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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

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

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.

**A** For the 2009 calendar year, or tax year beginning **01/01**, 2009, and ending **12/31**, 20 **09****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**CANCER FREE KIDS PEDIATRIC CANCER RESEARCH ALLIANCE**

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

**P O Box 575**

Room/suite

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

**Loveland, OH 45140****D** Employer identification number**30-0087852****E** Telephone number**513-575-5437****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.cancerfreekids.org](http://www.cancerfreekids.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 ► \$ **459,254****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	419,515
	2	Program service revenue including government fees and contracts . . . . .	2	0
	3	Membership dues and assessments . . . . .	3	0
	4	Investment income . . . . .	4	2,386
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	0
	5b	Less: cost or other basis and sales expenses . . . . .	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	6a	Gross revenue (not including \$ <b>67,338</b> of contributions reported on line 1) . . . . .	6a	34,463
	6b	Less: direct expenses other than fundraising expenses . . . . .	6b	39,225
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	-4,762	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	2,890	
7b	Less: cost of goods sold . . . . .	7b	1,091	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	1,799	
8	Other revenue (describe ► ) . . . . .	8	0	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	418,938	
Expenses	10	Grants and similar amounts paid (attach schedule) . See Statement 2 . . . . .	10	224,657
	11	Benefits paid to or for members . . . . .	11	0
	12	Salaries, other compensation, and employee benefits . . . . .	12	87,085
	13	Professional fees and other payments to independent contractors . . . . .	13	0
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	8,022
	15	Printing, publications, postage, and shipping . . . . .	15	12,174
	16	Other expenses (describe ► See Statement 3 ) . . . . .	16	82,847
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	414,785
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	4,153
	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	83,262
	20	Other changes in net assets or fund balances (attach explanation) . See Statement 4 . . . . .	20	-26
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	21	87,389

**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 . . . . .	237,388	287,937
23 Land and buildings . . . . .	0	0
24 Other assets (describe ► See Statement 5 ) . . . . .	27,857	25,365
25 <b>Total assets</b> . . . . .	265,245	313,302
26 <b>Total liabilities</b> (describe ► See Statement 6 ) . . . . .	181,983	225,913
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	83,262	87,389

G9-10H-12

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## Expenses

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	Cancer Research: Cancer Free Kids mission is to eradicate cancer as a life-threatening disease in children by funding promising research that might otherwise go unfunded.		
	(Grants \$ 225,000 ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	28a	\$0
29			
	(Grants \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	29a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	30a	
31	Other program services (attach schedule) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . . ►	32	0

**(a) Name and address**

[illegible]

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	✓
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>	✓
<b>35</b> 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.		
<b>a</b> 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? . . . . .	<b>35a</b>	✓
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	
<b>36</b> 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 . . . . .	<b>36</b>	✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	✓
<b>38a</b> 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? . . . . .	<b>38a</b>	✓
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> 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>b</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 . . . . .	<b>40b</b>	✓
<b>c</b> 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		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
<b>e</b> 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. . . . .	<b>40e</b>	✓
<b>41</b> List the states with which a copy of this return is filed. ▶		
<b>42a</b> The organization's books are in care of ▶ <u>Charles Rasch</u> Telephone no. ▶ <u>513-729-2885</u> Located at ▶ <u>742 Southmeadow Cir, Cincinnati, OH 45231</u> ZIP + 4 ▶ <u>45231</u>		
<b>b</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)? . . . . .	<b>42b</b>	✓
If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	<b>42c</b>	✓
If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44</b>	✓
<b>45</b> 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 . . . . .	<b>45</b>	✓

**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
<b>46</b> 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 . . . . .	<b>46</b>	<input checked="" type="checkbox"/>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	<input 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."

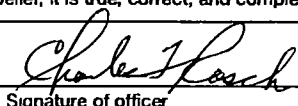
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

**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 . . . ▶ \_\_\_\_\_

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>7/29/10</u>	
	Charles Rasch, Treasurer Type or print name and title			
<b>Paid Preparer's Use Only</b>	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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2009

**Open to Public Inspection**

30 : 0087852

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

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

[illegible]

**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.") . . . . .	152,348	169,374	244,661	353,278	419,515	1,339,176
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0				0
4 <b>Total.</b> Add lines 1 through 3 . . . . .	152,348	169,374	244,661	353,278	419,515	1,339,176
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) . . . . .						104,571
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						1,234,605

**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 . . . . .	152,348	169,374	244,661	353,278	419,515	1,339,176
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	523	2,407	1,963	4,595	2,386	11,874
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0		0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0		0
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						1,351,050
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	51,210
13 <b>First five years.</b> 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 <b>stop here</b> . . . . .						<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	91.38 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	89.72 %
16a <b>33½% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
b <b>33½% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►	<input type="checkbox"/>	

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2009

### Open To Public Inspection

Name of the organization

**CANCER FREE KIDS PEDIATRIC CANCER RESEARCH ALLIANCE**

Employer identification number

30 : 0087852

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations  
**b** ☐ Internet and email solicitations  
**c** ☐ Phone solicitations  
**d** ☐ In-person solicitations  
**e** ☐ Solicitation of non-government grants  
**f** ☐ Solicitation of government grants  
**g** ☐ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

- 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.**

[illegible]

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Dinner (event type)	Golf Outing (event type)	0 (total number)	
Revenue	<b>1</b> Gross receipts . . . . .	85,028	16,773		101,801
	<b>2</b> Less: Charitable contributions . . . . .	54,783	12,555		67,338
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	30,245	4,218		34,463
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0		0
	<b>5</b> Noncash prizes . . . . .	0	0		0
	<b>6</b> Rent/facility costs . . . . .	1,520	2,520		4,040
	<b>7</b> Food and beverages . . . . .	9,481	1,698		11,179
	<b>8</b> Entertainment . . . . .	0	0		0
	<b>9</b> Other direct expenses . . . . .	20,764	3,242		24,006
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 39,225 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				-4,762

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," explain: _____ _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? <b>b</b> If "Yes," explain: _____ _____	<b>10a</b>	
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<b>12</b>	

**Statement 2**

Form: 990-EZ

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Line Number: Part I Line 10

**CANCER FREE KIDS PEDIATRIC CANCER RESEARCH ALLIANCE****30-0087852****Grants and Similar Amounts Paid**

	<b>Book Value</b>	<b>FMV Amount</b>
<b>Type of Activity:</b> Grant		\$225,000
<b>Donee's name and address:</b> Cincinnati Childrens Hospital Medical Center 3333 Burnett Ave Cincinnati, OH 45219		
<b>Purpose of payment to affiliate:</b>		
<b>Relationship:</b>		
<b>Description:</b>		
<b>How Book Value Determined:</b>		
<b>How FMV Determined:</b>		
<b>Date of Gift:</b>		
<b>Total:</b>	<b>\$0</b>	<b>\$225,000</b>

**Other Expenses Schedule**

<b>Description</b>	<b>Amount</b>
Office supplies	\$2,799
Credit Cars Fees	\$2,631
Internet Expense	\$982
Travel & Meetings	\$4,844
Depereciation & Amoritaziation	\$4,094
Insurance	\$1,267
Staff Development	\$3,014
Promotional Expense	\$7,491
Fundraisisng Expense	\$53,286
Miscellaneous	\$2,439
<b>Total:</b>	<b>\$82,847</b>

Other Changes In Net Assets Schedule

Description	Amount
Inventory Adj	(\$26)
Total:	(\$26)

**Statement 5****CANCER FREE KIDS PEDIATRIC CANCER RESEARCH ALLIANCE**

Form: 990-EZ

**30-0087852**

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Line Number: Part II Line 24

**Other Assets**

Description	BOY Amount	EOY Amount
Inventory, Computers	\$27,857	\$25,365
<b>Total:</b>	<b>\$27,857</b>	<b>\$25,365</b>

## Liabilities Schedule

Description	BOY	EOY
	Amount	Amount
Grants Payable, Accounts Payable	\$181,983	\$225,913
<b>Total:</b>	<b>\$181,983</b>	<b>\$225,913</b>

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**Primary Exempt Purpose**

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**Primary Exempt Purpose**

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CancerFree Kids raises funds through events, donations and corporate partnerships. Our mission is to eradicate cancer as a life threatening disease in children by funding promising research that might otherwise go unfunded.

- ▷ **File a separate application for each return.**

- ☐ 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 page 2 of this form).   
**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).
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**A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only.**

***All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization CANCER-FREE KIDS/PEDIATRIC CANCER RESEARCH ALLIANCE	Employer identification number 30 0087852
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 575	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOVELAND OH 45140	

Check type of return to be filed (file a separate application for each return):

- ☐ Form 990  
☐ Form 990-BL  
☒ Form 990-EZ  
☐ Form 990-PF
- ☐ Form 990-T (corporation)  
☐ Form 990-T (sec. 401(a) or 408(a) trust)  
☐ Form 990-T (trust other than above)  
☐ Form 1041-A
- ☐ Form 4720  
☐ Form 5227  
☐ Form 6069  
☐ Form 8870

○ The books are in the care of ▷ CHARLES F. KASCH

Telephone No. ▷ (513) 729-2885 FAX No. ▷ ( )

- If the organization does not have an office or place of business in the United States, check this box ☐   
 ○ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 09 or  
☐ tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8858, see Form 8453-EO and Form 8879-EO for payment instructions.