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Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009 Open to Public

Form 990 (2009)

Inspection 09/01/09 and ending 08/31/10 For the 2009 calendar year, or tax year beginning Please C Name of organization Check if applicable **Employer identification number** use IRS KIDS AGAINST CANCER INC Address change label or 13-3582506 Doing Business As print or Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See 1000 SOUTH AVE 102 718-981-1076 Specific Termination City or town, state or country, and ZIP + 4 19,820 G Gross receipts \$ Instruc STATEN ISLAND 10314 Amended return tions. NY F Name and address of principal officer H(a) Is this a group return for Application pending X affiliates? No Yes H(b) Are all affiliates included? If "No," attach a list (see instructions) X 501(c) **3**) Tax-exempt status ◀ (insert no) 4947(a)(1) or 527 Website: ▶ N/A **H(c)** Group exemption number ▶ Type of organization X Corporation 1989 Other > Year of formation M State of legal domicile NY Part 1 Summary Briefly describe the organization's mission or most significant activities TO IMPROVE THE QUALITY OF LIFE FOR CHILDREN WITH CANCER Activities & Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of employees (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 6,017 17,582 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 6,545 2,238 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,562 19,820 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Par 256,000 Benefits paid to or for members (Part X column YA) line Salaries, other compensation remployee benefits (Part IX, chi (Ph) (A), lines 5-10) 16a Professional fundraising fees Part IX, column (A), វូក្រៀង 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A) 18,850 11,406 18 Total expenses Add lines 13-17 (must equal Par IX 18,850 267,406 -6,288 -247,586 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 751,084 503 498 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 503,498 751 084 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature-Block Sign Under penaltie declare that ive examined this return, including accompanying schedules and statements, and to the best of my knowledge Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Here officer Signalo Date MARK RUSSO PRESIDENT Preparer's identifying number Check if Preparer's Paid signature 07/14/11 employed > P01231318 Preparer's DESANTIS JR. 27-3088351 EIN Firm's name (or yours **Use Only** TELEPORT DR SUITE if self-employed), address, and ZIP+ 4 STATEN ISLAND NY 10311-1004 ▶ 718-285-4320 May the IRS discuss this return with the preparer shown above? (see instructions) Yes

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

) (Revenue \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$

259,167

Form 990 (2009) KIDS AGAINST CANCER INC 13-3582506 Page 3 **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X complete Schedule A 1 X Is the organization required to complete Schedule B. Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete X Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," X 6 complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," X 9 complete Schedule D. Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or X quasi-endowments? If "Yes," complete Schedule D, Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 11 X VII, VIII, IX, or X as applicable • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12 Schedule D. Parts XI, XII, and XIII 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No 12A X If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes." complete Schedule F. Part III 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

X

19

20

If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	1		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	g			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	i l		
	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	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		ŀ	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		ŧ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		j	
	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		ł	
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		l	••
	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		İ	
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_		37
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	ا ا	- }	v
25	III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			v
20	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			v
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
20	Part VI	37		<u>_X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	,		v
	19? Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 1a 1b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X 1c gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X 3a this return? If "Yes." has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 3b 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 X 4a account)? b 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 X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes." to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с required to file Form 8282? | 7a | If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g a For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as h required? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the organization make any taxable distributions under section 4966? 9a 9b Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a а b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

500	Scriedule O. See Instructions.			
Sec	tion A. Governing Body and Management		Т.,	T
4	Enter the number of veting members of the governing had.		Yes	No
1a	Enter the number of voting members of the governing body 1a	———		I
ь	Enter the number of voting members that are independent Did any officer decades to the day of the second s			İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	į.		ļ "
•	any other officer, director, trustee, or key employee?	2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the direct		}	٠,
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	<u> </u>	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	├	X
6	Does the organization have members or stockholders?	6	ļ	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	ļ	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following			Ī
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
<u>Rev</u>	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			l
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			<u> </u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		X
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	1	x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► MARK RUSSO 1000 SOUTH AVE			
CI	NY 10214			

Form 990 (2009) KIDS AGAINST CANCER INC

Part VII Compensation of Officers, Directors, T

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule' J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons.

Check this box if the organization (A) Name and Title	(B) Average	Pos	ition ((0	C)	hat a		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MARK RUSSO								_		
PRESIDENT			<u> </u>	_	<u> </u>	- -		0	0	0
MARK DEMENO					1			ا		•
V PRESIDENT		_	_		_			0	0	0
FRED DELLA FEMINA										^
TREASURER		_				-		0	0	0
CHRISTOPHER RUBAN	О									^
SECRETARY		_			 —	├—	_	0	0	0
FERNINAND LEPARE								l	o	0
DIRECTOR ERNEST MINGIONE								0		<u> </u>
								o	o	0
DIRECTOR LEONARD RAMPULLA		 				1	<u> </u>	<u> </u>		
DIRECTOR			ļ					o	o	0
RAYMOND FASANO										
DIRECTOR								l ol	0	0
THOMAS BEYER										
DIRECTOR								0	0	0
			-							
				<u> </u>						
		-					<u> </u>			····
					 	 	-			
		-		-	\vdash	-				
		-		<u> </u>	<u> </u>	┼-		-		
	1	1	1	1	1	1	1	i l		

Form 990 (2009) KIDS AGAINST CANCER INC Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (C) (D) (F) (B) (A) Name and Title Average Position (check all that apply) Reportable Reportable Estimated hours per compensation compensation amount of Individual trustee or director Institutional trustee Key employee from related from other ighest compensated mployee the organizations compensation (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization and related organizations 1h Total Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated X 3 employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X ındıvıdual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person X Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received 2 more than \$100,000 in compensation from the organization Form 990 (2009) DAA

Pa	<u>rt VI</u>	Statement of Reve	nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaigns '	1a						
unt	.u	Membership dues	1b			1			
PE		•	1c		17,582	1			
fts	C .	Fundraising events	\neg		17,302	1			
<u>.e'ii</u>	a	Related organizations	1d			1			
Siri	0	Government grants (contributions)	1e			#			
e ti	f	All other contributions, gifts, grants,			i				
ē		and similar amounts not included above	1f						
달	g	Noncash contributions included in lines 1a-	lf S	5		1			
Q 6	h	Total. Add lines 1a-1f			•	17,582			
Program Service Revenue Contributions, gifts, grants					Busn. Code				
ē	2a								
8	b								
į į	С								
Š.	d								*
E	8								
g	f	All other program service rever	ше						-
<u>۾</u>	a a	Total. Add lines 2a-2f							
-	3	Investment income (including d	ividend	ls interes		- 4			
	٠	other similar amounts)		io, ii iioi oo	., u.i.u	2,238			2,238
	4	Income from investment of tax-	ovomn	t bond nro	oceade				
	5	Royalties	cxcmp	t boria pre	occeus				
	3	(i) Real		(u) F	Personal				
				(11) 1	Cracinal				
	6a	Gross Rents				1			
	b	Less rental exps				1			
	С	Rental inc or (loss)				ŧ			
	d 7a	Net rental income or (loss) Gross amount from (4) Securities		·	<u> </u>				
		sales of assets (i) Securities	3	(11)	Other				
		other than inventory		ļ					
	þ	Less cost or other							
		basis & sales exps		ļ					
		Gain or (loss)		l		1			
		Net gain or (loss)			>				
ø	8a	Gross income from fundraising ever	nts						
'n		(not including \$							
96		of contributions reported on line 1c)							
Other Revenue		See Part IV, line 18	а						
ţ	b	Less direct expenses	b			1			
0	С	Net income or (loss) from fundi	aising	events	>				
	9a	Gross income from gaming activities	; [
		See Part IV, line 19	а						
	ь	Less direct expenses	b						
		Net income or (loss) from gami	ng acti	vities	>				
		Gross sales of inventory, less							
		returns and allowances	а						
	ь	Less cost of goods sold	ь						
		Net income or (loss) from sales	of inve	entory	•				
		Miscellaneous Revenue			Busn. Code			, , , , , , , , , , , , , , , , , , ,	
	11a					†			
	b					-			
	c						:		-
		All other revenue							
		Total. Add lines 11a-11d			•				
	12	Total Revenue. See instruction	ns.		>	19,820	0	0	2,238

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and						.
26 Joint costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	-	•	267 400	250 165		
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and			267,406	259,167	8,239	
organization reported in column (B) joint costs from a combined educational campaign and	26					
		organization reported in column (B) joint costs				
iuliulaisiliy solicitation		from a combined educational campaign and fundraising solicitation				

Part X	Balance Sheet				
			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		38,104	1	131,391
2	Savings and temporary cash investments		712,980	2	372,107
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	 -
5	Receivables from current and former officers, directors, tre	ustees kev			······································
	employees, and highest compensated employees Compl			ı	
	Schedule L			5	
6	Receivables from other disqualified persons (as defined u	nder section		<u> </u>	· · · · · · · · · · · · · · · · · · ·
	4958(f)(1)) and persons described in section 4958(c)(3)(B			ı	
	Part II of Schedule L	,. complete		6	
\$ 7	Notes and loans receivable, net			7	· • • • • • • • • • • • • • • • • • • •
Assets 8	Inventories for sale or use			8	
و کم	Prepaid expenses and deferred charges			9	
	Land, buildings, and equipment cost or	1 1		-	
100	other basis Complete Part VI of Schedule D	10a		1	
	Less accumulated depreciation	10b	 	10c	
l l	·	[100]		11	
11	Investments—publicly traded securities Investments—other securities See Part IV, line 11			12	
	Investments—program-related See Part IV, line 11			13	
13				14	· · · · · · · · · · · · · · · · · · ·
14	Intangible assets			15	······································
15	Other assets See Part IV, line 11		751,084	16	503,498
16	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses		731,004	17	303,490
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
	·	Sahadula D		21	
Liabilities 22	Escrow or custodial account liability Complete Part IV of S				
₹ 22	Payables to current and former officers, directors, trustees	•		ı	
iat	employees, highest compensated employees, and disqua	iiiieu		22	
— i	persons. Complete Part II of Schedule L	and an		23	
23				24	
24	Unsecured notes and loans payable to unrelated third par	ues		25	
25 26	Other liabilities Complete Part X of Schedule D Total liabilities. Add lines 17 through 25			26	·
- 1	Organizations that follow SFAS 117, check here ▶ 🎗	and			·
ĕ	complete lines 27 through 29, and lines 33 and 34.	aliu		I	
<u>E</u> 27	Unrestricted net assets		751,084	27	503,498
<u>a</u> 2	Temporarily restricted net assets		,32,004	28	303,430
m 28 □ 29	Permanently restricted net assets			29	,
Š 29	Organizations that do not follow SFAS 117, check her	. ▶ [23	
띤	•			I	
ō 20	and complete lines 30 through 34. Capital stock or trust principal, or current funds		•	30	
\$ 30	, , , , ,	iund		31	 .
95 31	Paid-in or capital surplus, or land, building, or equipment f			32	
Net Assets or Fund Balances 22 28 30 31 33 34 33 34	Retained earnings, endowment, accumulated income, or Total net assets or fund balances	outer tutios	751,084	33	503,498
동 33			751,084		503,498
<u> </u>	Total liabilities and net assets/fund balances			34	

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

3b

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

KIDS AGAINST CANCER INC

Employer identification number 13-3582506

			KIDS AGAINSI	CANCER INC					1 1 3	-336	2300		
P	art 1	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	struction	ons.		
The	orgar	nization is not	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)							
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(/	A)(i).						
2	П		cribed in section 170(b)(1)(A				7.7						
3	H			e organization described in secti	on 170/h)	/1\/ Δ\/ iii\							
	H			· ·				(A)(!!!)	C-4 4b		مسمم والمد		
4	Ш	_	· · · · · · · · · · · · · · · · · · ·	in conjunction with a hospital de	scribea in	Section	170(0)(1))(A)(III).	Enter tr	ie nospi	itars name,		
		city, and state	•										
5		An organizati	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmenta	ıl unıt de	scribed	ın			
		section 170(b)(1)(A)(iv). (Complete Part	II)									
6		A federal, sta	te, or local government or go	vernmental unit described in sec	tion 170(b)(1)(A)(v	·).						
7	П	An organizati	on that normally receives a s	ubstantial part of its support from	a govern	mental un	it or fron	n the ae	neral pu	iblic			
		-	section 170(b)(1)(A)(vi). (Co		J		-						
8				70(b)(1)(A)(vi). (Complete Part II	١								
	X	•			•			b 6					
9		-		more than 33 1/3 % of its suppo						-			
		-		ot functions—subject to certain e	-					t its			
		support from	gross investment income and	d unrelated business taxable inco	ome (less	section 51	11 tax) fr	om busi	nesses				
		acquired by the	he organization after June 30	, 1975 See section 509(a)(2). (Complete	Part III)							
10		An organizati	on organized and operated e	xclusively to test for public safety	See sec	tion 509(a	a)(4).						
11	П	An organization	on organized and operated e	xclusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the				
		purposes of o	one or more publicly supporte	d organizations described in sec	tion 509(a)(1) or se	ction 509	9(a)(2) S	See sec	tion			
		-		e type of supporting organization									
		a Type		c Type III-Functions			d	—ī	e III–Oti	her			
							or more			ilei			
0		· ·		inization is not controlled directly									
		-	•	and other than one or more public	cıy suppor	teo organ	izations	describe	a in sec	ction			
			section 509(a)(2)										
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organizati	on accepted any gift or contributi	on from a	ny of the							
Ī		following per	sons?										
				ntrols, either alone or together wi	th persons	s describe	d in (ii)					Yes	No
		7.7	pelow, the governing body of		ar porconi		4 ()				110(1)	 	
			• • •	• • •							11g(i)	+-	
			member of a person describe								11g(il)		├─-
			ontrolled entity of a person de								11g(iii	<u> </u>	<u> </u>
h		Provide the f	ollowing information about th	e supported organization(s)	1					 -			
(i	-	of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization		ou notify		is the	(vii) Am		
	org	anization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?		nization in of your	organizat	zed in the	supp	ort	
				(see instructions))	governing	document		oort?		S ?			
				(**************************************	Yes	No	Yes	No	Yes	No			
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					1								
Γot	al			•	1								

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

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						
Cal	endar 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	16,882	13,176	6,852	6,017	17,582	60,509
•	any "unusual grants.") Gross receipts from admissions, merchandise	16,882	13,176	0,852	8,017	17,382	80,309
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	-2,984	30,524				27,540
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	13,898	43,700	6,852	6,017	17,582	88,049
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		1				
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		25,524				25,524
С	Add lines 7a and 7b		25,524				25,524
8	Public support (Subtract line 7c from line 6)						62,525
	tion B. Total Support		47.0000	(-) 2007	(4) 2000	(-) 2000	(f) Total
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008 6,017	(e) 2009 17,582	(I) Total 88,049
9 10a	Amounts from line 6 Gross income from interest, dividends,	13,898	43,700	6,852	8,017	17,582	00,049
IVa	payments received on securities loans, rents, royalties and income from similar sources	7,816	15,802	23,958	6,545	2,238	56,359
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	7,816	15,802	23,958	6,545	2,238	56,359
11	Net income from unrelated business activities not included in line 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)						
13	Total support. (Add lines 9, 10c, 11,					ł	
	and 12)	21,714	59,502	30,810	12,562	19,820	144,408
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	econd, third, fourth	, or fifth tax year as	s a section 501(c)(3	3)	> [
Sec	ction C. Computation of Public Su	pport Percenta	age	 			
15	Public support percentage for 2009 (line 8,	column (f) divided b	y line 13, column (f))		15	43.30%
16	Public support percentage from 2008 Sche					16	40.16%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2009 (lir			olumn (f))		17	39%
18	Investment income percentage from 2008 S			4	4b 00 4/2 0/	<u>18</u>	30 %
19a	33 1/3 % support tests—2009. If the organ						▶ □
	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ						
b	line 18 is not more than 33 1/3 %, check the						▶ 🗓
20	Private foundation. If the organization did		-				• i
<u>~~</u>	I TITELO IDANIGACIONI II UIO OIGUNEGUOTI GIU			,			

Schedule A (Form 990 or 990-EZ) 2009 KIDS AGAINST CANCER INC

13-3582506

Page 4

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)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

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

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization KIDS AGAINST CANCE	R INC				13-35825	
Part 1 Fundraising Activities. Complete in Form 990-EZ filers are not required	f the organizati			red "Yes" to Form		
1 Indicate whether the organization raised funds through a				eck all that apply		
a Mail solicitations	e Solicitation	of non	-gove	rnment grants		
b Internet and email solicitations	f Solicitation	of gov	ernme	ent grants		
c Phone solicitations	g Special fur	ndraisin	g eve	nts		
d In-person solicitations						
2a Did the organization have a written or oral agreement wit or key employees listed in Form 990, Part VII) or entity in						Yes No
b If "Yes," list the ten highest paid individuals or entities (fu to be compensated at least \$5,000 by the organization	ndraisers) pursuan	t to agr	eeme	nts under which the fund	fraiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did raiser custoo contro contribu	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	- "		
	:					
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	<u> </u>	+ +	\dashv			
						<u> </u>
Total			•			

Page 2

P 	art I		vents. Complete if the orga ,000 on Form 990-EZ, line					ortec	i
a)			(a) Event #1 990PTVIIIC (event type)	(b) Event #2	(c) Other events NONE (total number)		(d) Total dd col (a col	a) throu	gh
Revenue	1	Gross receipts	17,582					17,	582
	3	Less Charitable contributions Gross revenue (line 1 minus line 2)	17,582				-	17,	<u>582</u>
	4	Cash prizes							
	5	Noncash prizes							
ses	6	Rent/facility costs				<u> </u>			
Direct Expenses	7	Food and beverages							
Direc	8	Entertainment							<u> </u>
	9	Other direct expenses						-,	
	10 11	•	Add lines 4 through 9 in column (d)	<u> </u>			
P	art l	Gaming. Com	plete if the organization ans on Form 990-EZ, line 6a.		00, Part IV, line 19, or re	ported	more		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		Total gan		
-Re	1	Gross revenue				_			
ses	2	Cash prizes							
Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes %	Yes %	6	%			
	7	Direct expense summary	Add lines 2 through 5 in column (d)	1	-			
	8	Net gaming income sumr	mary Combine line 1, column d, and	l line 7		<u> </u>			
9	En	iter the state(s) in which the	e organization operates gaming activ	vities				Yes	No
a b		the organization licensed to No," Explain	o operate gaming activities in each o	f these states?			9a		
10a b		ere any of the organization' 'Yes," Explain	s gaming licenses revoked, suspend	ded or terminated during the ta	x year?		10a		
11 12	ls t		e gaming activities with nonmember beneficiary or trustee of a trust or a		ner entity		11		

che	edule G (Form 990 or 990-EZ) 2009 KID	S AGAINST	CANCER	INC	13-35825	06	Р	age 3
							Yes	No
3	Indicate the percentage of gaming activity opera	ted in						
а	The organization's facility				13a %			
b	An outside facility				13b %			
4	Provide the name and address of the person wh	o prepares the orga	anızatıon's gam	ing/special events books				
	and records							
	Name ▶							
	Address ▶							
5а	Does the organization have a contract with a thir revenue?	d party from whom	the organizatio	n receives gaming		15a		
b	If "Yes," enter the amount of gaming revenue re-	ceived by the organi	ızatıon ► S	\$	and the			
	amount of gaming revenue retained by the third							
С	If "Yes," enter name and address of the third par	ty						
	Name ▶							
	Address ▶							
6	Gaming manager information							
	Name ▶							
	Gaming manager compensation ▶ \$							
	Description of services provided ▶							
	Director/officer Employee	Inde	pendent contra	ctor				
7	Mandatory distributions					1		
а	Is the organization required under state law to m	ake charitable distri	ibutions from th	e gaming proceeds to				
	retain the state gaming license?					17a		<u> </u>
b	Enter the amount of distributions required under	state law distributed	d to other exem	pt organizations or spent				
	in the organization's own exempt activities during	the tax year	\$			1]	F

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

Employer identification number 13-3582506

2009 OMB No 1545-004

Open to Public Inspection

		% X										
		∏ Yes	red "Yes" to than \$5,000. Use	(h) Purpose of grant or assistance								> 2
13-3582506			nization answe received more	(g) Description of non-cash assistance								
13-35	ssistance, and	lete if the orgal one recipient	(f) Method of valuation (book, FMV, appraisal, other)									
		bility for the grants or a	ted States. Comp heck this box if no	(e) Amount of non-cash assistance								
		ince, the grantees' eligine. The United States	ations in the Unire than \$5,000. Ceded	(d) Amount of cash grant (e) Amount of non-cash assistance		250,000		6,000				
		its or assista	d Organizatived mo	(c) IRC section f applicable		ო		3				
INC	Assistance	amount of the grar s? onng the use of gra	rernments and cipient that recificated if additional sp	(b) EIN								Janizations
KIDS AGAINST CANCER INC	General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(a) Name and address of organization or government	STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVE	NY 10305	FOUNDATION	NY 10305				Enter total number of section 501(c)(3) and government organizations
×	Part i General	1 Does the organization the selection cntera u 2 Describe in Part IV the	## ##	1 (a) Name and or	STATEN ISLAND UN 475 SEAVIEW AVE	STATEN ISLAND	JOSEPH MAFFEO FO 285 DEWEY AVE	STATEN ISLAND				2 Enter total number of

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations

Schedule I (Form 990) 2009

28500 07/14/2011 12 31 PM

Part III

13-3582506

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Schedule I (Form 990) 2009 KIDS AGAINST CANCER INC

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV

SCHEDULE O (Form 990) **Supplemental Information to Form 990**

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

2009 Open to Public Inspection

Name of the organization

KIDS AGAINST CANCER INC

Employer Identification number 13-3582506

FORM 990, PART I, LINE 6

PARTICPATE IN THE GOVERNING OF THE ORGANIZTION AND DECISION MAKING PROCESS OF THE ORGANIZATION. IN ADDTION TO SOLICITING FUNDS FROM WITHIN THE COMMUNITY AND ORGANIZING FUNDRAISERS AS STATED WITHIN THE BYLAWS OF THE CORPORATION.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

28500 KIDS AGAINST CANCER INC 13-3582506 Federal Statements

FYE: 8/31/2010

7/14/2011 12:31 PM

Savings & Temporary Investment

Description	Amount
CREDIT SUISSE M/M	\$
HUDSON CITY C/D	58,288
TD BANK C/D	56,693
SOVEREIGN BANK C/D	85,887
NORTHFIELD BANK C/D	57,726
NY COMMUNITY BANK C/D	113,513
TOTAL	\$ <u>372,107</u>