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### Form 990-PF

Department of the Treasury

# **Return of Private Foundation**

### or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2000 2000

| Interr                           | ial Rev        | venue Service NOTE. I ne toundation may t  | de able to use a copy of this         | return to satisfy state repoi          | ting requirements.                                   |   |
|----------------------------------|----------------|--|---------------------------------------|--|--|---|
| For                              | caler          | dar year 2009, or tax year beginning   |                                       | , and ending                           |  |   |
| G                                | heck           | all that apply: Initial return   | Initial return of a fo                | rmer public charity                    | Final return   |   |
|                                  |                | Amended return   | Address chang                         | ge                                     | Name change  |   |
| Use                              | the            | IRS Name of foundation   |                                       |  | A Employer identification                            | number                                    |
|                                  | abel           | . 1  |                                       |  |  |   |
| Oth                              | erwi           | se, AlphaMed Cancer Found  |                                       |  | 42-1564194   |   |
|                                  | print          |  | livered to street address)            | Room/suite                             | B Telephone number                                   |   |
|                                  | r type<br>Spec | .'". DJZO DOVCI ROGG   |                                       |  | 919-402-87   | 50  |
|                                  | ructio         | City or town, state, and ZIP code  |                                       |  | C If exemption application is p                      | <u> </u>                                  |
|                                  |                | Durham, NC 27707   |                                       |  | D 1. Foreign organizations                           | , check here                              |
| <u> </u>                         | _              | type of organization: X Section 501(c)(3) ex   |                                       |  | Foreign organizations me<br>check here and attach co | mputation Lest,                           |
| 느                                |                | <u> </u>   | Other taxable private founda          | <del> </del>                           | E If private foundation sta                          |   |
|                                  |                | arket value of all assets at end of year   J Accounting                                    |                                       | Accrual                                | under section 507(b)(1)                              | (A), check here                           |
|                                  |                |  | her (specify)                         | 2000                                   | F If the foundation is in a                          |   |
|                                  | ·\$            | 999, 673. (Part I, colu.   | <del></del>                           |  | under section 507(b)(1)                              | · · · · · · · · · · · · · · · · · · ·     |
| Pa                               | <u>ırt l</u>   | (The total of amounts in columns (b), (c), and (d) may not                                 | (a) Revenue and<br>expenses per books | (b) Net investment income              | (c) Adjusted net<br>income                           | (d) Disbursements for charitable purposes |
|                                  | -              | necessarily equal the amounts in column (a) )  | 184,000.                              |  | N/A  | (cash basis only)                         |
|                                  | 1              | Contributions, gifts, grants, etc., received   | 104,000.                              |  | IV/ A  | · · · - · · · · · · · · · · · · · · · ·   |
|                                  | 2              | Check fithe foundation is not required to attach Sch. B. Interest on savings and temporary | 1,623.                                | 1,623.                                 |  | Statement 1                               |
|                                  | 4              | cash investments   | 10,745.                               | 10,745.                                |  | Statement 2                               |
|                                  |                | Dividends and interest from securities Gross rents   | 10,743.                               | 10,743.                                | -  | beatement z                               |
|                                  | Ι.             | Net rental income or (loss)  |                                       |  |  |   |
|                                  | ۱ ـ            | Net gain or (loss) from sale of assets not on line 10                                      | 3,570.                                |  |  |   |
| īe                               | l b            | Gross sales price for all assets on line 6a 3,570.   | 0,0.00                                |  |  |   |
| Revenue                          | 7              | Capital gain net income (from Part IV, line 2)   |                                       | 3,570.                                 |  |   |
| æ                                | 8              | Net short-term capital gain  |                                       |  |  |   |
|                                  | 9              | Income modifications   |                                       |  |  |   |
|                                  | 10a            | Gross sales less returns and allowances  |                                       |  |  |   |
|                                  |                | Less Cost of goods sold  |                                       | ······································ |  | •   |
|                                  | C              | Gross profit or (loss)   |                                       |  |  |   |
|                                  | 11             | Other income   |                                       |  |  |   |
|                                  | 12             | Total. Add lines 1 through 11  | 199,938.                              | 15,938.                                |  |   |
|                                  | 13             | Compensation of officers, directors, trustees, etc   | 0.                                    | 0.                                     |  | 0.  |
|                                  | 14             | Other employee salaries and wages  |                                       |  |  |   |
| u)                               | 15             | Pension plans, employee benefits   |                                       |  |  |   |
| enses                            | 16a            | Legal fees   |                                       |  |  |   |
| þe                               |                | Accounting fees Stmt 3   | 2,697.                                | 0.                                     |  | 0.  |
| Щ                                |                | Other professional fees  |                                       |  |  |   |
| Operating and Administrative Exp |                | Interest   | 264                                   |  |  |   |
| stra                             |                | Taxes Stmt 4   | 264.                                  | 0.                                     |  | 0.  |
| Ë                                | 19             | Depreciation and depletion   |                                       |  |  |   |
| Ę                                |                | Occupancy  |                                       |  |  | <del></del>                               |
| ΨĐ                               | 21             | Travel, conferences, and meetings  | · · · · · · · · · · · · · · · · · · · |  | <del></del>  | · · · · · · · · · · · · · · · · · · ·     |
| ) an                             | 22             | Printing and publications  Other expenses Stmt 5   | 1,681.                                | 1,606.                                 |  | 0.  |
| ting                             | 23             |  | 1,001.                                | 1,000.                                 |  | · · · · · · · · · · · · · · · · · · ·     |
| era                              | 44 ,           | Total operating and administrative expenses Add lines 13 through 23                        | 4,642.                                | 1,606.                                 |  | 0.  |
| o                                | 25             |  | 128,500.                              | 1,000.                                 |  | 128,500.                                  |
|                                  | 25  <br>  26   | Contributions, gifts, grants paid (V)  | 120,3001                              |  |  | 120,300.                                  |
|                                  | ["             | Add ines 24 and 25   | 133,142.                              | 1,606.                                 |  | 128,500.                                  |
|                                  | 27             | Subtract lyne 20 from lyne [2]   |                                       | _,000                                  |  |   |
|                                  |                | Excess of revenue are expenses, and disburs ments  | 66,796.                               |  |  |   |
|                                  | Ь              | Net investment income (if negative, enter -0-)   |                                       | 14,332.                                |  |   |
|                                  | c              | Adjusted net income (if negative, enter -0-)   |                                       |  | N/A  |   |
| 9235<br>02-0                     | 01<br>2-10     | LHA For Privacy Act and Paperwork Reduction  | Act Notice, see the instruct          | tions.                                 |  | Form <b>990-PF</b> (2009)                 |

## Part III Analysis of Changes in Net Assets or Fund Balances

and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds

31 Total liabilities and net assets/fund balances

30 Total net assets or fund balances

28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds

|   | وي الوراد والمورود والأرب وورود كالأرب المراد والمورود وا |     |          |
|---|--|-----|----------|
| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30  |     |          |
|   | (must agree with end-of-year figure reported on prior year's return)   | [1] | 818,682. |
| 2 | Enter amount from Part I, line 27a   | 2   | 66,796.  |
| 3 | Other increases not included in line 2 (itemize)   | 3   | 0.       |
| 4 | Add lines 1, 2, and 3  | 4   | 885,478. |
| 5 | Decreases not included in line 2 (itemize)   | 5   | 0.       |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30  | 6   | 885,478. |

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818,682.

928,182.

885,478.

996,447

6

7

143.

117,249.

128,500.

See the Part VI instructions.

7 Add lines 5 and 6

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

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|---|--|-------------|-------|-------------|-------|------|------------|
| _   | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(  | e), or 4    | 948   | - see ı     | nstru | ctio | ns)        |
| 18  | a Exempt operating foundations described in section 4940(d)(2), check here ▶ ∟ and enter "N/A" on line 1.  | )           |       |             |       |      |            |
| Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) |  |             |       |             |       | _    |            |
| t   | b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%   |             |       |             |       | 1    | <u>43.</u> |
|   | of Part I, line 27b  |             |       |             |       |      |            |
| •   | c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)  | J           |       |             |       |      |            |
| 2   | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  |             | 2     |             |       |      | 0.         |
| 3   | Add lines 1 and 2  |             | 3     |             |       | 1    | <u>43.</u> |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  |             | 4_    |             |       |      | 0.         |
| 5   | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  |             | 5     |             |       | 1    | 43.        |
| 6   | Credits/Payments:  |             |       |             |       |      |            |
| ŧ   | a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 6a  |             |       |             |       |      |            |
| t   | b Exempt foreign organizations - tax withheld at source 6b   |             |       |             |       |      |            |
| (   | c Tax paid with application for extension of time to file (Form 8868)  |             |       |             |       |      | ì          |
| (   | d Backup withholding erroneously withheld 6d   |             | ]     |             |       |      |            |
| 7   | Total credits and payments. Add lines 6a through 6d  |             | 7     |             |       |      | 0.         |
| 8   | Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached  |             | 8     |             |       |      |            |
| 9   | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  | <b>•</b>    | 9     |             |       | 1    | 43.        |
| 10  | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  | <b>&gt;</b> | 10    |             |       |      |            |
| 11  | Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ Refu   | nded ►      | 11    |             |       |      |            |
| Pá  | art VII-A Statements Regarding Activities  |             |       |             |       |      |            |
| 18  | a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or  | ıntervene   | ın    |             |       | Yes  | No         |
|   | any political campaign?  |             |       |             | 1a    |      | X          |
| t   | b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for def  | inition)?   |       |             | 1b    |      | X          |
|   | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials  | publishe    | d or  |             |       |      |            |
|   | distributed by the foundation in connection with the activities.   | -           |       |             |       |      |            |
|   | c Did the foundation file Form 1120-POL for this year?   |             |       |             | 1c    |      | X          |
|   | d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:   |             |       |             |       |      |            |
|   | (1) On the foundation. ► \$ (2) On foundation managers. ► \$   | 0.          |       |             |       |      |            |
| (   | e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation  | tion        | •     |             |       |      |            |
|   | managers. ▶ \$ 0.  |             |       |             |       |      |            |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?  |             |       |             | 2     |      | X          |
|   | If "Yes," attach a detailed description of the activities  |             |       |             |       |      |            |
| 3   | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorp   | oration, o  | )Γ    |             |       |      | ł          |
|   | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes   |             |       |             | 3     | -    | X          |
| 48  | a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  |             |       |             | 4a    |      | X          |
| t   | b If "Yes," has it filed a tax return on Form 990-T for this year?   |             | N     | /A          | 4b    |      |            |
| 5   | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   |             |       |             | 5     |      | X          |
|   | If "Yes," attach the statement required by General Instruction T   |             |       |             |       |      |            |
| 6   | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  |             |       |             |       |      |            |
|   | By language in the governing instrument, or  |             |       |             |       | '    |            |
|   | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with   | h the state | e law |             |       |      |            |
|   | remain in the governing instrument?  |             |       |             | 6     | X    |            |
| 7   | Did the foundation have at least \$5,000 in assets at any time during the year?  |             |       |             | 7     | Х    |            |
|   | If "Yes," complete Part II, col. (c), and Part XV  |             |       |             |       |      |            |
| 88  | a Enter the states to which the foundation reports or with which it is registered (see instructions)   |             |       |             |       |      |            |
|   | NC   |             |       |             |       |      |            |
| ı   | of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designa   | te)         |       |             |       |      |            |
| •   |  |             |       |             | 8b    | Х    |            |
| 9   | 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar  |             |       |             |       |      |            |
| ٠   | year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV   | _, 5510     |       |             | 9     |      | х          |
| 10  | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address   | Ses         |       |             | 10    |      | X          |
|   | The state of the s |             |       |             |       |      |            |

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|-----|---|-------------------|-----|------------|-------------|
| Pa  | art VII-A   Statements Regarding Activities (continued)   |                   |     |            |             |
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of                |                   |     |            |             |
|     | section 512(b)(13)? If "Yes," attach schedule (see instructions)  |                   | 11  |            | _ X_        |
| 12  | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before                                  |                   |     |            |             |
|     | August 17, 2008?  |                   | 12  |            | LX_         |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                   |                   | 13  | X          |             |
|     | Website address ► N/A   |                   |     |            |             |
| 14  | The books are in care of ▶ Tish Quindlen Telephone no.  |                   |     | <u>750</u> |             |
|     | Located at ▶ 3920 Dover Road, Durham, NC  | ZIP+4 <b>▶</b> 27 | 707 |            |             |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here                                   |                   |     |            | · 🔲         |
|     |   | 15                | N   | /A         |             |
| Pa  | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required   |                   |     |            |             |
|     | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.   |                   |     | Yes        | No          |
| 18  | a During the year did the foundation (either directly or indirectly):   |                   |     |            | '           |
|     |   | s X No            |     |            |             |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)   |                   |     |            | ĺ           |
|     | · · · · · · · · · · · · · · · · · · ·   | s X No            | 1   |            |             |
|     |   | s X No            |     |            |             |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  | s X No            |     |            |             |
|     | (5) Transfer any income or assets to a disqualified person (or make any of either available   |                   |     |            |             |
|     | for the benefit or use of a disqualified person)?   | s X No            |     |            | ;           |
|     | (6) Agree to pay money or property to a government official? (Exception. Check "No"   |                   |     |            |             |
|     | if the foundation agreed to make a grant to or to employ the official for a period after  |                   |     |            | ,           |
|     | termination of government service, if terminating within 90 days.)  | s X No            |     |            |             |
| t   | o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations              |                   |     |            | ,           |
|     | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?                          | N/A               | 1b  |            |             |
|     | Organizations relying on a current notice regarding disaster assistance check here  | ▶ □               |     |            |             |
| c   | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected       |                   |     |            |             |
|     | before the first day of the tax year beginning in 2009?   |                   | 1c  |            | X           |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation      |                   |     |            |             |
|     | defined in section 4942(j)(3) or 4942(j)(5)):   |                   |     |            | 1           |
| a   | At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginnin   | 9                 |     |            | 1           |
|     |   | s X No            |     |            |             |
|     | If "Yes," list the years  |                   |     |            | i           |
| t   | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect |                   |     |            | ,           |
|     | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach  |                   |     |            |             |
|     | statement - see instructions.)  | N/A               | 2b  |            |             |
| C   | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.               |                   |     |            | <del></del> |
|     |   |                   |     |            |             |
| 38  | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time                           |                   |     |            |             |
| -   |   | s X No            |     |            | i           |
| h   | of "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons aft  |                   |     |            | '           |
| •   | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to d        |                   |     |            | i .         |
|     | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C     |                   |     |            |             |
|     | Form 4720, to determine if the foundation had excess business holdings in 2009.)  | N/A               | 3ь  |            | '           |
| A   | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                     | -1/ -1            | 4a  |            | х           |
|     | o Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose   | that              | ~a  | <u> </u>   | <del></del> |
| L   | had not been removed from jeopardy before the first day of the tax year beginning in 2009?  | wat               | 4b  |            | х           |
|     | nee not soon to move a norm leobardy seriote trie ries only of the tax year negligibility in 2003.                                    |                   | 70  |            |             |

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|--|---|---|--|--------------|-----------------------------------|
| Part VII-B   Statements Regarding Activities for Which I   | rorm 4/20 May Be F  | required (contin                                | ued)   |              | <del>,</del>                      |
| 5a During the year did the foundation pay or incur any amount to:  | 10.177.110  | <b></b>   | <b>□</b>   |              |                                   |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section  | ` ''  | •   | es 🗶 No  |              |                                   |
| (2) Influence the outcome of any specific public election (see section 4955); o  | r to carry on, directly or indire                               |   | es X No  | - 1          |                                   |
| any voter registration drive?  | ń   |   | es X No  | 1            |                                   |
| (3) Provide a grant to an individual for travel, study, or other similar purposes  |   | T+  | es Lau No  |              |                                   |
| (4) Provide a grant to an organization other than a charitable, etc., organization<br>509(a)(1), (2), or (3), or section 4940(d)(2)?     | n described in section  |   | es 🗶 No  | 1            | -                                 |
|  | or advectional purposes, or f                                   |   | es Lal NO  | ı            |                                   |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,<br>the prevention of cruelty to children or animals? | or educational purposes, or i                                   |   | es X No  | ı            | . <b>.</b> .                      |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und   | for the eventions described i                                   |   | ES LAL NU  |              |                                   |
| section 53.4945 or in a current notice regarding disaster assistance (see instru   |   | in regulations                                  | N/A  | 5b           |                                   |
| Organizations relying on a current notice regarding disaster assistance check h  |   |   |  | <del>"</del> | <del></del>                       |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi   |   | inad  |  |              |                                   |
| expenditure responsibility for the grant?  |   | 7/A 🔲 Y   | es No  |              |                                   |
| If "Yes," attach the statement required by Regulations section 53.494  |   | .,  |  |              |                                   |
| <b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to   | • •   |   |  |              |                                   |
| a personal benefit contract?   | pay promising on  |   | es X No  |              |                                   |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p  | ersonal benefit contract?                                       |   |  | 6b           | <b>x</b>                          |
| If "Yes" to 6b, file Form 8870   |   |   |  |              |                                   |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s   | helter transaction?   | Ye  | es X No  |              |                                   |
| b If yes, did the foundation receive any proceeds or have any net income attribute   | able to the transaction?  |   | N/A  | 7b           |                                   |
| Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors   | ees, Foundation Ma  | nagers, Highly                                  | у  |              |                                   |
| 1 List all officers, directors, trustees, foundation managers and their  | compensation.   |   |  |              |                                   |
| (a) Name and address   | (b) Title, and average<br>hours per week devoted<br>to position | (c) Compensation<br>(If not paid,<br>enter -0-) | (d) Contributions to<br>employee benefit plans<br>and deferred<br>compensation | (e)<br>acco  | Expense<br>ount, other<br>owances |
| Dr. Martin J Murphy, Jr.   | Prsident  |   | compensation   | <u> </u>     |                                   |
| 3920 Dover Road  |   |   |  |              |                                   |
| Durham, NC 27707   | 0.50  | 0.  | 0.   |              | 0.                                |
| Dr. Ann A Murphy   | Vice-Presiden   | t   |  |              |                                   |
| 3920 Dover Road  |   |   |  |              |                                   |
| Durham, NC 27707   | 0.50  | 0.  | 0.   |              | 0.                                |
|  | Secretary   |   |  |              |                                   |
| 2 Henry Adams, Suite 450   |   |   |  |              |                                   |
| San Francisco, CA 94103  | 0.50  | 0.  | 0.   |              | 0.                                |
|  | Treasurer   |   |  |              |                                   |
| 203 Avenida Palayo   |   |   |  |              |                                   |
| San Clemente, CA 92672   | 0.50  | 0.  | 0.   |              | 0.                                |
| 2 Compensation of five highest-paid employees (other than those inc  |   | enter "NONE."                                   | (d) Contributions to   | 1 (.)        | Funance                           |
| (a) Name and address of each employee paid more than \$50,000  | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation                                | employee benefit plans<br>and deferred<br>compensation                         | acco<br>allo | Expense<br>ount, other<br>owances |
| NONE   |   |   |  |              |                                   |
|  |   |   |  |              |                                   |
|  |   |   |  |              |                                   |
|  |   |   | <b> </b>   | <u> </u>     |                                   |
|  |   |   |  |              |                                   |
|  |   | <del> </del>                                    | <u></u>  | ├—           | <del></del>                       |
|  |   |   |  |              |                                   |
|  |   | <del> </del>                                    |  | $\vdash$     |                                   |
|  |   |   |  |              |                                   |
| Total number of other employees paid over \$50,000   |   |   | <b>&gt;</b>  |              | 0                                 |
|  |   |   | Form   | 990-F        | <b>PF</b> (2009)                  |

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|---|--|---------------|-----------|
| Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)  | lation Managers, Highly                          |               |           |
| 3 Five highest-paid independent contractors for professional services. If none, ent   | ter "NONE."                                      |               |           |
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service                              | (c) Con       | pensation |
| NONE  |  |               | -         |
|   |  |               |           |
|   |  |               | -         |
|   |  |               |           |
| The Administration of Atheres are a second of the Atheres |  |               |           |
| Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities   |  | <u> </u>      |           |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant stat number of organizations and other beneficiaries served, conferences convened, research papers pr   | tistical information such as the oduced, etc.    | Expense       | s         |
| 1 N/A   | ,  |               |           |
|   |  | ]             |           |
| 2   |  |               |           |
|   |  | ]             |           |
| 3   |  |               |           |
|   |  |               |           |
| 4   |  | •             | ·         |
|   |  | <u>.</u><br>] |           |
| Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year of  | an lines 1 and 0                                 | 1             |           |
| 1 N/A   | on lines 1 and 2.                                | Amount        |           |
| I A/A   |  | 1             |           |
| 2   |  |               | _         |
|   |  | 1             |           |
| All other program-related investments. See instructions.  | <del>"                                    </del> |               |           |

0.

Total. Add lines 1 through 3

| P  | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four  | ndations    | s, see instructions.) |
|----|--|-------------|-----------------------|
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:  |             | <del></del>           |
| a  | Average monthly fair market value of securities  | 1a          | 602,333.              |
| b  | Average of monthly cash balances   | 1b          | 232,790.              |
| C  | Fair market value of all other assets  | 1c          |                       |
| d  | Total (add lines 1a, b, and c)   | 1d          | 835,123.              |
| е  | Reduction claimed for blockage or other factors reported on lines 1a and   |             |                       |
|    | 1c (attach detailed explanation) 1e 1  |             |                       |
| 2  | Acquisition indebtedness applicable to line 1 assets   | 2           | 0.                    |
| 3  | Subtract line 2 from line 1d   | 3           | 835,123.              |
| 4  | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)  | 4           | 12,527.               |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4   | 5           | 822,596.              |
| 6  | Minimum investment return. Enter 5% of line 5  | 6           | 41,130.               |
| P  | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.) | d certain   |                       |
| 1  | Minimum investment return from Part X, line 6  | 1           | 41,130.               |
| 2a | Tax on investment income for 2009 from Part VI, line 5   |             |                       |
| b  | Income tax for 2009. (This does not include the tax from Part VI.)   |             |                       |
| C  | Add lines 2a and 2b  | 2c          | 143.                  |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1  | 3           | 40,987.               |
| 4  | Recoveries of amounts treated as qualifying distributions  | 4           | 0.                    |
| 5  | Add lines 3 and 4  | 5           | 40,987.               |
| 6  | Deduction from distributable amount (see instructions)   | 6           | 0.                    |
| 7  | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1   | 7           | 40,987.               |
| P  | art XII Qualifying Distributions (see instructions)  |             |                       |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:   |             | 100 500               |
| _  | Expenses, contributions, gifts, etc total from Part I, column (d), line 26   | 1a          | 128,500.              |
| b  | •  | 1b          | <u>U.</u>             |
| 2  | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes  | 2           |                       |
| 3  | Amounts set aside for specific charitable projects that satisfy the:   | _           |                       |
| a  | , , , ,  | 3a          |                       |
| b  | Cash distribution test (attach the required schedule)  | 3b          | 100 500               |
| 4  | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4   | 4           | 128,500.              |
| 5  | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment   |             | 112                   |
| _  | income. Enter 1% of Part I, line 27b   | 5           | 143.                  |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6           | 128,357.              |
|    | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.            | jualifies f | or the section        |

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Part XIII Undistributed Income (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2008 | (c)<br>2008 | ( <b>d)</b><br>2009       |
|--|---------------|----------------------------|-------------|---------------------------|
| 1 Distributable amount for 2009 from Part XI,  |               |                            |             | 40.007                    |
| line 7   |               |                            |             | 40,987.                   |
| 2 Undistributed income, if any, as of the end of 2009  |               |                            | 0           |                           |
| a Enter amount for 2008 only   |               |                            | 0.          | ·                         |
| b Total for prior years:   |               | 0.                         |             | ·                         |
| 3 Excess distributions carryover, if any, to 2009:   |               |                            |             |                           |
| a From 2004 14,758.  |               |                            |             |                           |
| b From 2005 41,286.  |               |                            |             |                           |
| cFrom 2006 65,562.   |               |                            |             |                           |
| d From 2007  |               |                            |             | 1                         |
| eFrom 2008 116,521.  |               |                            |             | ï                         |
| f Total of lines 3a through e  | 238,127.      |                            |             |                           |
| 4 Qualifying distributions for 2009 from   |               |                            |             |                           |
| Part XII, line 4: ►\$ 128,500.   |               |                            |             |                           |
| a Applied to 2008, but not more than line 2a   |               |                            | 0.          |                           |
| b Applied to undistributed income of prior   |               |                            |             |                           |
| years (Election required - see instructions)   |               | 0.                         |             |                           |
| c Treated as distributions out of corpus   |               |                            |             |                           |
| (Election required - see instructions)   | 0.            |                            |             |                           |
| d Applied to 2009 distributable amount   |               |                            |             | 40,987.                   |
| e Remaining amount distributed out of corpus   | 87,513.       |                            |             |                           |
| 5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))   | 0.            |                            |             | 0.                        |
| 6 Enter the net total of each column as indicated below:   |               |                            |             |                           |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 325,640.      |                            |             | ļ                         |
| b Prior years' undistributed income. Subtract  |               |                            |             |                           |
| line 4b from line 2b   |               | 0.                         |             |                           |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               | 0.                         |             | \<br>\<br>!               |
| d Subtract line 6c from line 6b. Taxable   | ······        |                            |             |                           |
| amount - see instructions  |               | 0.                         |             |                           |
| e Undistributed income for 2008. Subtract line   |               |                            |             |                           |
| 4a from line 2a. Taxable amount - see instr.   |               |                            | 0.          |                           |
| f Undistributed income for 2009. Subtract  |               |                            |             |                           |
| lines 4d and 5 from line 1. This amount must   |               |                            |             |                           |
| be distributed in 2010   |               |                            |             | 0.                        |
| 7 Amounts treated as distributions out of  |               |                            |             |                           |
| corpus to satisfy requirements imposed by  | _             |                            |             |                           |
| section 170(b)(1)(F) or 4942(g)(3)   | 0.            |                            |             |                           |
| 8 Excess distributions carryover from 2004   |               |                            |             |                           |
| not applied on line 5 or line 7  | 14,758.       |                            |             |                           |
| 9 Excess distributions carryover to 2010.  |               |                            |             |                           |
| Subtract lines 7 and 8 from line 6a  | 310,882.      | _                          |             |                           |
| O Analysis of line 9:  |               |                            |             |                           |
| a Excess from 2005 41, 286.  |               |                            |             |                           |
| b Excess from 2006 65,562.   |               |                            |             |                           |
| c Excess from 2007   |               | ļ                          |             |                           |
| d Excess from 2008 116,521.  |               | ļ                          |             |                           |
| e Excess from 2009 87,513.   |               |                            |             | Form <b>990-PF</b> (2009) |

|  | ed Cancer Fo                                       |  |                             |   | 64194 Page          |
|--|--|--|-----------------------------|---|---------------------|
| Part XIV Private Operating F   | oundations (see in                                 | structions and Part VI                           | I-A, question 9)            | N/A   |                     |
| 1 a If the foundation has received a ruling of                                     | or determination letter tha                        | t it is a private operating                      |                             |   |                     |
| foundation, and the ruling is effective fo   | or 2009, enter the date of                         | the ruling                                       | <b>&gt;</b>                 |   |                     |
| b Check box to indicate whether the found  | dation is a private operati                        | ng foundation described i                        | in section                  | 4942(j)(3) or4                                      | 942(j)(5)           |
| 2 a Enter the lesser of the adjusted net   | Tax year   |  | Prior 3 years               |   | [                   |
| income from Part I or the minimum  | (a) 2009   | (b) 2008   | (c) 2007                    | (d) 2006  | (e) Total           |
| investment return from Part X for  |  |  |                             |   |                     |
| each year listed   |  | i  | 1                           |   | 1                   |
| <b>b</b> 85% of line 2a  |  | †  | <u> </u>                    | <del> </del>  |                     |
| c Qualifying distributions from Part XII,  | ·  | <del>                                     </del> | <u> </u>                    |   |                     |
| line 4 for each year listed  |  |  |                             | Ì   | 1                   |
| d Amounts included in line 2c not  |  |  | <del> </del>                | <del></del>   |                     |
| used directly for active conduct of  |  |  |                             | İ   |                     |
| exempt activities  |  | }  |                             |   | Ì                   |
| e Qualifying distributions made directly   |  |  |                             | <del> </del>  |                     |
| for active conduct of exempt activities.   |  | 1  |                             | 1   | Ì                   |
| Subtract line 2d from line 2c  |  |  |                             |   |                     |
| 3 Complete 3a, b, or c for the   | <del></del>  | <del> </del>                                     | -                           | · <del>                                      </del> | <del> </del>        |
| alternative test relied upon:  |  |  |                             |   |                     |
| a "Assets" alternative test - enter:   |  | Ï  |                             |   | 1                   |
| (1) Value of all assets  | <u> </u>   | <del> </del>                                     | <del> </del>                | <del></del>   | <del> </del>        |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i)                      |  |  |                             |   |                     |
| b "Endowment" alternative test - enter<br>2/3 of minimum investment return         |  | 1  | }                           | }   | 1                   |
| shown in Part X, line 6 for each year  |  |  |                             | İ   | }                   |
| listed   |  |  |                             | <u> </u>  | <u> </u>            |
| c "Support" alternative test - enter:  |  |  |                             |   |                     |
| (1) Total support other than gross   |  | 1  | 1                           |   | 1                   |
| investment income (interest,   |  |  |                             |   |                     |
| dividends, rents, payments on<br>securities loans (section                         | 1  | Ì  |                             |   | 1                   |
| 512(a)(5)), or royalties)  | L  |  |                             |   |                     |
| (2) Support from general public  |  |  |                             |   |                     |
| and 5 or more exempt<br>organizations as provided in                               |  |  |                             |   |                     |
| section 4942(j)(3)(B)(iii)   |  | <u> </u>   |                             |   |                     |
| (3) Largest amount of support from   |  |  |                             |   |                     |
| an exempt organization   |  | }  |                             |   | 1                   |
| (4) Gross investment income  |  |  |                             | 1   |                     |
| Part XV   Supplementary Info   | rmation (Comple                                    | te this part only                                | if the foundatio            | n had \$5,000 or m                                  | ore in assets       |
| at any time during t   | the year-see the                                   | instructions.)                                   |                             |   |                     |
| 1 Information Regarding Foundation   | on Managers:                                       |  |                             |   |                     |
| a List any managers of the foundation wh   |  |  | ributions received by th    | e foundation before the clo                         | se of any tax       |
| year (but only if they have contributed r  | more than \$5,000). (See s                         | section 507(d)(2).)                              |                             |   |                     |
| See Statement 7  |  |  |                             |   |                     |
| b List any managers of the foundation who other entity) of which the foundation ha | no own 10% or more of this a 10% or greater intere | ne stock of a corporation st.                    | (or an equally large port   | tion of the ownership of a p                        | artnership or       |
| None   |  |  |                             |   |                     |
| 2 Information Regarding Contribut  | ion, Grant, Gift, Loan                             | . Scholarship, etc., Pr                          | rograms:                    | - <del></del>                                       |                     |
| Check here <b>X</b> if the foundation of   |  |  |                             | not accept unsolicited requ                         | uests for funds. If |
| the foundation makes gifts, grants, etc.   | (see instructions) to indi                         | viduals or organizations u                       | inder other conditions, o   | complete items 2a, b, c, an                         | d d.                |
| a The name, address, and telephone num   | ber of the person to who                           | m applications should be                         | addressed:                  | ····  |                     |
| ,  | •  |  |                             |   |                     |
| <b>b</b> The form in which applications should be                                  | be submitted and informa                           | tion and materials they sl                       | hould include:              |   |                     |
| c Any submission deadlines:  |  |  |                             |   |                     |
|  |  |  |                             |   |                     |
| d Any restrictions or limitations on award   | ls, such as by geographic                          | al areas, charitable fields,                     | , kınds of ınstitutions, or | other factors:                                      |                     |
|  |  |  |                             |   |                     |
|  |  |  |                             |   |                     |

| 3 Grants and Contributions Paid During the | Year or Approved for Future  | Payment             |                                  |                          |
|--|--|---------------------|----------------------------------|--------------------------|
| Recipient                                  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation          | Purpose of grant or contribution | Amount                   |
| Name and address (home or business)        | any foundation manager<br>or substantial contributor   | status of recipient | contribution                     | Amount                   |
| a Paid during the year  See Statement 8    | or substantial contributor   | recipient           |                                  |                          |
| Total                                      |  |                     | <b>▶</b> 3a                      | 128,500.                 |
| b Approved for future payment  None        |  |                     |                                  |                          |
| Total                                      |  |                     | <b>▶</b> 3b                      | 0.                       |
| 923611 02-02-10                            |  |                     | Fe                               | orm <b>990-PF</b> (2009) |

| er gross amounts unless otherwise indicated.               | Unrelated 1           | Unrelated business income |                       | by section 512, 513, or 514 | (e)               |  |
|--|-----------------------|---------------------------|-----------------------|-----------------------------|-------------------|--|
|  | (a)<br>Business       | (b)                       | (C)<br>Exclu-<br>sion | (d)                         | Related or exempt |  |
| Program service revenue:                                   | code                  | Amount                    | code                  | Amount                      | function income   |  |
| ·  |                       |                           |                       |                             |                   |  |
|  | _ [                   |                           |                       |                             |                   |  |
|  |                       |                           |                       |                             |                   |  |
| 1  | _ [                   |                           |                       |                             | •                 |  |
| e  | _ [                   |                           |                       |                             |                   |  |
|  |                       |                           |                       |                             | <u></u>           |  |
| Fees and contracts from government agencies                |                       |                           |                       |                             |                   |  |
| Membership dues and assessments                            |                       | _                         |                       |                             |                   |  |
| nterest on savings and temporary cash                      |                       |                           |                       |                             |                   |  |
| investments  |                       |                           | 14                    | 1,623.                      |                   |  |
| Dividends and interest from securities                     |                       |                           | 14                    | 10,745.                     |                   |  |
| Net rental income or (loss) from real estate:              |                       |                           |                       |                             |                   |  |
| a Debt-financed property                                   |                       |                           |                       |                             | _                 |  |
| Not debt-financed property                                 |                       |                           |                       |                             |                   |  |
| Net rental income or (loss) from personal                  |                       |                           |                       |                             |                   |  |
| property   |                       |                           |                       |                             |                   |  |
| Other investment income                                    |                       |                           |                       |                             |                   |  |
| Gain or (loss) from sales of assets other                  | i i                   |                           |                       |                             |                   |  |
| than inventory   |                       |                           | 14                    | 3,570.                      |                   |  |
| Net income or (loss) from special events                   |                       |                           |                       |                             |                   |  |
| Gross profit or (loss) from sales of inventory             |                       |                           |                       |                             |                   |  |
| Other revenue:   |                       |                           |                       |                             |                   |  |
| a  | _                     |                           |                       |                             |                   |  |
|  |                       |                           |                       |                             |                   |  |
| ·  | _                     |                           |                       |                             |                   |  |
| d  | _                     |                           |                       |                             |                   |  |
| e  | _                     |                           |                       |                             |                   |  |
| Subtotal. Add columns (b), (d), and (e)                    | L                     | (                         | ).                    | 15,938.                     |                   |  |
| Fotal. Add line 12, columns (b), (d), and (e)              |                       |                           |                       | 13                          | 15,93             |  |
| worksheet in line 13 instructions to verify calculations.) |                       |                           |                       |                             |                   |  |
| art XVI-B Relationship of Activities                       | to the Accom          | plishment of              | Exempt P              | Purposes                    |                   |  |
|  |                       | -                         |                       |                             |                   |  |
| ne No. Explain below how each activity for which in        |                       |                           |                       | d importantly to the accomp | lishment of       |  |
| the foundation's exempt purposes (other than               | in by providing funds | for such purposes).       |                       |                             |                   |  |

| Ellie No. ▼       | the foundation's exempt purposes (other than by providing funds for such purposes). |
|-------------------|---|
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| Part X               |  | amed Cancer F                      |                               | ian                  | nd Dalatis         |                            | 2-1564194                   |                  | age 13   |
|----------------------|--|------------------------------------|-------------------------------|----------------------|--------------------|----------------------------|-----------------------------|------------------|--|
| raitA                | Exempt Organ   | egarding Transfers                 | s to and transact             | ions a               | na Kelatio         | onsnips with r             | voncnaritabi                | е                |  |
| 1 Did t              | he organization directly or ind  |                                    | following with any other or   | ganizatio            | n described in :   | section 501(c) of          |                             | Yes              | No   |
|                      | ode (other than section 501(c  |                                    |                               |                      |                    |                            |                             |                  | <del>                                     </del> |
|                      | sfers from the reporting found   |                                    |                               | · <b>J</b> - · · · · |                    |                            | i                           | ł                |  |
| (1)                  |  |                                    | , , <b>,</b>                  |                      |                    |                            | 1a(1)                       | ,                | x  |
|                      | Other assets   |                                    |                               |                      |                    |                            | 1a(2)                       | +                | X  |
|                      | r transactions:  |                                    |                               |                      |                    |                            | 13.0                        |                  | <b>†</b>   |
| (1)                  | Sales of assets to a noncharita  | able exempt organization           |                               |                      |                    |                            | 16(1)                       | ,                | x  |
|                      | Purchases of assets from a no  |                                    | ation                         |                      |                    |                            | 1b(2)                       |                  | X  |
|                      | Rental of facilities, equipment,   | · -                                |                               |                      |                    |                            | 1b(3)                       |                  | X  |
| (4)                  | Reimbursement arrangements   | S                                  |                               |                      |                    |                            | 1b(4)                       |                  | X  |
| (5) ا                | oans or loan guarantees  |                                    |                               |                      |                    |                            | 1b(5)                       | +                | X  |
| (6)                  | Performance of services or mo  | embership or fundraising so        | olicitations                  |                      |                    |                            | 1b(6)                       | 1                | X  |
| c Sharr              | ing of facilities, equipment, ma   | ailing lists, other assets, or i   | paid employees                |                      |                    |                            | 1c                          |                  | X  |
| d If the             | answer to any of the above is  | "Yes," complete the follow         | ng schedule. Column (b) si    | hould alw            | ays show the f     | air market value of th     | he goods, other as          | sets,            |  |
|                      | rvices given by the reporting t  |                                    |                               |                      |                    |                            |                             |                  |  |
| colur                | nn (d) the value of the goods,   | other assets, or services re       | ceived.                       |                      |                    |                            |                             |                  |  |
| (a)Line no           | (b) Amount involved  | (c) Name of nonch                  | narıtable exempt organizatı   | on                   | (d) Descri         | ption of transfers, transa | actions, and sharing a      | rrangem          | ents   |
|                      |  | N                                  | I/A                           |                      |                    |                            |                             |                  |  |
|                      |  |                                    |                               |                      |                    |                            |                             |                  |  |
|                      |  |                                    |                               |                      |                    | •                          |                             |                  |  |
|                      |  |                                    |                               |                      |                    |                            |                             |                  |  |
|                      |  |                                    |                               |                      |                    |                            |                             |                  |  |
|                      |  | <u> </u>                           |                               |                      |                    |                            |                             |                  |  |
|                      |  |                                    |                               |                      |                    |                            |                             |                  |  |
|                      |  |                                    |                               |                      |                    |                            |                             |                  |  |
|                      |  |                                    |                               |                      |                    |                            |                             |                  |  |
|                      |  |                                    |                               | _                    |                    |                            |                             |                  |  |
|                      | ļ  | <u> </u>                           |                               |                      | <u>_</u>           |                            |                             |                  |  |
|                      |  | ļ                                  |                               |                      |                    |                            |                             |                  |  |
|                      | ļ <u>.</u>   | <u> </u>                           | ····                          |                      |                    |                            |                             |                  |  |
|                      |  | <del> </del>                       |                               |                      | <b>-</b>           |                            |                             |                  |  |
|                      |  | <del></del>                        |                               |                      |                    |                            |                             |                  |  |
|                      | <u> </u>   | <u> </u>                           | <del></del>                   |                      | 1                  |                            |                             |                  |  |
|                      | foundation directly or indirec   |                                    |                               | t organiz            | ations describe    | ed                         |                             | _ <del>T</del> € | <b>₹</b> 7                                       |
|                      | ction 501(c) of the Code (other  |                                    | r in section 5277             |                      |                    |                            | Yes                         | LZ               | No   |
| b if Ye              | s," complete the following sch   |                                    | (h) Type of organ             | ization I            |                    | (a) December of            | of relationship             |                  |  |
| <del></del>          | (a) Name of or   | Janization                         | (b) Type of organ             | ization              |                    | (c) Description o          | JI Telationship             |                  |  |
|                      |  |                                    |                               |                      |                    |                            |                             |                  |  |
|                      |  |                                    |                               |                      |                    |                            |                             |                  |  |
|                      |  | · · · · ·                          |                               |                      |                    |                            |                             |                  |  |
|                      |  | <del> </del>                       |                               |                      |                    |                            |                             |                  |  |
| Under p              | penalties of perjury, I declare that I I   | have examined this return, include | ding accompanying schedules a | nd statem            | ents, and to the b | est of my knowledge and    | d belief, it is true, corre | ect,             |  |
|                      | nplete Declaration of preparer (oth  |                                    |                               |                      |                    |                            |                             |                  |  |
|                      | Mart   | Mu Al                              | 1 May 12                      | , 2010               | N Dres             | sident                     |                             |                  |  |
| e   ▶ <del>S</del> i | gnature of officer or trustee  |                                    | Nate 1                        | ·, wo                | Title              | TACILL                     | -                           |                  |  |
| Sign Here            | Preparer's   |                                    | Date                          | Tn:                  | ate                | Check if                   | Preparer's identi           | lying nu         | mber   |
| Sign<br>ar's<br>arly | signature Sulf   | h S Trayn                          | ham                           |                      | 5/17/2010          | aalf                       | - <u>1</u>                  | -                |  |
| Sedo                 | THE PROPERTY OF THE PROPERTY O | ,, <u> </u>                        | · ••••                        |                      |                    | Terribiosea -              |                             |                  |  |

Form **990-PF** (2009)

(919) 232-5900

EIN ▶

Phone no.

Firm's name (or yours if self-employed),

address, and ZIP code

Suth S Traynham
Hughes Pittman & Gupton, LLP
1500 Sunday Drive, Suite 300
Raleigh, North Carolina 27607

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

**Employer identification number** 

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

2009

AlphaMed Cancer Foundation 42-1564194 Organization type (check one) Filers of: Section: Form 990 or 990-EZ Ĵ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I. II. and III. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

| Δ1 | nhaMed | Cancer | Foundatio | 4 |
|----|--------|--------|-----------|---|

| Alpha             | med Cancer Foundation  |                             | 2-1564194   |  |
|-------------------|--|-----------------------------|---|--|
| Part I            | Contributors (see instructions)                              |                             |   |  |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4                            | (c) Aggregate contributions | (d) Type of contribution  |  |
| 1                 | Martin J and Ann A Murphy  3920 Dover Road  Durham, NC 27707 | s184,000.                   | Person X Payroll  |  |
| (a)<br>No.        | (b)<br>Name, address, and ZiP + 4                            | (c) Aggregate contributions | (d) Type of contribution  |  |
|                   |  |                             | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)                               |  |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4                            | (c) Aggregate contributions | (d) Type of contribution  |  |
|                   |  | \$                          | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)                               |  |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4                            | (c) Aggregate contributions | (d)<br>Type of contribution   |  |
|                   |  | \$                          | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)                               |  |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4                            | (c) Aggregate contributions | (d)<br>Type of contribution   |  |
|                   |  | \$                          | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)                               |  |
| (a)<br><u>No.</u> | (b)<br>Name, address, and ZIP + 4                            | (c) Aggregate contributions | (d)<br>Type of contribution   |  |
| 923452 02-0       | 1.10   | \$Schedule B /Form          | Person Payroll Noncash (Complete Part II if there is a noncash contribution) 990, 990-EZ, or 990-PF) (2009) |  |

|  |                              |                 |         |                              |                     | _          |
|--|------------------------------|-----------------|---------|------------------------------|---------------------|------------|
| Form 990-PF Interest on Savi               | ngs and Tem                  | porary Ca       | ash Ir  | nvestments                   | Statement           | 1          |
| Source                                     |                              |                 |         |                              | Amount              |            |
| Wachovia Chkg - 4848<br>Wachovia IM - 8673 |                              |                 |         |                              | 1,4                 | 89.<br>34. |
| Total to Form 990-PF, Part I,              | line 3, Co                   | lumn A          |         |                              | 1,6                 | 23.        |
| Form 990-PF Dividend                       | s and Inter                  | est from        | Secui   | rities                       | Statement           | 2          |
| Source                                     | Gross                        | Amount          |         | ital Gains<br>ividends       | Column (A<br>Amount | .)         |
| Wachovia IM - 8673                         | <del></del>                  | 14,315.         |         | 3,570.                       | 10,7                | 45.        |
| Total to Fm 990-PF, Part I, 1              | n 4                          | 14,315.         |         | 3,570.                       | 10,7                | 45.        |
| Form 990-PF                                | Accounti                     | ng Fees         | <u></u> |                              | Statement           | 3          |
| Description                                | (a)<br>Expenses<br>Per Books | (b)<br>Net Inve |         | (c)<br>Adjusted<br>Net Incom |                     |            |
| Accounting & Legal                         | 2,697.                       |                 | 0.      | <del></del>                  |                     | 0.         |
| To Form 990-PF, Pg 1, ln 16b               | 2,697.                       | ·               | 0.      |                              |                     | 0.         |
| Form 990-PF                                | Тах                          | es              |         | <del></del>                  | Statement           | 4          |
| Description                                | (a)<br>Expenses<br>Per Books | (b)<br>Net Inve |         | (c)<br>Adjusted<br>Net Incom |                     |            |
| Excise Taxes                               | 264.                         | ·               | 0.      | <del></del>                  |                     | 0.         |
| To Form 990-PF, Pg 1, ln 18                | 264.                         |                 | 0.      |                              |                     | 0.         |

| Form 990-PF                                | Other E                      | xpenses    |   |                              | Statement                  | 5   |
|--|------------------------------|------------|---|------------------------------|----------------------------|-----|
| Description                                | (a)<br>Expenses<br>Per Books |            |   | (c)<br>Adjusted<br>Net Incom |                            |     |
| Dues & Subscriptions<br>Fiduciary Fees     | 75.<br>1,606.                |            | 0.<br>606.                                    |                              |                            | 0.  |
| To Form 990-PF, Pg 1, ln 23                | 1,681.                       | 1,         | 606.  |                              |                            | 0.  |
| Form 990-PF U.S. and S Description         | State/City G<br>U.S<br>Gov'  | . Other    |   | ok Value                     | Statement Fair Marke Value | t   |
| Ishares Barclays 1-3 Year Tre<br>Bond Fund | easury X                     |            | . <u>,                                   </u> | 591,597.                     | 594,8                      | 23. |
| Total U.S. Government Obligations 591,5    |                              |            |   |                              | 594,8                      | 23. |
| Total State and Municipal Gov              | vernment Obl                 | igations . |   |                              |                            |     |
| Total to Form 990-PF, Part II              | I, line 10a                  | -          |   | 591,597.                     | 594,8                      | 23. |
| Form 990-PF                                | Part XV - L<br>of Foundati   |            | <del>- 27 - 21 - 1</del>                      |                              | Statement                  | 7   |

## Name of Manager

Dr. Martin J Murphy, Jr. Dr. Ann A Murphy

|   | and Contributions<br>During the Year   | State               | ement 8 |
|---|--|---------------------|---------|
| ecipient Name and Address   | Recipient Relationship<br>and Purpose of Grant                               | Recipient<br>Status | Amount  |
| merican Society for Clinical<br>Incology<br>1318 Mill Road, Ste 800<br>Llexandria, VA 22314                   | Tracy W Niederhuber<br>Fund for Breast Cancer<br>Patient Education           | Public<br>Charity   | 25,000. |
| oncern Worldwide<br>2-55 Lower Camden Street<br>Jublin, IRELAND 2   | Nutrition, Education<br>and Disease Prevention<br>in the third world         | Public<br>Charity   | 25,000. |
| uke Oncology - Comprehensive<br>ancer Center<br>uke University, 512 S Mangum<br>treet, Durham, NC 27701       | Pediatric Blood and<br>Marrow Transplant<br>Endowment Project                | Public<br>Charity   | 12,500. |
| oundation for the National nstitutes of Health 650 Rockville Pike, Bethesda, D 20814                          | Multi disciplinary medical research  | Public<br>Charity   | 25,000. |
| NC Oncology - Lineberger Cancer<br>enter<br>08 West Franklin Street, Campus<br>ox 6100, Chapel Hill, NC 27599 | Support clinical<br>trials and new patient<br>therapies                      | Public<br>Charity   | 25,000. |
| Orristown Memorial Health<br>Oundation<br>O Box 1956, Morristown , NJ<br>7962                                 | Expand emergency room services for community hospital                        | Public<br>Charity   | 5,000.  |
| enter for Child and Family<br>Tealth<br>11 W Chapel Hill Street, Suite<br>08, Durham, NC 27701                | North Carolina Child<br>Response Initiative of<br>the Durham Police<br>Force | Public<br>Charity   | 1,000.  |
| uke - Institute on Care at the<br>Ind of Life<br>UMC 3350, Durham, NC 27710                                   | Support care and counseling for terminal cancer patients                     | Public<br>Charity   | 5,000.  |

| AlphaMed Cancer Foundation  |   |                   | 42-1564194 |
|---|---|-------------------|------------|
| Groundspring Organization<br>7920 Norfolk Avenue, Suite 520<br>Bethesda, MD 20814 | In support of the<br>Tides Foundation<br>promoting efficient<br>electronic grants | Public<br>Charity | 5,000.     |
| Total to Form 990-PF, Part XV, 1:   | ine 3a  |                   | 128,500.   |