	ection 170	(b)(1)(A)(i	ii). Enter th	e hospital	's nam	ne,
. —	city, and stat	-							•			
5	•		benefit of a college or ur	niversity ov	vned or op	erated by	a governi	mental un	ıt describe	d in		
-	-	(b)(1)(A)(iv). (Comple		•	·	•	_					
6 🗀			ent or governmental unit	t described	l in sectio	n 170(b)(1)(Δ)(v)					
7 🗓			eives a substantial part					r from the	e general o	ublic desc	ribed i	ın
, 4	-	b)(1)(A)(vi). (Comple		or no oupp	011 11 0111 4	goronini	onical come c		y goriora. p	abc		
8 🗀			ection 170(b)(1)(A)(vi).	(Complete	Part II \							
9 🗔	-		eives (1) more than 33 1			rom contri	ibilitions m	nomhersh	in fees and	d aross rea	reints	from
5	•	•	nctions - subject to certa							-		
		•	axable income (less sect	-						_		
		509(a)(2). (Complete		ion o i i ta	A) 110111 Du	311103303	acquired b	y the erge	arnzadori ai	itor ourie o	0, 107	•
10 🗀			perated exclusively to te	st for nubli	c safety S	See sectio	n 509(a)(4	11				
11 🗔	•		perated exclusively for the	•	•			•	v out the c	ournoses o	of one	or
	•	•	ations described in section						-			
			organization and comple		-		_,	J. 1011 000	(2)(0). 0			
	a Type			: П Тур			tegrated		4	Type III - C	Other	
e 🗀	* *		it the organization is not	• •		=	_	r more dis		,,		ın
•			han one or more publicly									•••
f			ten determination from t						0(4)(1) 01 01		(-)(-)	
•	•	rganization, check th				ро ., туро	, 6 , p.					
<i>a</i>		_	organization accepted ar	ny aift or co	ontribution	from any	of the follo	owing per	sons?			
g			rectly controls, either al								Yes	No
			upported organization?	5/10 5/ tog	011101 111111	poroc.10 t		() aa	(, 50.011,	11g(ı)	1,00	
	-		n described in (i) above?							11g(ii)		
	`,	•	person described in (i) of		a?					11g(iii)		
h	• •	-	about the supported or							1.19()		
"	TOVIGE LIE	ollowing imorniation	about the supported of	garnzanorn	,0,							
(i) Norm	a fauna artad	(::) FIN	(iii) Type of	(iv) Is the o	rganization	(v) Did vo	u notify the	(vi) l	s the	/v::\ A~		\f
	e of supported anization	(ii) EIN	organization	in col. (1) his	sted in your	organizat	tion in col.	(vi) l organizati (i) organi	on in col.	nA (iiv)	port	,,
org	amzadon		(described on lines 1-9 above or IRC section	governing				U.S	5.7	оор	,5011	
			(see instructions))	Yes	No	Yes	No	Yes	No			
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

20-3388093 Page 2 Schedule A (Form 990 or 990 EZ) 2009 CURING KIDS CANCER, INC. 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 (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 233,135, 266,725, 255,354, 995,867. 38.706. 201,947. include any "unusual grants") 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 201,947. 233,135. 266,725. 255,354. 995,867. 38,706. Total. Add lines 1 through 3 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. 368,721. column (f) 627,146. Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) 255,354 38,706. 201,947. 233,135. 266,725. 995,867. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 774 15. 176. 965. and income from similar sources 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) 996,832. 11 Total support. Add lines 7 through 10 641,105. 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage % %

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	62.91
	Public support percentage from 2008 Schedule A, Part II, line 14	15	

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 **▶** X stop here. The organization qualifies as a publicly supported organization

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 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

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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Calendar year (or food year beginning mit)* Gifts, grants, contributions, and membership fees received (00 not include any 'unusual grants') Circis meeting from admission per- formed, or facilities furnished in any activity that erelated to the organization's trave-semp purpose Gircis meeting from admission per- formed, or facilities furnished in any activity that erelated to the organization's trave-semp purpose Gircis meeting from admission per- formed, or facilities furnished in any activity that are related to the organization's benefit and either part or or expended on its behalf Tax revenues leved for the organization's benefit and either part or or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization whould change To total, Add lines 1 through 5 Tax Amounts included on lines 1, 2, and 3 incorrect from disqualified persons by familiar and either persons by familiar included on lines 1, 2, and 3 incorrect from disqualified persons by familiar included on lines 1, 2, and 3 incorrect from disqualified persons by familiar included on lines 1, 2, and 3 incorrect from disqualified persons by familiar included on lines 1, 2, and 3 incorrect from disqualified persons by familiar included on lines 1, 2, and 3 incorrect from disqualified persons by familiar included on lines 1, 2, and 3 incorrect from disqualified persons by familiar included on lines 1, 2, and 3 incorrect from disqualified persons by familiar included on lines 1, 2, and 3 included on lines 1, 2, and 4 included on lines 1, 2, and 4 included on lines 1, 2, and 5 included on lines 1, 2, and 5 included on lines 1, 2, and 6 included on lines 1, 2, and 7 included on lines 1, 2, and 8 included on lines 1, 2, and 8 included on lines 1, 2, and 9 included and any any any any 9 included any	Part III Support Schedule for 0	<u> Prganizations</u>	Described in	Section 509(a)(2) (Complete only	rif you checked the bo	ox on line 9 of Part I.)
I Giffs, grants, contributions, and membrahing best received (0) not include any "unusual grants") 2 Circas energin from admissions, formations old or services performed, or facilities furnished in any activity that a related to the organizations is teverent purpose 3 Giross receipts from admissions and the formation of the	Section A. Public Support			Γ		·	
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	* *						ano 🛌 🥅
Schedule A (Form 990 or 990-EZ) 2009	20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 190, check t			V or 000 57\ 0000

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

▶ 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. ▶ See separate instructions.

Inspection

Employer identification number Name of the organization 20-3388093 CURING KIDS CANCER, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply e X Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations a X Special fundraising events Phone solicitations d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (v) Amount paid (iii) Did fundraiser have custody or control of (vi) Amount paid to (or retained by) (i) Name of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser from activity or entity (fundraiser) organization listed in col (i) No Yes 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

12241110 134435 A96714.1

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009

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-F7, line 6a. List events with gross receipts greater than \$5,000

		on Form 990-EZ, line 6a List events with	gross receipts greater th	nan \$5,000				
			(a) Event #1 GOLF	(b) Event #2	(c) Other events NONE		otal even	
				ROCK'S RUN		,	l (a) thro	ougn
			(event type)	(event type)	(total number)	- °	ol (c))	
υe			\(\frac{1}{2} \)	·		 		-
Revenue	1	Gross receipts	182,367.	33,412.		2	215,7	79.
	2	Less: Charitable contributions	161,780.			1	161,7	80.
	3	Gross income (line 1 minus line 2)	20,587.	33,412.			<u>53,9</u>	99.
	4	Cash prizes						
ses	5	Noncash prizes	743.				7	43.
Direct Expenses	6	Rent/facility costs	38,607.				38,6	07.
Direct	7	Food and beverages	6,902.				6,9	02.
		Entertainment	400.				1	00.
	8	Other direct expenses	4,672.	5,401.	-	 	10,0	73
	9			3, ±01.		1,	56,7	
	10	Net income summary Combine line 3, column				1	-2,7	
Pa				990, Part IV, line 19, or r	eported more than			<u> </u>
ت		\$15,000 on Form 990-EZ, line 6a		, , ,	•			
_				(b) Pull tabs/instant		(d) Total	l gamıng	(add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) th		
eve.								
ď	1	Gross revenue						
_	<u> </u>							
w	2	Cash prizes						
Se		·						
Ç	3	Noncash prizes						
Û								
Direct Expenses	4	Rent/facility costs				-		
	5	Other direct expenses						
			Yes %	Yes %	Yes%			
	6	Volunteer labor	No No	☐ No	No			
					·			
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	()
		Net gaming income summary. Combine line 1	L column (d) and line 7					
_	8	Net garning income summary combine into	r, column (d), and mic v		. <u></u>		Yes	No
9	En	ter the state(s) in which the organization opera	tes gaming activities			[-	
		the organization licensed to operate gaming ac	_	states?		9:	a	
		'No," explain		0.0.00			-	
•								
	_		· · ·					ŀ
10a	W	ere any of the organization's gaming licenses re	evoked, súspended or te	erminated during the tax v	/ear?	10)a	
		'Yes," explain			•			
•		· de						
				- 11-1				
11	Do	pes the organization operate gaming activities v	with nonmembers?			1	1	<u>L</u>
		the organization a grantor, beneficiary or truste		r of a partnership or othe	r entity formed to			
		minister charitable gaming?				1:	2	<u></u>

932082 02-03-10

Schedule G (Form 990 or 990-EZ) 2009

Sche	edule G (Form 990 or 990;EZ) 2009 CURING KIDS CANCER, INC. 20-338	809	3 Pa	age 3
			Yes	No
13	Indicate the percentage of gaming activity operated in			
	The organization's facility 13a %			
	An outside facility 13b %	1		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	1		
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$	1		
	If "Yes," enter name and address of the third party.			
	Name			
	Address >	1		
			-	
16	Gaming manager information			
	Name		i	
	Gaming manager compensation ▶ \$	1		
	Description of services provided			
		Į.		
	Director/officer Employee Independent contractor		Ì	
47	Marita dada tara			
	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			

932083 02-03-10

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
CONVENTIONS & TRADE SHOWS			3,780	<u> </u>
CREDIT CARD SERVICE CHARGES			4,330	
COMPUTER EXPENSES			977	7.
DUES & SUBSCRIPTIONS			620	
MARKETING			6,407	
MEALS & ENTERTAINMENT MISCELLANEOUS			3,277 1,148	
OFFICE SUPPLIES			2,823	
FULFILLMENT EXPENSES			20,155	
TELEPHONE			500	
TRAVEL			9,237	٠.
TOTAL TO FORM 990-EZ, LINE 16			53,254	<u>.</u>
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEAR	
DUE FROM GOLF TOURNAMENT SPONSO	RS	0.	10,000	<u> </u>
TOTAL TO FORM 990-EZ, LINE 24		0.	10,000). =
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	<u> </u>
DESCRIPTION		BEG. OF YEAR	END OF YEAR	₹
DEFERRED REVENUE		15,000.	25,000	—) .
PAYROLL TAXES WITHHELD		0.	1,786	
TOTAL TO FORM 990-EZ, LINE 26		15,000.	26,786	— 5 •

FORM 990-EZ	NONCASH GRANTS	AND ALLOCATIONS	STATEMENT 4
CLASS OF ACTIVITY			
NAME OF GRANTEE		GRANTEE ADDRESS	
AFLAC CENTER FOR CANCER &	BLOOD DIS	1001 JOHNSON FERRY ROATLANTA, GA 30342	OAD
RELATIONSHIP OF GRANTEE	DESCRIPT	ION OF PROPERTY	DATE OF GIFT
NONE	CASH		09/24/09
METHOD USED TO DETERMINE	BOOK VALUE		,
METHOD USED TO DETERMINE	FAIR MARKET VA	LUE BOOK VALUE	AMOUNT GIVEN
-		20,000	. 20,000.
CLASS OF ACTIVITY			
NAME OF GRANTEE		GRANTEE ADDRESS	
NAME OF GRANTEE CHILDREN'S HEALTHCARE OF	ATLANTA	GRANTEE ADDRESS 1001 JOHNSON FERRY REATLANTA, GA 30342	OAD
		1001 JOHNSON FERRY R	OAD DATE OF GIFT
CHILDREN'S HEALTHCARE OF		1001 JOHNSON FERRY RATLANTA, GA 30342	
CHILDREN'S HEALTHCARE OF RELATIONSHIP OF GRANTEE	DESCRIPT 	1001 JOHNSON FERRY RATLANTA, GA 30342	DATE OF GIFT

175,000.

175,000.

CLASS OF ACTIVITY

NAME OF GRANTEE

GRANTEE ADDRESS

PALMETTO HEALTH CHILDREN'S HOSPITAL

5 RICHLAND MEDICAL PARK DRIVE

COLUMBIA, SC 29203

RELATIONSHIP OF GRANTEE

DESCRIPTION OF PROPERTY

DATE OF GIFT

NONE

CASH

12/21/09

METHOD USED TO DETERMINE BOOK VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE

BOOK VALUE AMOUNT GIVEN

10,000.

10,000.

CLASS OF ACTIVITY

NAME OF GRANTEE

GRANTEE ADDRESS

CAROLINA'S HEALTHCARE FOUNDATION

1000 BLYTHE BLVD. CHARLOTTE, NC 28203

RELATIONSHIP OF GRANTEE

DESCRIPTION OF PROPERTY

DATE OF GIFT

NONE

CASH

12/31/09

METHOD USED TO DETERMINE BOOK VALUE

METHOD USED TO DETERMINE FAIR MARKET VALUE

BOOK VALUE

AMOUNT GIVEN

10,000.

10,000.

CLASS OF ACTIVITY

NAME OF GRANTEE		GRANTEE ADDRESS		
UT SOUTHWESTERN MEDICAL CENTER		5323 HARRY HINE DALLAS, TX 7539		
RELATIONSHIP OF GRANTEE	DESCRIPTION	N OF PROPERTY		DATE OF GIFT
NONE	CASH			12/31/09
METHOD USED TO DETERMINE BOOK	VALUE			
METHOD USED TO DETERMINE FAIR	MARKET VALU	E BOOK V	ALUE	AMOUNT GIVEN
		1	5,000.	15,000.
NAME OF GRANTEE		GRANTEE ADDRESS	;	
GEORGIA TRANSPLANT FOUNDATION		6600 PEACHTREE EMBASSY ROW, SU ATLANTA, GA 303	ITE 250	7 ROAD, 600
RELATIONSHIP OF GRANTEE	DESCRIPTIO	N OF PROPERTY		DATE OF GIFT
NONE	CASH			06/17/09
METHOD USED TO DETERMINE BOOK	VALUE			
METHOD USED TO DETERMINE FAIR	MARKET VALU	E BOOK V	ALUE	AMOUNT GIVEN

200.

230,200.

200.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

FO	RM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT			5	
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	

990-EZ PG 2

STATEMENT

PROGRAM SERVICE REVENUE-THE PRIMARY FUND RAISING PROGRAM OF THE CHARITY IS COACHES CURING KIDS CANCER (CCKC). THE PROGRAM IS BASED ON A SIMPLE CONCEPT OF GIFT REPLACEMENT. YOUTH SPORTS TEAMS TRADITIONALLY COLLECT MONEY FOR AN END OF SEASON GIFT FOR THEIR COACHES. CCKC ASKS THE TEAMS TO DONATE THAT MONEY IN HONOR OF THEIR COACH; IN RETURN, THE TEAM RECEIVES A CCKC HAT, T-SHIRT OR WHISTLE & A PERSONALIZED CERTIFICATE TO PRESENT TO THEIR COACH. THE MONEY RAISED IS USED TO FUND PEDIATRIC CANCER RESEARCH.

Form **8868**

(Rev April 2009) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box 				
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on part II) 				
Do not complete Part II unless you have already been granted an automatic 3 month extension on a	a previously file	ed For	m 8868	
Part I Automatic 3-Month Extension of Time. Only submit original (no copies ne	eded)			
A corporation required to file Form 990-T and requesting an automatic 6-month extension check this	box and com	plete		
Part I only				
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004	to request an	exten	sion of time	
to file income tax returns				
Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3 month auton noted below (6 months for a corporation required to file Form 990 T). However, you cannot file Form 8 (not automatic) 3 month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a coryou must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the www is gov/cfile and click on e-file for Charities & Nonprofits.	3868 electronic mposite or cor	cally if isolida	(1) you want that sted Form 990-1	e additional
Type or Name of Exempt Organization		Emp	oyer identifica	tion number
print	1			
CURING KIDS CANCER, INC.		2	<u>0-338809</u>	3
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions				-57
filing your return See 4250 VIENNA WAY			\sim	
instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions		$-$ (ℓ	~ (()) /	1
MARIETTA, GA 30062		-//		<u> </u>
Check type of return to be filed (file a separate application for each return)		`		
X Form 990 Form 990 T (corporation)	Form 47	20		
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)	Form 52			
Form 990-EZ Form 990 T (trust other than above)	Form 60			
Form 990-PF Form 1041-A	Form 88	70		
CURING KIDS CANCER, INC.				
 The books are in the care of ► 4250 VIENNA WAY - MARIETTA, GA 3 	0062			
Telephone No ▶ 678-277-9849 FAX No ▶				
 If the organization does not have an office or place of business in the United States, check this bo 	x			▶ □
 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 				
box ▶ ☐ If it is for part of the group, check this boy ▶ ☐ and attach a list with the names at	nd EINs of all i	memb	ers the extension	on will cover
		~		
1 I request an automatic 3 month (6 months for a corporation required to file Form 990-T) extension				
AUGUST 15, 2010 , to file the exempt organization return for the organization	ation named al	bove	The extension	
is for the organization's return for				•
► X calendar year 2009 or				
tax year beginning, and ending			_	
2 If this tax year is for less than 12 months, check reason Initial return Final) return		Change in acco	unting period
T 200 FL 200 FF 200 T 4700 . 2000				
3a If this application is for Form 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less	any	2.	\$	
nonrefundable credits. See instructions b If this application is for Form 990-PF or 990 T, enter any refundable credits and estimated		3a	3	
	İ	3b	· ¢	
tax payments made Include any prior year overpayment allowed as a credit c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,		راد	<u> </u>	
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)				
	-1119	3c	s	N/A
See instructions				
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453	EO and Form	8879-	EO for payment	instructions
LHA For Privacy Act and Panerwork Reduction Act Notice see Instructions			Form 286	S8 (Rev. 4-2009)

Form 886	8 (Rev 4-2009)		Page 2				
If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this	DOX	▶ X				
	nly complete Part II if you have already been granted an automatic 3-month extension on a previously fi	ed Form	8868				
	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)						
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)							
Type or	Name of Exempt Organization	Emp	Employer identification number				
print		٠,	20 2200002				
File by the	CURING KIDS CANCER, INC.		20-3388093				
extended due date fo	Number, street, and room or suite no. If a P.O. box, see instructions 4250 VIENNA WAY	For	For IRS use only				
filing the return Sec instruction		• • •					
∑ Fo	type of return to be filed (File a separate application for each return). Form 990 Form 990 EZ Form 990 T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990 PF Form 990 T (trust other than above) Form 4720	F	orm 5227 Form 8870 orm 6069				
STOP I	Oo not complete Part II if you were not already granted an automatic 3-month extension on a prev	iously fil	ed Form 8868.				
Teleporal Francisco	books are in the care of ► 4250 VIENNA WAY - MARIETTA, GA 30062 before No ► 678-277-9849 FAX No ► corganization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ► and attach a list with the names and EINs of equest an additional 3-month extension of time until NOVEMBER 15, 2010 or calendar year 2009, or other tax year beginning this tax year is for less than 12 months, check reason Initial return Final return	all mem					
	te in detail why you need the extension						
T	AXPAYER HAS EXPERIENCED DIFFICULTY IN OBTAINING ALL	THE	INFORMATION				
	EQUIRED TO FILE AN ACCURATE AND COMPLETE RETURN.						
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
	onrefundable credits. See instructions	8a	\$				
	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	- 2					
ta	x payments made. Include any prior year overpayment allowed as a credit and any amount paid						
	reviously with Form 8868	8b	<u> </u>				
	alance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	- 1	1				
w	ith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruction	ns 8c	s N/A				
Signature and Venfication							
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form							
Sionatur	Title >	<u>D</u> at	· > 3/13/16				
2.4.70107			Form 8969 (Pay 4-2000)				

