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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

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**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**Head for the Cure Foundation**

Number and street (or P O box, if mail is not delivered to street address) Room/suite

250 Richards Road

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

Kansas City, MO 64116**D** Employer identification number**20-8345719****E** Telephone number**816-518-9763****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.headforthecure.org**J** Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ► ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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 Form 990-EZ or Form 990 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 ► \$ **237,041.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	110,371.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	19.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	126,651.
b	Less: direct expenses other than fundraising expenses	6b	84,619.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	42,032.
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	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	152,422.
10	Grants and similar amounts paid (attach schedule) <i>See statement 2</i>	10	282,253.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► <i>See statement 1</i>)	16	2,848.
17	Total expenses. Add lines 10 through 16	17	285,101.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(132,680.)
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	184,486.
20	Other changes in net assets or fund balances (attach explanation)	20	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	51,806.

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	184,486.	51,806.
23 Land and buildings	0.	0.
24 Other assets (describe ► _____)	0.	0.
25 Total assets	184,486.	51,806.
26 Total liabilities (describe ► _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	184,486.	51,806.

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

Cat No 106421

Form **990-EZ** (2009)

SCANNED DEC 15 2009 Revenue

6A

4

What is the organization's primary exempt purpose? SEE STATEMENT 3

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

28	MD ANDERSON CANCER CENTER CONTRIBUTION		
	(Grants \$ 110,000.) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	0.
29	SOLACE HOUSE CONTRIBUTION		
	(Grants \$ 5,000.) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	0.
30	VML Inc. Contribution		
	(Grants \$ 167,253.) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	0.
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	0.
32	Total program service expenses (add lines 28a through 31a) . . . ►	32	0.

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)
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[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	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
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?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
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	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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	✓
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 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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	✓
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 816-518-9763 Located at ▶ 250 RICHARDS ROAD, KANSAS CITY, MO ZIP + 4 ▶ 64116		
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)?	42b	✓
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	✓
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 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
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	✓

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.

	Yes	No
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	46	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>

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."

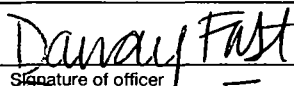
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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		11/15/10 Date	
Paid Preparer's Use Only	Type or print name and title Danay Fast, Treasurer			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

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

Name of the organization

HEAD FOR THE CURE FOUNDATION

Employer identification number

20 8345719

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 33⅓ % 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 33⅓ % 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).

(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									

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.")						
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						
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.						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
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	%
15 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 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 ►		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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.")			192,429.	219,810.	237,022.	649,261.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			0.	0.	0.	0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513			0.	0.	0.	0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			0.	0.	0.	0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge			0.	0.	0.	0.
6 Total. Add lines 1 through 5			192,429.	219,810.	237,022.	649,261.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						649,261.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6			192,429.	219,810.	237,022.	649,261.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			237.	154.	19.	410.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			0.	0.	0.	
c Add lines 10a and 10b			237.	154.	19.	410.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						649,671.
14 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 checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33⅓% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- b 33⅓% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Head for the Cure Foundation

20-8345719

FORM 990-EZ

Other Expenses

Statement 1

Description

Amount

Insurance

\$2,468.

Bank Fees

\$ 340.

Kansas Secretary of State

\$ 40.

Total to Form 990-EZ, Line 16

\$2,848.

FORM 990-EZ

Cash Grants and Allocations

Statement 2

Class of Activity/Donee's Name and Address	Donee's Relationship	Amount
MD Anderson Cancer Center 1515 Holcombe Boulevard Houston, TX 77030	None	\$110,000.

Earmarked for Brain Tumor Trials Collaborative (BTTC). The BTTC is a network of medical centers with the expertise and the desire to participate in state-of-the-art clinical trials investigating new treatments for malignant brain tumors.

Solace House 8012 State Line Road, #212 Shawnee Mission, KS 66202	None	\$5,000.
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Counselling for cancer stricken families.

VML Inc. 250 Richards Road Kansas City, MO 64116	Corporate Sponsor	<u>\$167,253.</u>
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VML Inc. is a full service digital marketing agency. VML Inc created a Knowledge Sharing Platform for the BTTC to assist in meeting the goals of the BTTC. A scope of work was obtained from VML Inc. providing the project summary, timing, and cost. VML Inc. offered these services at a discounted rate of 50%. The project was approved by the VML CEO as well as the Director of the BTTC. See attached memo for details of the project and approvals

Total Included on Form 990-EZ, Line 10	<u>\$282,253.</u>
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www.vml.com

ABBREVIATED SCOPE OF WORK

To: Matt Anthony
From: Susan Clements
RE: BTTC Knowledge Sharing Platform

CC: Eric Campbell
Date: October 23, 2008
Job #: PBBTTC1000100

The following scope of work is for the design and development of the BTTC Knowledge Sharing Platform. The goal of this knowledge sharing site is to provide the foundation, support and technology that enable the organization to access, share and organize related information amongst BTTC stakeholders.

BTTC's network of medical centers and personnel are committed and focused on their research and discovery efforts, though, are currently void of any one accessible, collaborative and exclusive online environment for their very centralized efforts. This site will fulfill the needed goals and functions essential to the solidity of the BTTC organization without information overload.

VML has been selected, in conjunction with MD Anderson support, to execute all discovery, development, deployment, and dialogue tasks outlined in the included project summary.

Project Summary

VML will institute and execute this project via the 4D process. The process and specific tasks for this project are outlined as follows:

Discovery

User research was conducted in the spring of 2008 with various BTTC stakeholders. The purpose of the research was to understand what types of needs and functions were most critical for the success of the projects as well as determine which features would be of highest value to the group. With the valuable input gathered, VML was able to develop and prioritize needed features and functions that the future site would contain.

The process consisted of the following (deliverables also indicated):

- Stakeholder Questions and Interviews
Deliverable: stakeholder summary document
- Task and Function Prioritization
Deliverables: task and function prioritization summary document
- Wireframe Development
Deliverables: 7 wireframes with documented user scenarios
- Creative Concepting
Deliverables: presentation and prototype demo

VML technical resources will review, evaluate, and recommend a preferred technical platform, including hosting solution, and administrative functionality. In addition to these technical recommendations, VML will produce a detailed business requirements document (BRD) that defines specific use cases and business rules for the site's functionality.

- *Deliverables: Technical Architecture Point of View, Business Requirements Document*



Content Delivery will need to be supplied by the partner, MD Anderson. To include the following:

- Trial Information including contracts / announcements
- Relevant dates for calendar of events
- Recent News / PR
- Related Links and Resources

Development

VML will deliver an online social networking site to be used by registered physicians of BTTC. The site will contain six universal site pages and three to five sub pages per clinical trial. The site will have administrative log in and user log in functionalities. Due to the aggressive launch date, VML will utilize a streamlined, rapid build approach for this project and will launch in two phases based on previously documented priorities. Phase One's main objective will be to facilitate doctor engagement to the community resources and trials. Phase Two will focus on physician collaboration via discussion boards and customized blogs.

Phase 1 will launch on 12/1 and will include the following pages / functionalities:

- Home
 - Log In
 - Recent News
- My Site
 - Set Up Trials
 - Document Library
- Events / Meetings
 - View / schedule events and upcoming meetings via the Live Meeting Interface

Phase 2 will launch on 12/18 and will include the following pages / functionalities:

- Custom RSS to access restricted 3rd Party Sites
- Member List
- My Site Blog
 - Customized Blog with workflow
- My Site Discussion
 - Discussion Board

Tissue Tracking Discovery.

In addition to the above, VML will research the appropriate tissue tracking software to incorporate within the BTTC site post-launch. The exact process and timing will be documented once proper research is conducted and approved by the client. All discovery will be allocated to this scope of work – this does not include the purchasing or implementation of the tissue software. Discovery deliverables include a process flow chart and POV.

Deployment

VML will be responsible for all quality assurance measurements including user acceptance testing and system administration. Hosting will need to be determined and estimated based on client privacy requirements.



Dialogue

There will be annual hosting and optimization features included with this project, no other post launch reporting will be utilized. In addition, this estimate includes Ektron licenses - 15 total.

Timing



ID	Task Name	Duration	Start	Finish
0	BTT Low	92 days	Mon 8/11/08	Fri 12/19/08
1	Project Initiation	24.21 days	Mon 8/11/08	Mon 8/18/08
2	Scope Development	5.21 days	Mon 8/11/08	Mon 8/18/08
3	Creative Development	20.63 days	Mon 8/11/08	Tue 9/9/08
4	Scope / Creative Approval	20 days	Fri 8/15/08	Mon 9/15/08
5	Discovery	19.79 days	Mon 9/15/08	Fri 10/10/08
6	Functional Specification	7 days	Mon 9/15/08	Wed 9/24/08
7	BSA	7 days	Mon 9/15/08	Wed 9/24/08
8	DEV	6.94 days	Mon 9/15/08	Wed 9/24/08
9	QA	6.94 days	Mon 9/15/08	Wed 9/24/08
10	Technical Design Specification	12.5 days	Wed 9/24/08	Fri 10/10/08
11	DEV	12.05 days	Wed 9/24/08	Fri 10/10/08
12	QA	12.5 days	Wed 9/24/08	Fri 10/10/08
13	Content Delivery	19.79 days	Mon 9/15/08	Fri 10/10/08
14	1st set of trial information	5 days	Mon 9/15/08	Mon 9/22/08
15	1st set of users/roles	5 days	Mon 9/15/08	Mon 9/22/08
16	Remaining content	14 days	Mon 9/22/08	Fri 10/10/08
17	Remaining users/roles	14 days	Tue 9/23/08	Fri 10/10/08
18	Development - Ph. 1	38.7 days	Mon 9/22/08	Thu 11/13/08
19	Setup	3.13 days	Mon 9/22/08	Thu 9/25/08
20	Ektron Start Site Install	2 days	Thu 9/25/08	Mon 9/29/08
21	Creative Integration	9.02 days	Mon 9/29/08	Fri 10/10/08
22	CMS Config/Customization	1 day	Fri 10/10/08	Mon 10/13/08
23	Public Facing Site	1.56 days	Mon 10/13/08	Tue 10/14/08
24	Intranet Home Page	5.99 days	Tue 10/14/08	Wed 10/22/08
25	Setup trials	8.01 days	Wed 10/22/08	Mon 11/3/08
26	Custom Doc Lib w/ Tasks, Workflow	3.99 days	Mon 11/3/08	Fri 11/7/08
27	Clinical Trial Comm Features	2 days	Fri 11/7/08	Tue 11/11/08
28	Meetings/Events	2 days	Tue 11/11/08	Thu 11/13/08
29	Development - Ph. 2	12.25 days	Thu 11/13/08	Thu 12/4/08
30	Custom RSS to access restricted 3rd party sites	5.25 days	Thu 11/13/08	Fri 11/21/08
31	Member List	1.5 days	Fri 11/21/08	Mon 11/24/08
32	Customized Blog with workflow	4 days	Mon 11/24/08	Tue 12/2/08
33	Discussion Board	1.5 days	Tue 12/2/08	Thu 12/4/08
34	Final Preparation	44.45 days	Fri 10/10/08	Tue 12/16/08
35	Test Planning	7.04 days	Fri 10/10/08	Tue 10/21/08
36	DEV	0.99 days	Fri 10/10/08	Mon 10/13/08
37	QA	7.04 days	Fri 10/10/08	Tue 10/21/08
38	Testing - Ph. 1	10.08 days	Thu 11/13/08	Mon 12/1/08
39	BSA	0.99 days	Thu 11/13/08	Fri 11/14/08
40	DEV	1.98 days	Thu 11/13/08	Mon 11/17/08
41	QA	10.08 days	Thu 11/13/08	Mon 12/1/08
42	Testing - Ph. 2	8 days	Thu 12/4/08	Tue 12/16/08
43	BSA	0.99 days	Thu 12/4/08	Fri 12/5/08
44	DEV	1.98 days	Thu 12/4/08	Mon 12/8/08
45	QA	8 days	Thu 12/4/08	Tue 12/16/08
46	Release Mgmt/Deployment - Ph. 1	5.01 days	Thu 11/20/08	Mon 12/1/08
47	Client Review / Approval	2 days	Mon 11/24/08	Tue 11/25/08
48	DEV	1 day	Wed 11/26/08	Wed 11/26/08
49	DBA	1 day	Wed 11/26/08	Mon 12/1/08
50	Prod Sup	5 days	Thu 11/20/08	Mon 12/1/08
51	Release Mgmt/Deployment - Ph. 2	6.84 days	Wed 12/10/08	Thu 12/18/08
52	Client Review / Approval	4 days	Thu 12/11/08	Tue 12/16/08
53	DEV	1 day	Wed 12/17/08	Wed 12/17/08
54	DBA	1 day	Wed 12/17/08	Thu 12/18/08
55	Prod Sup	6 days	Wed 12/10/08	Thu 12/18/08
56	Project Control	92 days	Mon 8/11/08	Fri 12/19/08
57	Account Management	25 days	Mon 8/11/08	Mon 9/15/08
58	Project Management	25 days	Mon 8/11/08	Mon 9/15/08
59	TEL	29.38 days	Mon 8/11/08	Mon 9/22/08
60	Manager Practice Management	92 days	Mon 8/11/08	Fri 12/19/08
61	Tissue Tracking Research	18.5 days	Mon 11/3/08	Mon 12/1/08
62	Requirements Gathering	5 days	Mon 11/3/08	Fri 11/7/08
63	Requirements Documentation	5 days	Mon 11/3/08	Fri 11/14/08
64	Requirements Internal review	0.31 days	Mon 11/17/08	Mon 11/17/08
65	Requirements Client Review	1 day	Mon 11/17/08	Tue 11/18/08
66	Software Research	4.69 days	Tue 11/18/08	Mon 11/24/08
67	Software Recommendation	2.5 days	Mon 11/24/08	Mon 12/1/08



Cost*

BTTC Website	Cost Category	Hours	Rate	Cost	Modified Rate	Modified Cost
Account Supervisor	053-AM	70	\$ 140	\$ 9,800	\$ 70	\$ 4,900
Senior Art Director	159-CR	15	\$ 135	\$ 2,025	\$ 68	\$ 1,013
Copywriter	172-CR	15	\$ 100	\$ 1,500	\$ 50	\$ 750
Proofreader	211-TN	5	\$ 80	\$ 400	\$ 40	\$ 200
Manager Practice Management	204-TN	0	\$ 175	\$ -	\$ 88	\$ -
Database Administrator	207-TN	160	\$ 150	\$ 24,000	\$ 75	\$ 12,000
Production Support	250-TN	60	\$ 125	\$ 7,500	\$ 63	\$ 3,750
Business Systems Analyst	252-TN	220	\$ 130	\$ 28,600	\$ 65	\$ 14,300
Application Developer	253-TN	685	\$ 140	\$ 95,900	\$ 70	\$ 47,950
Technical Architect	258-TN	40	\$ 150	\$ 6,000	\$ 75	\$ 3,000
HTML	272-TN	120	\$ 90	\$ 10,800	\$ 45	\$ 5,400
Quality Assurance Tester	274-TN	320	\$ 120	\$ 38,400	\$ 60	\$ 19,200
Technical Engagement Lead	275-TN	70	\$ 150	\$ 10,500	\$ 75	\$ 5,250
Project Management	655-PM	80	\$ 140	\$ 11,200	\$ 70	\$ 5,600
Assoc Dir User Experience Plan	729-XP	15	\$ 175	\$ 2,625	\$ 88	\$ 1,313
Hard Costs						
Ektron Licensing						\$ 16,000
Travel						\$ 5,000
Project Total		1875		\$ 249,250		\$ 145,625

*Hosting needs will need to be estimated based on client requirements. A separate SOW will be submitted.

Client Basis

Client contacts:

Matt Anthony, VML CEO
Dr. Mark Gilbert, MD Anderson
Saba Abutaseh, MD Anderson

Approvers:

Matt Anthony, VML CEO
Dr. Mark Gilbert, MD Anderson
Saba Abutaseh, MD Anderson

Assumptions

- Any hours post hand-off are not included in this scope of work
- All partner content will be provided as outlined in the scope of work and according to the project plan timeline
- Any changes to this project requirements of this scope of work, including assumptions, may result in a Change Order with a revised estimate and timeline (additional approvals/funding will need to be secured before work can be initiated)



- Estimates are hours to complete the requested scope and do not imply a timeframe. For example, 80 hours does not necessarily equal 10 days
- The current scope of work covers 2 travel arrangements to/from Houston. \$5000 has been allocated but will be billed at net. Any other travel and other out of pocket expenses will be billed at net.
- All work will occur onsite in Kansas City. Impact of travel on hours, delivery date, or total project cost has not been considered in this estimate.
- System documentation is not included in this estimate.
- Hosting costs are not included in this estimate. A separate scope of work has been approved for this.
- Estimate does not include reporting on site or user activity unless specifically requested in the scope.
- Ongoing site maintenance or updates, if identified as a necessary step, will be scoped separately at the conclusion of the project

Project Implementation Plan

Project agreements:

- Legal restrictions: none
- Billing method: VML rate card at 50%

Approval

Approved Client:

Date:

11/3/08

Submitted VML:

Date:

Head for the Cure Foundation

20-8345719

FORM 990-EZ

Primary Exempt Purpose

Statement 3

Raising funds through fundraising events and contributions for brain cancer research and support for brain cancer patients and their families.



VOID



CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no COUNTRY CLUB BANK 414 NICHOLS RD KANSAS CITY MO 64112 816-931-4060		Payer's Federal identifying number 44-0574255	1 Interest income \$ 19.28
		Recipient's identifying number 20-8345719	2 Early Withdrawal penalty \$.00
		PAYER'S RTN (OPTIONAL) 1010-01306	3 Interest on U S Savings Bonds and Treas obligations \$.00
OMB No 1545-0112 2009 Interest Income Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. FORM 1099-INT SUBSTITUTE Keep this copy for your records	RECIPIENT'S name, street address (including apt no), city, state, and ZIP code 098015 * F200 99I IM07 0980 5-00 HEAD FOR THE CURE FOUNDATION 218 DELAWARE ST STE 101 KANSAS CITY MO 64105-1209 Account number (see instructions) 6038		4 Federal income tax withheld \$.00
			5 Investment expenses \$.00
			6 Foreign Tax Paid \$.00
			7 Foreign country or U S possession \$.00
			8 Tax-exempt interest \$.00
		9 Specified private activity bond interest \$.00	

INTEREST STATEMENT FOR 2009

TYPE	ACCOUNT NUMBER	INTEREST EARNED	FORFEITURE	FEDERAL TAX WITHHELD
COM'L MONEY MARKET	5608630	19.28	.00	.00

Instructions for Recipient

Account Number. May show an account or other unique number the payer assigned to distinguish your account

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds and Gulf tax credit bonds, qualified forestry conservation bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, and Midwestern tax credit bonds that must be included in your interest income. These amounts were treated as paid to you during 2009 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912, Credit to Holders of Tax Credit Bonds

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not be all taxable. See Pub 550. This interest is exempt from state and local income taxes. This interest is not included in box 1

Box 4. Shows backup withholding. Generally, a payer must backup withhold at a 28% rate if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions

Box 8. Shows tax-exempt interest, including exempt-interest dividends from a mutual fund or other regulated investment company, paid to you during the calendar year by the payer. Report this amount on line 8b of Form 1040 or Form 1040A. This amount may be subject to backup withholding. See box 4

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 6251

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096 list yourself as the "filer." A husband or wife is not required to file a nominee return to show amounts owned by the other

HEAD FOR THE CURE
CASH FLOW SUMMARY
09/01/2003 - 12/31/2009

	2003	2004	2005	2006	2007	2008	2009	TOTAL 2003-2009
Beginning Cash Balance	\$ -	\$ 22,644.00	\$ 6,259.47	\$ 4,025.18	\$ 5,311.65	\$ 22,067.53	\$ 184,485.91	\$ -
Donations received	27,444.90	80,859.00	71,042.20	123,663.24	192,428.77	219,810.26	237,021.54	952,269.91
Petty Cash Returned							500.00	500.00
Interest income	34.56	106.87	364.43	1,470.00	236.37	153.93	19.28	2,385.44
Expenses	(4,835.46)	(15,777.15)	(13,640.92)	(13,964.61)	(25,909.26)	(47,545.81)	(87,967.05)	(209,640.26)
Admin Expenses (Insurance, Exec Director)						(1,814.00)	(2,580.27)	(4,394.27)
Sports Commission						(8,010.69)	-	(8,010.69)
Bank/stock transaction/filing fees						(124.57)	(267.41)	(391.98)
Art event expenses						(3,091.41)	-	(3,091.41)
Race expenses						(34,005.14)	(84,619.37)	(118,624.51)
Petty Cash (returned along with donation income)						(500.00)	(500.00)	(1,000.00)
Grants Awarded	-	(81,573.25)	(60,000.00)	(109,882.16)	(150,000.00)	(10,000.00)	(282,252.50)	(693,707.91)
CASH BALANCE	\$ 22,644.00	\$ 6,259.47	\$ 4,025.18	\$ 5,311.65	\$ 22,067.53	\$ 184,485.91	\$ 51,807.18	\$ 51,807.18
Grants Awarded:								
M D Anderson Cancer Center	\$ -	\$ 81,573.25	\$ 55,000.00	\$ 104,882.16	\$ 140,000.00	\$ -	\$ 110,000.00	\$ 491,455.41
VML - software development	-	-	-	-	-	-	167,252.50	167,252.50
Solace House, Inc	-	-	5,000.00	5,000.00	10,000.00	10,000.00	5,000.00	35,000.00
Total Grants Awarded:	\$ -	\$ 81,573.25	\$ 60,000.00	\$ 109,882.16	\$ 150,000.00	\$ 10,000.00	\$ 282,252.50	\$ 693,707.91