



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No. 1545-1150

2009

Open to Public
Inspection

► 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 _____, and ending _____

B Check if applicable

Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
JOHNS CANCER FOUNDATION
Number and street (or P O box, if mail is not delivered to street address)
1401 JOHNSTON-WILLIS DRIVE
Room/suite _____
City or town, state or country, and ZIP + 4
RICHMOND VA 23235

D Employer identification number
54-0788977
E Telephone number
804-330-2330
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.JOHNSCANCERFOUNDATION.ORG**J Tax-exempt status (check only one) — 501(c)(3) (insert no.) 4947(a)(1) or 527K 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 ► \$ **107,085**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------------------------------|---------------------|--|--|--|---|---|---|--|--|----------------------------|---|-------------------------------|--|--|------------------------------------|--|--|--|--|--|--|--|---|--|--|
| 1 Contributions, gifts, grants, and similar amounts received | 2 Program service revenue including government fees and contracts | 3 Membership dues and assessments | 4 Investment income | 5a Gross amount from sale of assets other than inventory | 5b Less cost or other basis and sales expenses | 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 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 \$ _____ of contributions reported on line 1) | 6b Less direct expenses other than fundraising expenses | 6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 7a Gross sales of inventory, less returns and allowances | 7b Less cost of goods sold | 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 8 Other revenue (describe ►) | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►) | 10 Grants and similar amounts paid (attach schedule) | 11 Benefits paid to or for members | 12 Salaries, other compensation, and employee benefits | 13 Professional fees and other payments to independent contractors | 14 Occupancy, rent, utilities, and maintenance | 15 Printing, publications, postage, and shipping | 16 Other expenses (describe ► See Statement 2) | 17 Total expenses. Add lines 10 through 16 ►) | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 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) | 20 Other changes in net assets or fund balances (attach explanation) | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►) |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | | | | |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | | | | |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | | | | |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | | | | |

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 | 209,391 | 22 241,330 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe ► See Statement 4) | 962 | 24 8,607 |
| 25 Total assets | 210,353 | 25 249,937 |
| 26 Total liabilities (describe ► See Statement 5) | 2,251 | 26 1,001 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 208,102 | 27 248,936 |

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

DAA

Form 990-EZ (2009)

OJ

Part III Statement of Program Service Accomplishments (See the instructions for Part II.)

What is the organization's primary exempt purpose?

See Statement 6

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, or other relevant information for each program title.

28 SUPPORT CANCER PATIENTS BY ASSISTING WITH DAILY LIVING EXPENSES, MEDICAL CARE, HOME HEALTH CARE RENTALS, EDUCATION AND DIRECT GRANTS.

}) Expenses

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

(Grants \$ 40,376) If this amount includes foreign grants, check here □ **28a** **78,670**

29

✓ If this amount includes foreign grants, check here 29a

30

► If this amount includes foreign grants, check here 3a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ▶ **31a**

32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(b) Title and average hours and weekly compensation rate(s) for each position held by the employee.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|---|---|--|
| LAWRENCE M. LEWKOW, MD 1401 JOHNSTON-WILLIS DR. | RICHMOND VA 23235 | PRESIDENT 1.00 | 0 | 0 |
| E. FORREST JESSEE, MD 1401 JOHNSTON-WILLIS DR. | RICHMOND VA 23235 | VICE PRESIDENT 1.00 | 0 | 0 |
| PETER MARMERSTEIN 1401 JOHNSTON-WILLIS DR. | RICHMOND VA 23235 | TREASURER 1.00 | 0 | 0 |
| THOMAS J. STALLINGS, ESQ ONE JAMES CENTER | RICHMOND VA 23219 | SECRETARY 1.00 | 0 | 0 |
| RODNEY H. SMITH, MD 7135 JAHNKE RD. | RICHMOND VA 23225 | BOARD MEMBER 1.00 | 0 | 0 |
| E. ARMISTEAD TALMAN, MD 24 TOPOAN RD. | RICHMOND VA 23226 | BOARD MEMBER 1.00 | 0 | 0 |
| JOHN L. THORNTON, MD 2719 STRATFORD RD. | RICHMOND VA 23225 | BOARD MEMBER 1.00 | 0 | 0 |
| JOHN B. CLAIR 2807 SAVAGE VIEW DR. | RICHMOND VA 23112 | BOARD MEMBER 1.00 | 0 | 0 |
| JOHN D. SMITH 1401 JOHNSTON-WILLIS DR. | RICHMOND VA 23235 | EXECUTIVE DIRECTOR 5.00 | 0 | 0 |
| CARRIE MURRAY 13225 RAILEY HILL DR. | RICHMOND VA 23225 | BOARD MEMBER 1.00 | 0 | 0 |

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a

b If "Yes," has it filed a tax return on Form 990-T for this year? 35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instr ► 37a

b Did the organization file Form 1120-POL for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter.

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e

41 List the states with which a copy of this return is filed ► **None**42a The organization's books are in care of ► **JOHN SMITH**
1401 JOHNSTON-WILLIS DRIVETelephone no. ► **804-330-2330**Located at ► **RICHMOND, VA**ZIP + 4 ► **23235**

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)?

If "Yes," enter the name of the foreign country: ► _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

| | | Yes | No |
|-----|---|-----|----|
| 46 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | X |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | X |
| 48 | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b | If "Yes," was the related organization a section 527 organization? | 49b | |
| 50 | Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." | | |

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

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| | (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------|--|---------------------|------------------|
| None | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

d Total number of other independent contractors each receiving over \$100,000 ► _____

| | | | |
|--|--|--|--|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge | | |
| | Date <u>3/25/2010</u> Signature of officer <u>John Smith</u> John Smith EXECUTIVE DIRECTOR Type or print name and title | | |
| Paid Preparer's Use Only | Preparer's signature <u>Dale Pal</u> , VA | Date <u>03/24/10</u> | Check if self-employed <input type="checkbox"/> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 <u>D. Allen Perkins, CPA, PLC 12201 E Glenkirk Ct Richmond, VA 23233-2249</u> | Preparer's Identifying Number (See instr) <u>P01044738</u> | Preparer's Identifying Number (See instr) <u>P01044738</u> |
| EIN <input type="checkbox"/> Phone no <input type="checkbox"/> 804-360-5857 | | | |

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

► Yes No

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

**Department of the Treasury
Internal Revenue Service**

Name of the organization

JOHNS CANCER FOUNDATION

Employer identification number
54-0788977

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III—Functionally integrated d Type III—Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

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

For P

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 **JOHNS CANCER FOUNDATION****54-0788977**

Page 2

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") | 53,300 | 73,665 | 80,697 | 59,508 | 58,210 | 325,380 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 53,300 | 73,665 | 80,697 | 59,508 | 58,210 | 325,380 |
| 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) | | | | | | 121,118 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 204,262 |

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 | 53,300 | 73,665 | 80,697 | 59,508 | 58,210 | 325,380 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 25,634 | 29,708 | 12,061 | 9,827 | 7,080 | 84,310 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 409,690 |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | 17,795 |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input checked="" 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 | 49.86% |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/> | | |

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

**Open To Public
Inspection**

**Department of the Treasury
Internal Revenue Service**

Name of the organization

JOHNS CANCER FOUNDATION

Employer identification number
54-0788977

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.

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.

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 BENEFIT DINNER (event type) | (b) Event #2 (event type) | (c) Other events None (total number) | (d) Total events (add col (a) through col (c)) |
|-----------------|--|------------------------------|---|---|
| Revenue | 1 Gross receipts 17,795 | | | 17,795 |
| | 2 Less: Charitable contributions | | | |
| | 3 Gross revenue (line 1 minus line 2) 17,795 | | | 17,795 |
| Direct Expenses | 4 Cash prizes | | | |
| | 5 Noncash prizes | | | |
| | 6 Rent/facility costs | | | |
| | 7 Food and beverages | | | |
| | 8 Entertainment | | | |
| | 9 Other direct expenses 5,303 | | | 5,303 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | 5,303 |
| | 11 Net income summary Combine line 3, column (d), and line 10 | | | 12,492 |

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 | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | |
| | 3 Noncash prizes | | | |
| | 4 Rent/facility costs | | | |
| | 5 Other direct expenses | | | |
| | 6 Volunteer labor <input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) | | | ► () |
| | 8 Net gaming income summary Combine line 1, column d, and line 7 | | | ► () |

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?
b If "No," Explain.

| | Yes | No |
|-----|-----|----|
| 9a | | X |
| 10a | | X |
| 11 | | X |
| 12 | | X |

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 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?

| | Yes | No |
|--|----------|---------|
| 13 Indicate the percentage of gaming activity operated in: | | |
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
| 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records | | |
| Name ► JOHN SMITH 1401 JOHNSTON-WILLIS DRIVE | | |
| Address ► RICHMOND | VA 23235 | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | |
| b If "Yes," enter the amount of gaming revenue received by the organization ► \$ amount of gaming revenue retained by the third party ► \$ | | and the |
| c If "Yes," enter name and address of the third party. | | |
| Name ► | | |
| Address ► | | |
| 16 Gaming manager information | | |
| Name ► | | |
| Gaming manager compensation ► \$ | | |
| Description of services provided ► | | |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor | | |
| 17 Mandatory distributions. | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | |
| b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ | | |

Form **4562**Department of the Treasury
Internal Revenue Service
(99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2009Attachment Sequence No **67**

Name(s) shown on return

JOHNS CANCER FOUNDATIONIdentifying number
54-0788977

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|--|------------------------------|------------------|
| 1 | Maximum amount. See the instructions for a higher limit for certain businesses | 1 | 250,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 800,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| | | | |
| | | | |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2008 Form 4562 | 10 | |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

| | | | |
|----|---|----|------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 496 |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

| | | | |
|----|---|----|----------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2009 | 17 | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► | | |

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|--|----|------------|
| 21 | Listed property Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 496 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2009)

There are no amounts for Page 2

1025 JOHNS CANCER FOUNDATION
54-0788977
FYE: 12/31/2009

Federal Statements

3/24/2010 9:00 AM

**Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to
Individuals**

| Relationship to Organization | Date of Gift | Class of Activity | Description of Property | Cash Contribution | Noncash Contribution | Book Value | Book Value Explanation | FMV Explanation |
|------------------------------|--------------|-------------------|-------------------------|-------------------|----------------------|------------|------------------------|-----------------|
| | | | | 40,376 | | | | |
| Total | | | | 40,376 | | | | |

Federal Statements**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

| Description | Amount |
|------------------|-----------------|
| Expenses | \$ |
| OFFICE RELATED | 2,192 |
| MEETINGS | 1,726 |
| COMMUNITY EVENTS | 5,038 |
| OTHER EXPENSES | 546 |
| Total | \$ <u>9,502</u> |

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

| Description | Amount |
|---------------------------|------------------|
| CHANGE IN UNREALIZED GAIN | \$ <u>31,211</u> |
| Total | \$ <u>31,211</u> |

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

| Description | Beginning of Year | End of Year |
|-------------------------------|----------------------|----------------|
| Accounts Receivable | \$ | 2,914 |
| EQUIPMENT | 139,627 | 139,281 |
| Less Accumulated Depreciation | 138,665 | 138,815 |
| OTHER ASSETS | | 5,227 |
| | <u>962</u> | <u>8,607</u> |

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

| Description | Beginning of Year | End of Year |
|---------------------------------------|----------------------|-----------------|
| Accounts Payable and Accrued Expenses | \$ <u>2,251</u> | \$ <u>1,001</u> |
| | <u>2,251</u> | <u>1,001</u> |

1025 JOHNS CANCER FOUNDATION
54-0788977
FYE: 12/31/2009

3/24/2010 9:00 AM

Federal Statements

Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

SUPPORT CANCER PATIENTS BY ASSISTING WITH EVERYDAY LIVING EXPENSES,
MEDICAL EXPENSES, HOME HEALTH CARE RENTALS, EDUCATION AND GRANTS