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Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For the 2009 calendar year, or tax year beginning , 2009, and ending		<u> </u>
<u>B</u> _	Nicon in applicable	Employer i	dentification number
		86-08	02013
<u> </u>		Telephone i	number
⊨	Initial return type. TEMPE, AZ 85280	(480)	286-3862
F	Amended return Instruc-	Group Ex	remption
	Itions.	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 met Other (specify)		Cash X Accrual
ا -			ganization is not dule B (Form 990,
_ව ්	Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 990-EZ, or 990-	PF)	
K	Check ►if the organization is not a section 509(a)(3) supporting organization and its gross receipts are n \$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		
``\	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	▶ \$	55,407.
Pa	rt I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the inst	ruction	
	1 Contributions, gifts, grants, and similar amounts received	1	40,492.
<u>.</u> -	2 Program service revenue including government fees and contracts	2	
27	3 Membership dues and assessments	3	
-	4 Investment income	4	285.
SA	5a Gross amount from sale of assets other than inventory 5a	-	
ھہ	b Less cost or other basis and sales expenses 5b		
#	Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	5 c	
7.4 =30#	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ 31,070. of contributions		
-\$	reported on line 1)		
~	bitess direct expenses other than fundraising expenses 6b 15,733		
	SENet income or (loss) from special events and activities (Subtract line 6b from line 6a).	6c	-1,103.
•	7a Gross sales of inventory, less returns and allowances.	1	
980	b Less cost of goods sold 7b	7	
696	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8 Other revenue (describe ►)	8	
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶ 9	39,674.
	10 Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	10	55,764.
_	11 Benefits paid to or for members	11	· -
E X P	12 Salaries, other compensation, and employee benefits	12	
Ę	13 Professional fees and other payments to independent contractors	13	1,525.
S	14 Occupancy, rent, utilities, and maintenance	14	
5	15 Printing, publications, postage, and shipping	15	84.
	16 Other expenses (describe ► SEE STATEMENT 2)	16	564.
	Total expenses rice into to through to	▶ 17	57,937.
Δ	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-18,263.
NS	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		89,264.
EST	figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	19 20	-860.
Ś	, , , ,	≥ 21	70,141.
P:	Irt II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 ins		
	(See the instructions for Part II) (A) Beginning of y		(B) End of year
22			63,909.
23		23	
24			6,232.
25			70,141.
26	/	0. 26	0.
_27	Net assets or fund balances (line 27 of column (B) must agree with line 21) 89, 26	4. 27	70,141.
ВА	A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		Form 990-EZ (2009)

	990-EZ (2009) CAITLIN ROBB FO				<u>5-08</u> (02013 Page 2
Pai	- 		See the instruction	ons.)	/D	Expenses
Desc	s the organization's primary exempt purpose? SE ribe what was achieved in carrying out t ribe the services provided, the number of ram title.	E STATEMENT 5 he organization's exempt purp of persons benefited, or other	poses. In a clear and corelevant information for	oncise manner, each	501 (orga 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
	CONTRIBUTIONS TO VARIOUS PEDIATRIC CANCER VICTIMS				-	uieis)
		his amount includes foreign g			-	51,500.
29	DIRECT AID TO FAMILIES O					31,300.
	70	· 		 	1	4 004
30	(Grants \$ 4,264.) If t	his amount includes foreign g			29 a	4,264.
	(Grants \$) If t	his amount includes foreign g	roots shock here	 - -]] 30 a	
31	Other program services (attach schedu	le)				-
20	(Grants \$) If t	his amount includes foreign g	rants, check here	<u>_</u>	31 a	
	Total program service expenses (add t IV List of Officers, Directors		playeas Luturals		J-E	55,764.
Гаг	t IV List of Officers, Directors	(b) Title and average hours	(c) Compensation (If	(d) Contribution		(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit pl deferred compens	ans and	and other allowances
		-				
SEE	STATEMENT 6		0.		0.	0.
		_				
		-				
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Pa	rt V Other Information (Note the statement requirements in the instrs for Part V.) SEE S	TATEM	ENT	7
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	f 33		x
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	. 34		X
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	,		
i	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) not reporting, and proxy tax requirements?	ice, 35 a		х
ı	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	ļ	
	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		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 6 37a 6 5 5 5 5 5 5 5 5 5	0. 37b		Х
38	a 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?	38 a		Χ
		/A		
	Section 501(c)(7) organizations Enter	/3		
	· · · · · · · · · · · · · · · · · · ·	/A /A		
	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	/ 11		
	section 4911 ► 0 . , section 4912 ► 0 . ; section 4955 ► 0	<u>.</u>		
I	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 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	а 40 b		Х
(c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.		
(d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	<u>o.</u>		
(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	40 e	 -	X
41	List the states with which a copy of this return is filed AZ	100		
42	a The organization's books are in care of ► ROSS ROBB Located at ► P.O. BOX 3119 TEMPE AZ ZIP + 4 ► 852	0)_286 80	<u>-386</u>	5 <u>2</u>
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	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.	42 b		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts			
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
	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		► <u> </u>	N/A N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
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		х
BAA		Form 99	0-EZ	

Only

BAA

PHOENIX.

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

AZ 85016

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. No Yes 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 Х 46 X Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 X Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 X 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization a section 527 organization? 49 b 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 (e) Expense account and other allowances (b) Title and average (c) Compensation (d) Contributions to employee (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position benefit plans and deferred compensation 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 plare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Expration of preparer (other than officer) is based on all information of which preparer has any knowledge 11-12-10 Sign n file Here Lawma 05 Type or print name and title Preparer's Identifying Number (See instructions) Check if self-employed Preparer's signature Paid N/A Pre-RIL'EY, CPA PLC Firm's name (of yours if self-employed), address, and parer's 2198 Ε. CAMELBACK RD. STE Use N/A EIN

Phone no

(602)

277-5463

Form **990-EZ** (2009)

►|X| Yes

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Total

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

		organization							Employe	r identificat	uon number		
CAI	ľL.	IN ROBB FOUNI	DATION, INC.						86-0	802013	3		
<u>Part</u>	<u> </u>	Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See i	nstruct	ions		
he o	rga	nization is not a pri	vate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box)					
1		A church, conventi	on of churches or ass	ociation of churches desc	cribed in	section	170(b)	(1)(A)(i)					
2	П	A school described	i in section 170(b)(1)(A)(ii). (Attach Schedule l	E.)								
3	П	A hospital or coope	erative hospital service	e organization described	ın secti	on 170(b)(1)(A)(i	iii).					
4	П	A medical research	n organization operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) Er	nter the hos	spital's	;
	_	name, city, and sta	ate:										
5		An organization op 170(b)(1)(A)(iv). (0	perated for the benefit Complete Part II)	of a college or university	owned	or oper	ated by	a gover	nmenta	I unit de:	scribed in s	section	1
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) . 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). (Comple	te Part I	1)							
9	X	from activities relate investment income	ed to its exempt function	more than 33-1/3 % of its a is – subject to certain exce ass taxable income (less omplete Part III)	eptions, a	and (2) r	no more t	han 33-	1/3 % of	its suppo	ort from area	SS	fter
10		An organization org	ganized and operated	exclusively to test for pu	ıblıc safe	ety See	section	509(a)	(4).				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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			-	ıntegrat	ed		d \square	Type III—	Other	
е		By checking this bothan foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly si	led direc upportec	tly or in d organi	directly zations o	by one describe	or more ed in se	disquali ction 509	fied perso (a)(1) or s	ns oth ection	er
f		` / ` /	received a written det	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting (organizatio	n,	
g		Since August 17, 2	2006, has the organiza	tion accepted any gift o	r contrib	ution fr	om any o	of the fo	ollowing	persons	,2		
		(i) a person who below, the go	o directly or indirectly overning body of the si	controls, either alone or upported organization?	together	with pe	ersons de	escribed	d ın (ıı)	and (III)	11 g (i)	Yes	No
			nber of a person desc								11 g (ii)		
		• •	•	described in (i) or (ii) al	bove?						11 g (iii)		
h			= :	he supported organization								·	
_	(i	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) I organizat (i) listed gove	s the ion in col i in your rning ment?	(v) Did ye the organ col (your su	ızatıon in i) of	organizat (i) organi	Is the tion in col zed in the S ?	(vii) Amoun	nt of Sup	port
					Yes	No	Yes	No	Yes	No			
								-					
												-	
				, <u>.</u>							_	<u> </u>	

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

Schedule A (Form 990 or 990-EZ) 2009

Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Pa	t)						
Cale	ndar vear (or fiscal vear	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	,]	(f) Total		
_	nning in)	(a) 2003	(0) 2000	(C) 2007	(d) 2000	(e) 200.		(1) Total		
'	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')									
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf			:				,		
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.									
4	Total. Add lines 1-through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4			i						
Sec	tion B. Total Support									
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total		
7	Amounts from line 4							 _		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activ	vities, etc (see in:	structions)			Į	12			
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 5	01(c)	(3)		
	tion C. Computation of Pu		_							
	Public support percentage for 20 Public support percentage from			ne 11, column (f)		ŀ	14 15	<u>%</u> %		
16	a 33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pu	I not check the b blicly supported o	ox on line 13, and organization.	d the line 14 is 33	3-1/3 % or m	ore, c	heck this box		
I	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.									
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	es' test, check this	box and stop he	re. Explain ii	ո Part	: IV how		
	b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
18 BAA	Private foundation. If the organi	zation did not che	eck a box on line	, т3, 16a, 16b, 17				structions.		

Schedule A (Form 990 or 990-EZ) 2009 CAITLIN ROBB FOUNDATION, INC. 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)

Sec	tion A. Public Support						
	ndar year (or fiscal yr 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 'unusual grants ')	150,287.	97,409.	79,635.	57,814.	40,492.	425,637.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt	40.500	05 744	00.540	00.145	14.600	
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513	40,593.	26,744.	20,543.	22,146.	14,630.	124,656. 0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	190,880.	124,153.	100,178.	79,960.	55,122.	550,293.
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	19,703.	8,540.	6,555.	13,105.	4,900.	52,803.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the		,				
	year	10,000.	0.	0.	0.	0.	10,000.
	Add lines 7a and 7b	29,703.	8,540.	6,555.	13,105.	4,900.	62,803.
8	Public support (Subtract line					-	
	7c from line 6)						487,490.
	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	190,880.	124,153.	100,178.	79,960.	55,122.	550,293.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1,752.	2,755.	1,963.	868.	285.	7,623.
С	Add lines 10a and 10b	1,752.	2,755.	1,963.	868.	285.	7,623.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13	Total support. (add Ins 9, 10c, 11, and 12)						557,916.
1.4							3)
	First five years. If the Form 990 organization, check this box and	stop here.		d, third, fourth, c	or fifth tax year as	a section 501(c)(3) ▶ [
Sec	organization, check this box and tion C. Computation of Pul	stop here. blic Support P	ercentage		or fifth tax year as	a section 501(c)(³⁾ ▶ [
Sec	organization, check this box and	stop here. blic Support P	ercentage		or fifth tax year as	a section 501(c)(87.4%
Sec 15 16	tion C. Computation of Pul Public support percentage for 20 Public support percentage from	blic Support P 109 (line 8, column 2008 Schedule A,	ercentage n (f) divided by line Part III, line 15	e 13, column (f))	or fifth tax year as		<u> </u>
Sec 15 16 Sec	tion C. Computation of Pulpublic support percentage from Eublic support percentage from Stion D. Computation of Inv	stop here. blic Support P 109 (line 8, column 2008 Schedule A, estment Incon	ercentage n (f) divided by line Part III, line 15 ne Percentage	e 13, column (f))		15	87.4%
Sec 15 16 Sec	tion C. Computation of Pul Public support percentage for 20 Public support percentage from	stop here. blic Support P 109 (line 8, column 2008 Schedule A, estment Incon	ercentage n (f) divided by line Part III, line 15 ne Percentage	e 13, column (f))		15	87.4 % 88.0 %
Sec 15 16 Sec 17 18	reganization, check this box and tion C. Computation of Pulpublic support percentage for 20 Public support percentage from tion D. Computation of Invastment income percentage for Investment income percentage for the support percentage fo	stop here. blic Support P 109 (line 8, column 2008 Schedule A, estment Incon or 2009 (line 10c, rom 2008 Schedul	ercentage n (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line	e 13, column (f)) d by line 13, colur	mn (f))	15 16 17 18	87.4% 88.0% 1.4% 1.3%
Sec 15 16 Sec 17 18	rganization, check this box and tion C. Computation of Pulpublic support percentage for 20 Public support percentage from tion D. Computation of Invariant income percentage for Investment income percentage for 33-1/3 support tests – 2009. If the computation of Invariant income percentage for 33-1/3 support tests – 2009.	blic Support P 109 (line 8, column 12008 Schedule A, 109 restment Incom 100 restment Inco	ercentage n (f) divided by line Part III, line 15 ne Percentage column (f) divided le A, Part III, line check the box on line	e 13, column (f)) d by line 13, colur 17 ne 14, and line 15 i	mn (f)) s more than 33-1/3°	15 16 17 18	87.4% 88.0% 1.4% 1.3%
Sec. 15 16 Sec. 17 18 19a	rganization, check this box and tion C. Computation of Pulpublic support percentage for 20 Public support percentage from tion D. Computation of Invitro Investment income percentage from the support tests – 2009. If the comore than 33-1/3%, check this be 33-1/3 support tests – 2008. If the computation of Invitro Investment income percentage from the support tests – 2009. If the comore than 33-1/3%, check this be 33-1/3 support tests – 2008. If the computation is support tests – 2008.	blic Support P 109 (line 8, column 12008 Schedule A, 12008 Schedule A, 12009 (line 10c, 12009 Schedul 12009 Schedu	ercentage n (f) divided by line Part III, line 15 ne Percentage column (f) divided te A, Part III, line check the box on lin The organization d not check a box	e 13, column (f)) d by line 13, colur 17 ne 14, and line 15 i qualifies as a pu on line 14 or 19a	nn (f)) s more than 33·1/39 blicly supported o	. 15 16 17 18 %, and line 17 is not rganization fore than 33-1/3%	87.4% 88.0% 1.4% 1.3%
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Schedule A	(Form	990 or	990-E	Z) 200	19 C	ATTL	TN F	KUBB	FO	JNDA.	LION,	INC.			8	66-08	0201	<u> </u>	Pa	ge 4
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Form **8868**. (Rev Aprir 2009)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 4-2009)

Department of the Treasury Internal Revenue Service

	1				
If you ar	e filing for an Automatic 3-Month	Extension, complete only Part I and check this bo	x .		► X
		omatic) 3-Month Extension, complete only Part II			
Do not com	plete Part II unless you have alrea	dy been granted an automatic 3-month extension of	on a previously f	iled Form 8868.	
Rant I	Automatic 3-Month Extens	on of Time. Only submit original (no cop	ies needed).		
A	on second to the Form 000 T and	vanuanting on outcomptions month outcoming the	ck this hav and a	complete Part Lonly	▶ □
· ·		requesting an automatic 6-month extension — che			to file
ncome tax		partnerships, REMICS, and trusts must use Form	17004 to request	an extension or time	to me
the addition Form 990-T	al (not automatic) 3-month extensi	ectronically file Form 8868 if you want a 3-month a in required to file Form 990-T) However, you cann on or (2) you file Forms 990-BL, 6069, or 8870, gre or completed and signed page 2 (Part II) of Form 86 -file for Charities & Nonprofits	oun returns, or a	i composite or consoli	dated
	Name of Exempt Organization			Employer identification nui	nber
Type or	ļ				
print	CAITLIN ROBB FOUNDAT	ION, INC.		86-0802013	
File by the due date for	Number, street, and room or suite number	If a P O box, see instructions			
filing your return See	P.O. BOX 3119				
instructions	City, town or post office, state, and ZIP cod	e For a foreign address, see instructions			
	TEMPE, AZ 85280	 			
	of return to be filed (file a separat	¬ ''	□ 5 4 70	20	
Form 99		Form 990-T (corporation)	Form 472		
Form 99		Form 990-T (section 401(a) or 408(a) trust)	Form 522		
X Form 99	<u> </u>	Form 990-T (trust other than above)	Form 606		
Form 99	90-PF	Form 1041-A	Form 887	70	
The bool	ks are in the care of <u>ROSS RO</u>	BB			
Telephor	ne No (480) 446-0559	FAX No			
		or place of business in the United States, check t			▶ 📙
		anization's four digit Group Exemption Number (GE			
check th	nis box \mathrel 🔲 . If it is for part of t	he group, check this box 🕨 🔲 and attach a list v	with the names a	and EINs of all member	rs
	nsion will cover				
		ns for a corporation required to file Form 990-T) ex			
		the exempt organization return for the organization	n named above		
	xtension is for the organization's re	eturn for			
► <u> </u> X	calendar year 20_09_ or				
▶ _		, 20, and ending, 20			
2 If this	tax year is for less than 12 months			Change in accounting p	period
	application is for Form 990-BL, 99 fundable credits. See instructions	0-PF, 990-T, 4720, or 6069, enter the tentative tax	, less any	3a \$	0.
b If this made	application is for Form 990-PF or Include any prior year overpayme	990-T, enter any refundable credits and estimated nt allowed as a credit	tax payments	3b \$	0.
depos	ce Due. Subtract line 3b from line sit with FTD coupon or, if required, instructions	3a Include your payment with this form, or, if requipely using EFTPS (Electronic Federal Tax Payment	ured, System)	3c \$	0.
Caution. If payment in		ic fund withdrawal with this Form 8868, see Form 8	8453-EO and Fo	rm 8879-EO for	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Form 8868	3 (Rev 4-2009)			Page 2
		ditional (Not Automatic) 3-Month Extension, complete o	only Part II and check this b	
		you have already been granted an automatic 3-month e		<u></u>
• If you	are filing for an Aut	omatic 3-Month Extension, complete only Part I (on pa	ge 1)	
Partill	Additional (No	t Automatic) 3-Month Extension of Time. On	ly file the original (no	copies needed).
	Name of Exempt Organ	ızatıon	Empl	oyer Identification number
Type or	1			
print	CAITLIN ROB	B FOUNDATION, INC.	86-	0802013
Eda by the	Number, street, and roo	m or suite number. If a P O box, see instructions.	For IF	RS use only
File by the extended due date for		ILEY, CPA, PLC		
filing the return See		ELBACK RD., STE 370		
instructions	City, town or post office	, state, and ZIP code. For a foreign address, see instructions		
	PHOENIX, AZ	85016	非大生之 ,并是 2000年	
Check type	e of return to be file	ed (File a separate application for each return)		
Form 9	990	Form 990-PF	Form 1041-A	Form 6069
Form 9		Form 990-T (section 401(a) or 408(a) trust)	Form 4720	☐ Form 8870
X Form 9		Form 990-T (trust other than above)	Form 5227	
		I if you were not already granted an automatic 3-month	extension on a previously	filed Form 8868.
 The boo 	oks are in care of			
•	one No. ►_(<u>480)</u>			
		ot have an office or place of business in the United State		▶∐
If this i	is for a Group Retur	n, enter the organization's four digit Group Exemption		If this is for the
whole grou	up, check this box.	► . If it is for part of the group, check this box	and attach a list with the	e names and EINs of all
	the extension is for			
		-month extension of time until $11/15$, 20		
			20 , and ending	, ²⁰
	=	s than 12 months, check reason: Initial return		change in accounting period
		need the extension TAXPAYER RESPECTFULI		
<u>GAT</u>	THER INFORMAT	TION NECESSARY TO FILE A COMPLETE AN	ND ACCURATE TAX R	ETURN.
				
nonre	efundable credits S			8a \$
b If this	s application is for F	Form 990-PF, 990-T, 4720, or 6069, enter any refundable any prior year overpayment allowed as a credit and an	e credits and estimated tax	
Pwy	Form 8868	any prior year overpayment anowed as a credit and an	y amount pale previously	8b\$
a Data				
c Balar with f	nce Due. Subtract I	ne 8b from line 8a. Include your payment with this form	, or, if required, deposit int System) See instrs	8c \$
with F	nce Due. Subtract I	ne 8b from line 8a. Include your payment with this form equired, by using EFTPS (Electronic Federal Tax Payme Signature and Verificati	nt System) See instrs	8c \$
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With F	nce Due. Subtract In FTD coupon or, if re es of perjury, I declare that omplete, and that I am au	equired, by using EFTPS (Electronic Federal Tax Payme Signature and Verificati I have examined this form, including accompanying schedules and statem	int System) See instrs ion	<u> </u>
Under penaltie correct, and co	nce Due. Subtract In FTD coupon or, if re es of perjury, I declare that omplete, and that I am au	Signature and Verification of the property of	int System) See instrs ion	ge and belief, it is true,

STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S ADDRESS: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S ADDRESS: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S ADDRESS: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACT	2009	FEDERAL STATEMENTS	PAGE 1
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CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: DONEE'S NAME: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN: STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES BANK FEES LICENSE/PERMITS MISCELLANEOUS TRAVEL HEALTH AND EDUCATION DIRECT ASSISTANCE TO FAMILIES IN NEED NONE \$ 4,2	DONEE'S NAME: DONEE'S ADDRESS:	MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	
DONEE'S NAME: DONEE'S ADDRESS: ST. JUDE CHILDREN'S RESEARCH HOSPITAL DONEE'S ADDRESS: SOI ST. JUDE PL. MEMPHIS, TN 38105 NONE CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN: CASH AMOUNT GIVEN: STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES BANK FEES. LICENSE/PERMITS MISCELLANEOUS TRAVEL ST. JUDE CHILDREN'S RESEARCH HOSPITAL MEMPHIS, TN 38105 NONE \$ 15,0 TRAVEL		NONE	\$ 15,000.
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FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES BANK FEES . \$ 15 LICENSE/PERMITS . 2 MISCELLANEOUS . 10 TRAVEL . 28	CASH AMOUNT GIVEN:		\$ 4,264.
LICENSE/PERMITS 2 MISCELLANEOUS 10 TRAVEL28	FORM 990-EZ, PART I, LINE 16		
TOTAL $\frac{\$}{}$ 56	LICENSE/PERMITS MISCELLANEOUS		150. 25. 107. 282. 564.

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FEDERAL STATEMENTS

PAGE 2

CAITLIN ROBB FOUNDATION, INC.

86-0802013

STATEMENT 3 FORM 990-EZ, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSSES

TOTAL \$ -860.

STATEMENT 4 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

PLEDGES AND GRANTS RECEIVABLE SCULPTURE

BEGINNING ENDING

\$ 10,175. \$ 0.
6,232. 6,232.

TOTAL \$ 16,407. \$ 6,232.

STATEMENT 5 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE CORPORATION PROMOTES THE SPIRIT AND MEMORY OF CAITLIN ROBB BY PROVIDING FINANCIAL AND OTHER ASSISTANCE IN THE EFFORT TO CURE CHILDHOOD CANCER, AND SUPPORT ITS VICTIMS AND THEIR FAMILY MEMBERS.

STATEMENT 6 FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	 COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JENNIFER ROBB P.O. BOX 3119 TEMPE, AZ 85280	PRESIDENT 5.00	\$ 0.	\$ 0.	\$ 0.
ROSS ROBB P.O. BOX 3119 TEMPE, AZ 85280	CHAIRMAN 5.00	0.	0.	0.
RUSSELL BINGHAM P.O. BOX 3119 TEMPE, AZ 85280	DIRECTOR 1.00	 0.	0.	0
DIANE BARBARA NELSON P.O. BOX 3119 TEMPE, AZ 85280	DIRECTOR 1.00	0.	0.	0.

20	99		

FEDERAL STATEMENTS

PAGE 3

CAITLIN ROBB FOUNDATION, INC.

86-0802013

STATEMENT 6 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	
ROD KEELING P.O. BOX 3119 TEMPE, AZ 85280	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
JAMES PEYMAN P.O. BOX 3119 TEMPE, AZ 85280	DIRECTOR 5.00	0.	0.	0.
DAVID RICHARDSON P.O. BOX 3119 TEMPE, AZ 85280	SECRETARY 1.00	0.	0.	0.
MICHAEL MARTIN P.O. BOX 3119 TEMPE, AZ 85280	DIRECTOR 1.00	0.	0.	0.
BO CALBERT P.O. BOX 3119 TEMPE, AZ 85280	DIRECTOR 1.00	0.	0.	0.
JOHN BENTON P.O. BOX 3119 TEMPE, AZ 85280	TREASURER 5.00	0.	0.	0.
JESSE COHEN MD P.O. BOX 3119 TEMPE, AZ 85280	DIRECTOR 1.00	0.	0.	0.
KELLE BINGHAM P.O. BOX 3119 TEMPE, AZ 85280	DIRECTOR 1.00	0.	0.	0.
JENICE BENTON P.O. BOX 3119 TEMPE, AZ 85280	DIRECTOR 1.00	0.	0.	0.
BONNIE RICHARDSON P.O. BOX 3119 TEMPE, AZ 85280	DIRECTOR 1.00	0.	0.	0.
SUZANN MAY P.O. BOX-3119 TEMPE, AZ 85280	DIRECTOR 1.00	0.	0.	0.
JEFF MILLER P.O. BOX 3119 TEMPE, AZ 85280	DIRECTOR 1.00	0.	0.	0.

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FEDERAL STATEMENTS

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CAITLIN ROBB FOUNDATION, INC.

86-0802013

STATEMENT 6 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SUSAN MULLIGAN P.O. BOX 3119 TEMPE, AZ 85280	DIRECTOR \$	0.	\$ 0.	\$ 0.
JOHN MACDONALD P.O. BOX 3119 TEMPE, AZ 85280	DIRECTOR 1.00	0.	0.	0.
	TOTAL <u>§</u>	0.	\$ 0.	\$ 0.

STATEMENT 7 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO