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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)

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning Sep 1, 2009, and ending Aug 31, 2010

B Check if applicable <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization KAY YOW CANCER FOUNDATION, INC.		D Employer Identification Number 26-1789695
		Number and street (or P O box if mail is not delivered to street addr) Room/suite P.O. BOX 3369		E Telephone number (919) 460-6407
		City, town or country State ZIP code + 4 CARY NC 27519		G Gross receipts \$ 1,184,393.
		F Name and address of principal officer MARSHA SHARP P.O. BOX 3369 CARY NC 27513		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.KAYYOW.COM				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of Formation 2007		M State of legal domicile NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS COMMITTED TO BEING A PART OF FINDING AN ANSWER IN THE FIGHT AGAINST CANCERS AFFECTING WOMEN THROUGH RAISING MONEY FOR SCIENTIFIC RESEARCH, ASSISTING THE UNDERSERVED, AND UNIFYING PEOPLE FOR A COMMON CAUSE.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 14
Revenue	5 Total number of employees (Part V, line 2a)	5 4
	6 Total number of volunteers (estimate if necessary)	6 100
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b
	8 Contributions and grants (Part VIII, line 1h)	1,685,553.
	9 Program service revenue (Part VIII, line 2g)	1,090,837.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,446.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	232,555.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,918,108.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	348,396.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	74,210.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,000.
	b Total fundraising expenses (Part IX, column (D), line 25)	201,414.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,204,399.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,278,609.
	19 Revenue less expenses. Subtract line 18 from line 12	639,499.
	20 Total assets (Part X, line 16)	1,242,863.
	21 Total liabilities (Part X, line 26)	88,818.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,154,045.

Part II Signature Block

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.	
	Signature of officer MARSHA SHARP Type or print name and title EXECUTIVE DIRECTOR	Date 4/21/11
Paid Preparer's Use Only	Preparer's signature Paul S. Garrity	Date 4/8/11
	Firm's name (or yours if self-employed), address, and ZIP + 4 Paul S. Garrity, CPA 126 President Avenue Rutledge PA 19070	Check if self-employed <input checked="" type="checkbox"/> Preparer's identifying number (see instructions) 544-4881 EIN (610) 544-4881 Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE ORGANIZATION IS COMMITTED TO BEING A PART OF FINDING
AN ANSWER IN THE FIGHT AGAINST CANCERS AFFECTING WOMEN
 See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 392,265. including grants of \$ 348,396.) (Revenue \$ 1,133,342.)

THE ORGANIZATION RAISES FUNDS FOR CANCER RESEARCH BY UTILIZING THE
FOUNDER'S BRAND LABEL. THOSE FUNDS ARE THEN USED TO SUPPORT CANCER
RESEARCH PROJECTS THROUGH THE UTILIZATION OF THE SCIENTIFIC ADVISORY
BOARD OF THE V FOUNDATION, ANOTHER 501(C)(3) ORGANIZATION COMMITTED
TO FINDING AN ANSWER IN THE FIGHT AGAINST CANCER.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 392,265.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 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		
6 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,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 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,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• 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 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
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		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21 <input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	22 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If 'Yes,' complete Schedule J</i>	23 <input type="checkbox"/>	<input checked="" type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>	24a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b <input type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d <input type="checkbox"/>	<input type="checkbox"/>
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? <i>If 'Yes,' complete Schedule L, Part I</i>	25a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b Is the organization 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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If 'Yes,' complete Schedule L, Part II</i>	26 <input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>	27 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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):	28 <input type="checkbox"/>	<input type="checkbox"/>
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b <input type="checkbox"/>	<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c <input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29 <input type="checkbox"/>	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30 <input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	31 <input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	32 <input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33 <input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	34 <input type="checkbox"/>	<input checked="" type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35 <input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37 <input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 <input checked="" type="checkbox"/>	<input type="checkbox"/>

BAA

Form 990 (2009)

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

BAA

Form 990 (2009)

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a 15	
b Enter the number of voting members that are independent.	1b 14	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 supervision of officers, directors or trustees, or key employees to a management company or other person?	3	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	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a 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 or 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	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue 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, 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		
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?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers of 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	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	

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► Georgia

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:
 ► MANAGEMENT P.O. BOX 3369 CARY NC 27519 (919) 460-6407

Part VIII 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 employees.'
- 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 did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DEBBIE ANTONELLI DIRECTOR	2.00	X						0.	0.	0.
NORA LYNN FINCH DIRECTOR	2.00	X						0.	0.	0.
NICK VALVANO DIRECTOR	2.00	X						0.	0.	0.
ROSA GATTI DIRECTOR	2.00	X						0.	0.	0.
C. VIVIAN STRINGER DIRECTOR	2.00	X						0.	0.	0.
PAT SUMMIT DIRECTOR	2.00	X						0.	0.	0.
GENO AURIEMMA DIRECTOR	2.00	X						0.	0.	0.
SUSAN YOW DIRECTOR	2.00	X						0.	0.	0.
DR. MARK GRAHAM DIRECTOR	2.00	X						0.	0.	0.
SUE DONOHOE DIRECTOR	2.00	X						0.	0.	0.
MARSHA SHARP EXECUTIVE DIRECTOR	60.00	X		X				125,000.	0.	0.
STEPHANIE GLANCE PRESIDENT	2.00	X		X				0.	0.	0.
CONNIE ROGERS-NEWCOME VICE PRESIDENT	2.00	X		X				0.	0.	0.
BETH BASS TREASURER	2.00	X		X				0.	0.	0.
JILL PIZZOTTI SECRETARY	2.00	X		X				0.	0.	0.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns . . .	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c 26,300.					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 1,064,537.					
	g Noncash contribns included in lns 1a-1f: \$	1,750.					
	h Total. Add lines 1a-1f		1,090,837.				
PROGRAM SERVICE REVENUE	Business Code						
	2 a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue .						
g Total. Add lines 2a-2f							
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		1,446.	0.	0.	1,446.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties . . .						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 26,300. of contributions reported on line 1c) See Part IV, line 18	a					
		b Less: direct expenses	b 51,051.				
		c Net income or (loss) from fundraising events		41,059.	0.	0.	41,059.
		9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			1,133,342.	0.	0.	42,505.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	348,396.	348,396.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	125,000.	25,000.	25,000.	75,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	39,276.	4,600.	15,759.	18,917.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	260.	52.	78.	130.
10 Payroll taxes	3,005.	541.	751.	1,713.
11 Fees for services (non-employees)				
a Management				
b Legal	25,955.	0.	25,955.	0.
c Accounting	12,705.	0.	12,705.	0.
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17	5,000.			5,000.
f Investment management fees				
g Other	18,416.	0.	0.	18,416.
12 Advertising and promotion	35,636.	0.	0.	35,636.
13 Office expenses	5,690.	720.	999.	3,971.
14 Information technology				
15 Royalties				
16 Occupancy	2,610.	1,305.	0.	1,305.
17 Travel	28,163.	562.	2,734.	24,867.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	859.	0.	859.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,438.	0.	1,090.	9,348.
23 Insurance	1,704.	307.	426.	971.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a FEES	1,259.	0.	1,259.	0.
b MEALS	2,846.	0.	1,128.	1,718.
c PHOTOGRAPHY AND VIDEOS	9,434.	9,434.	0.	0.
d POSTAGE	4,365.	786.	1,090.	2,489.
e TELEPHONE AND INTERNET	3,464.	562.	969.	1,933.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	684,481.	392,265.	90,802.	201,414.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

BAA

Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	680,184.	1	128,108.
	2 Savings and temporary cash investments		2	981,366.
	3 Pledges and grants receivable, net	25,000.	3	37,255.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	52,304.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 37,644.		
	b Less: accumulated depreciation	10b 11,990.	10c	25,654.
	11 Investments — publicly-traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	8,440.
	15 Other assets. See Part IV, line 11		15	9,736.
16 Total assets. Add lines 1 through 15 (must equal line 34)	705,184.	16	1,242,863.	
LIABILITIES	17 Accounts payable and accrued expenses		17	6,318.
	18 Grants payable		18	
	19 Deferred revenue		19	82,500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	88,818.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	705,184.	27	1,154,045.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	705,184.	33	1,154,045.
34 Total liabilities and net assets/fund balances.	705,184.	34	1,242,863.	

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAAForm **990** (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.

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

26-1789695

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

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

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total						*		* *	

Total

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

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 'unusual grants'.)				1,685,553.	1,090,837.	2,776,390.
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				1,685,553.	1,090,837.	2,776,390.
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).						203,416.
6 Public support. Subtract line 5 from line 4						2,572,974.

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				1,685,553.	1,090,837.	2,776,390.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.				0.	1,446.	1,446.
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.)				206,215.	92,110.	298,325.
11 Total support. Add lines 7 through 10						3,076,161.
12 Gross receipts from related activities, etc. (see instructions)					12	
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	%
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 the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input 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"/>		

BAA

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.)

Section A. Public Support

Calendar 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'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr 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 lns 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 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.

Other Income Part II, Line 10

Description: FUNDRAISING ACTIVITIES

2008: 206215.

2009: 92110.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

- ▶ Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

KAY YOW CANCER FOUNDATION, INC.

26-1789695

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		37,644.	11,990.	25,654.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				25,654.

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Schedule D (Form 990) 2009

Part VII Investments—Other Securities See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives ..		
Closely-held equity interests .		
Other -----		

Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶		


Part VIII Investments—Program Related (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
DUE FROM AFFILIATE	9,736.
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15) ▶	9,736.

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount	
Federal Income Taxes		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,133,342.
2	Total expenses (Form 990, Part IX, column (A), line 25)		684,481.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		448,861.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		448,861.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,143,973.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	10,631.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	10,631.
3	Subtract line 2e from line 1	3	1,133,342.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,133,342.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	695,112.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	10,631.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	10,631.
3	Subtract line 2e from line 1	3	684,481.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	684,481.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Pt X AS REQUIRED BY THE ACCOUNTING FOR UNCERTAINTY IN

INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS

CODIFICATION, THE FOUNDATION ADOPTED THIS POLICY

EFFECTIVE JANUARY 1, 2008. THIS TOPIC CLARIFIES THE

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED

IN AN ENTITY'S FINANCIAL STATEMENTS. THIS TOPIC REQUIRES

ENTITIES TO DETERMINE WHETHER IT IS MORE LIKELY THAN NOT

THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION

Part XIV Supplemental information (continued)

----- BY THE APPROPRIATE TAXING AUTHORITIES BEFORE ANY PART -----

----- OF THE BENEFIT CAN BE RECORDED IN THE FINANCIAL -----

----- STATEMENTS. IT ALSO PROVIDES GUIDANCE ON RECOGNITION, -----

----- MEASUREMENT, AND THE CLASSIFICATION OF INCOME TAX -----

----- UNCERTAINTIES, ALONG WITH ANY RELATED INTEREST OR -----

----- PENALTIES. THE ADOPTION OF THIS TOPIC HAD NO IMPACT ON -----

----- THE FOUNDATION'S FINANCIAL STATEMENTS. -----

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

KAY YOW CANCER FOUNDATION, INC.

Employer identification number

26-1789695

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990EZ 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.

- | | |
|---|--|
| <input type="checkbox"/> Mail solicitations | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Internet and email solicitations | <input type="checkbox"/> Solicitation of government grants |
| <input type="checkbox"/> Phone solicitations | <input type="checkbox"/> Special fundraising events |
| <input type="checkbox"/> In-person solicitations | |

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

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

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

- 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.

REVENUE		(a) Event #1 GOLF OUTING (event type)	(b) Event #2 SILENT AUCTION (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	76,856.	41,554.		118,410.
	2 Less: Charitable contributions	23,600.			23,600.
	3 Gross income (line 1 minus line 2)	53,256.	41,554.		94,810.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	7,251.			7,251.
	8 Entertainment	16,754.			16,754.
	9 Other direct expenses	27,046.			27,046.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				51,051.
	11 Net income summary. Combine lines 3, column (d) and line 10				43,759.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 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:

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
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name: ▶ _____

Address: ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.**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 ▶ _____

☐ Director/officer☐ Employee☐ 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?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Open to Public Inspection

26-1789695

Part I General Information on Grants and Assistance

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☒ Yes ☐ No

2 Enter total number of section 501(c)(3) and government organizations

1 

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

KAY YOW CANCER FOUNDATION, INC.

Employer identification number

26-1789695

Pt VI-B, Line 11a THE BOARD POLICY FOR REVIEWING THE FORM 990 IS THAT

THE EXECUTIVE COMMITTEE OF THE BOARD WILL REVIEW THE

FORM 990 WITHIN 30 DAYS OF IT BEING FILED WITH THE IRS.

THE MEANS OF DELIVERY IS VIA AN EMAIL TO EACH EXECUTIVE

COMMITTEE MEMBER'S EMAIL ADDRESS. A RESOLUTION OF THE

BOARD IS IS NOT REQUIRED FOR THE FORM 990 TO BE FILED.

Pt VI-B, Line 12c BECAUSE ALL OF THE DIRECTORS, OFFICERS AND KEY EMPLOYEES

ARE REQUIRED ANNUALLY TO DISCLOSE ANY CONFLICTS VIA

A SIGNED STATEMENT, THERE IS THEREFORE A GENERAL

AWARENESS OF SUCH ISSUES. THE POLICY IS ADDITIONALLY

MONITORED FIRST BY WAY OF MANAGEMENT, THROUGH INTERNAL

CONTROLS IN PLACE INCLUDING THE APPROVAL OF INVOICES,

SECOND, AT EACH BOARD MEETING THERE IS AN OPPORTUNITY

TO DISCUSS ANY CONFLICTS. ANY VIOLATION OF THAT POLICY

WOULD BE HANDLED BY THE BOARD ON A CASE BY CASE BASIS

AND APPROPRIATE ACTION WOULD BE TAKEN IF NEEDED.

Pt VI-B, Line 15 THE CURRENT EXECUTIVE COMPENSATION POLICY, INCLUDING

KEY PERSONNEL, IS THAT THE EXECUTIVE COMMITTEE OF THE

BOARD WILL BE RESPONSIBLE FOR COMPLIANCE. THE POLICY

WILL COMPLY WITH THE IRS RECOMMENDATION TO RELY ON THE

"REBUTTABLE PRESUMPTION TEST" (SECTION 4598 OF THE

INTERNAL REVENUE CODE AND TREASURY REGULATION 53.4958-6).

THE TEST INCLUDES HAVING THE COMPENSATION ARRANGEMENT

BE APPROVED IN ADVANCE BY THE EXECUTIVE COMMITTEE, WHO

WILL HAVE OBTAINED APPROPRIATE COMPARABILITY DATA AND

WILL BE SURE TO DOCUMENT, IN WRITING, THE BASIS FOR THE

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

2009Attachment
Sequence No **67**

Name(s) shown on return

KAY YOW CANCER FOUNDATION, INC.

Identifying number

26-1789695

Business or activity to which this form relates

Form 990 / Form 990EZ**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 instrs)	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 instructions)

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	9,348.

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	
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 <input type="checkbox"/>		

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	9,348.
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	

Part IV Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and properly used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If 'Yes,' is the evidence written?		Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use								
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part V Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions):					
DEFERRED LEGAL COSTS	10/19/09	4,180.	248	5.00 yrs	726.
DEFERRED LEGAL COSTS	04/30/10	5,350.	248	5.00 yrs	364.
43 Amortization of costs that began before your 2009 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	1,090.

2009

Tax Year 2009

- Keep for your records

26-1789695

Code: S = Sold, A = Auto, L = Listed, C = COGS

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

THROUGH RAISING MONEY FOR SCIENTIFIC RESEARCH, ASSISTING
THE UNDERSERVED, AND UNIFYING PEOPLE FOR A COMMON CAUSE.

Supporting Statement of:**Form 990 p 5/Line 2a**

Description	Amount
EMPLOYEES WERE PART OF A SHARED PAYROLL ARRANGEMENT.	4
Total	<u>4</u>

Supporting Statement of:**Form 990 p 9/Noncash**

Description	Amount
SUPPLIES	1,750.
Total	<u>1,750.</u>

Supporting Statement of:**Form 990 p 11/Line 14, column (B)**

Description	Amount
ORGANIZATIONAL COSTS NET OF AMORTIZATION	8,440.
Total	<u>8,440.</u>

Supporting Statement of:**Sch D, page 4/Part XII, Line 2b**

Description	Amount
DONATED ACCOUNTING SERVICES	3,431.
DONATED OFFICE SPACE	7,200.
Total	<u>10,631.</u>

Supporting Statement of:**Sch D, page 4/Part XIII, Line 2a**

Description	Amount
DONATED ACCOUNTING SERVICES	3,431.
DONATED OFFICE SPACE	7,200.
Total	<u>10,631.</u>

Additional Information For Tax Return

KAY YOW CANCER FOUNDATION, INC.

26-1789695

Form 990 p 1: Item B, Name change

ARTICLES OF AMENDMENT AND CERTIFICATE OF AMENDMENT ARE ATTACHED.

Form 990 p 5: Line 2b Yes

THE EMPLOYEES WERE PART OF A SHARED PAYROLL ARRANGEMENT WHEREBY THE TOTAL WAGES WERE REPORTED BY THE OTHER ORGANIZATION ON ALL OF THE REQUIRED FEDERAL EMPLOYMENT FORMS.

Form 990 p 6: Line 15a Yes

During the fiscal year ended August 31, 2010, a policy was in place that included review and approval of compensation by the board that was included in written minutes of meetings. However, on April 3, 2011, the board adopted a full scale comprehensive and detailed executive compensation policy that includes review and approval by independent persons along with analysis of comparability data which will be described in detail in Schedule O.

Form 990 p 6: Line 15b Yes

During the fiscal year ended August 31, 2010, a policy was in place that included review and approval of compensation by the board that was included in written minutes of meetings. However, on April 3, 2011, the board adopted a full scale comprehensive and detailed executive compensation policy that includes review and approval by independent persons along with analysis of comparability data which will be described in detail in Schedule O.

Form 990 p 12: Part XI Line 2c Yes box

The policy for oversight of the audit and selection of the independant accountant has not changed.

STATE OF GEORGIA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT NAME CHANGE

I, **Brian P. Kemp**, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

KAY YOW/WBCA CANCER FOUNDATION, INC.
a Domestic Non-Profit Corporation

has filed articles/certificate of amendment in the Office of the Secretary of State on 10/29/2010 changing its name to

KAY YOW CANCER FOUNDATION, INC.

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated Attached hereto is a true and correct copy of said articles/ certificate of amendment

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on October 29, 2010



Brian P. Kemp
Secretary of State

ARTICLES OF AMENDMENT
OF
KAY YOW/WBCA CANCER FOUNDATION, INC.
A NONPROFIT CORPORATION

2010 OCT 29 AM 11:32
SECRETARY OF STATE
CORPORATIONS DIVISION

I.

The name of the corporation is Kay Yow/WBCA Cancer Foundation, Inc.

II.

The text of the amendment adopted by the Board of Directors is:

"Article I of the Amended and Restated Articles of Incorporation of the corporation is hereby amended so that the name of the corporation shall henceforth be Kay Yow Cancer Foundation, Inc."

III.

The amendment was adopted on September 12, 2010.

IV.

The corporation does not have members. The amendment was approved by a sufficient vote of the Board of Directors of the corporation.

V.

The undersigned officers of the corporation undertake to publish a filing of notice of the filing of these Articles of Amendment as required by O.C.G.A. § 14-3-1—5.1, subsection (b) in the Gwinnett Daily Post, the official organ of the county in which the corporation's registered office is located.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Amendment on September 12, 2010.

Connie Rogers-Newcome
Connie Rogers-Newcome, President

Jill M. Pizzotti
Jill Pizzotti, Secretary

2010 SEP 30 AM 11:02
SECRETARY OF STATE
CORPORATIONS DIVISION

State of Georgia
Name Change 2 Page(s)



T1030618530

KAY YOW CANCER FOUNDATION, INC.

FINANCIAL STATEMENTS

AND

REPORT OF CERTIFIED PUBLIC ACCOUNTANTS

YEARS ENDED AUGUST 31, 2010 AND 2009

KAY YOW CANCER FOUNDATION, INC.

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Statement of Functional Expenses	4
Statement of Cash Flows	5
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**Myers
& Associates**
Certified Public Accountants

1515 West Chester Pike, Suite C-3
West Chester, PA 19382-7782
Phone (610) 692-0464
Fax (610) 344-9912

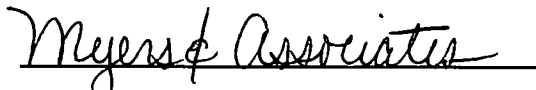
INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Kay Yow/WBCA Cancer Foundation, Inc.
Lilburn, Georgia

We have audited the accompanying statements of financial position of Kay Yow Cancer Foundation, Inc. (a nonprofit organization) as of August 31, 2010 and 2009, and the related statement of activities and changes in net assets, and statement of cash flow for the year then ended. This financial statement is the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Kay Yow Cancer Foundation, Inc. as of August 31, 2010 and 2009 and changes in its net assets and its cash flows for the year then ended in conformity with the accounting principles generally accepted in the United States of America.


MYERS & ASSOCIATES
Certified Public Accountants

May 2, 2011

KAY YOW CANCER FOUNDATION, INC.
STATEMENTS OF FINANCIAL POSITION
AUGUST 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 1,109,474	\$ 680,184
Unconditional promises to give	37,255	25,000
Due from affiliate	9,736	-
Prepaid expenses	<u>52,304</u>	<u>-</u>
TOTAL CURRENT ASSETS	<u>1,208,769</u>	<u>705,184</u>
PROPERTY AND EQUIPMENT		
Computer equipment and software	35,002	-
Accumulated depreciation	<u>(9,348)</u>	<u>-</u>
NET PROPERTY AND EQUIPMENT	<u>25,654</u>	<u>-</u>
OTHER ASSETS		
Organizational costs	9,530	-
Accumulated amortization	<u>(1,090)</u>	<u>-</u>
NET OTHER ASSETS	<u>8,440</u>	<u>-</u>
TOTAL ASSETS	<u><u>\$ 1,242,863</u></u>	<u><u>\$ 705,184</u></u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	\$ 6,318	\$ -
Deferred revenue	<u>82,500</u>	<u>-</u>
TOTAL LIABILITIES	<u>88,818</u>	<u>-</u>
NET ASSETS		
TOTAL NET ASSETS	<u>1,154,045</u>	<u>705,184</u>
TOTAL LIABILITIES AND NET ASSETS	<u><u>\$ 1,242,863</u></u>	<u><u>\$ 705,184</u></u>

The accompanying notes are an integral part of these financial statements

KAY YOW CANCER FOUNDATION, INC.
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED AUGUST 31, 2010 AND 2009

	2010				2009			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
SUPPORT AND REVENUE								
Contributions	\$ 1,075,168	\$ -	\$ -	\$ 1,075,168	\$ 841,621	\$ -	\$ -	\$ 841,621
Special events	118,410	-	-	118,410	1,076,487	-	-	1,076,487
Less direct costs of special events	(51,051)	-	-	(51,051)	(26,149)	-	-	(26,149)
Interest income	1,446	-	-	1,446	-	-	-	-
TOTAL REVENUES AND SUPPORT	1,143,973	-	-	1,143,973	1,891,959	-	-	1,891,959
EXPENSES								
Program services	393,555	-	-	393,555	1,113,381	-	-	1,113,381
Supporting services								
General and administrative	96,022	-	-	96,022	71,210	-	-	71,210
Fund-raising	205,535	-	-	205,535	67,869	-	-	67,869
TOTAL EXPENSES	695,112	-	-	695,112	1,252,460	-	-	1,252,460
CHANGES IN NET ASSETS	448,861	-	-	448,861	639,499	-	-	639,499
NET ASSETS - beginning of year	705,184	-	-	705,184	65,685	-	-	65,685
NET ASSETS - end of year	\$ 1,154,045	\$ -	\$ -	\$ 1,154,045	\$ 705,184	\$ -	\$ -	\$ 705,184

The accompanying notes are an integral part of these financial statements

KAY YOW CANCER FOUNDATION, INC.
STATEMENTS OF FUNCTIONAL EXPENSES
FOR THE YEARS ENDED AUGUST 31, 2010 AND 2009

	2010				2009			
	Program	Management & General	Fund-raising	Total	Program	Management & General	Fund-raising	Total
Auto and travel	\$ 562	\$ 2,734	\$ 24,867	\$ 28,163	\$ 2,494	\$ 2,058	\$ 6,256	\$ 10,808
Bank fees	-	1,084	-	1,084	-	870	-	870
Depreciation and amortization	-	1,090	9,348	10,438	-	-	-	-
Fees	-	175	-	175	-	-	-	-
Grants	348,396	-	-	348,396	1,089,752	-	-	1,089,752
Insurance	307	426	971	1,704	-	-	-	-
Marketing and promotion	-	-	35,636	35,636	-	-	5,660	5,660
Meals	-	1,128	1,718	2,846	-	-	289	289
Meetings and conferences	-	859	-	859	1,807	8	-	1,815
Office supplies and expense	720	1,000	3,970	5,690	196	273	621	1,090
Payroll taxes and benefits	588	816	1,861	3,265	614	883	1,944	3,441
Photography and video	9,434	-	-	9,434	4,800	-	-	4,800
Postage	785	1,091	2,489	4,365	128	178	406	712
Professional fees	-	42,091	23,416	65,507	-	44,362	10,000	54,362
Rent and storage	2,601	1,800	5,409	9,810	1,453	1,800	4,261	7,514
Salaries and compensation	29,600	40,759	93,917	164,276	12,108	20,351	38,341	70,800
Telephone and internet	562	969	1,933	3,464	29	427	91	547
TOTAL FUNCTIONAL EXPENSES	\$ 393,555	\$ 96,022	\$ 205,535	\$ 695,112	\$ 1,113,381	\$ 71,210	\$ 67,869	\$ 1,252,460

The accompanying notes are an integral part of these financial statements

KAY YOW CANCER FOUNDATION, INC.
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED AUGUST 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
OPERATING ACTIVITIES		
Changes in net assets	\$ 448,861	\$ 639,499
Adjustments to reconcile changes in net assets to net cash provided (used) by operating activities:		
Depreciation and amortization	10,438	-
(Increase) decrease in:		
Unconditional promises to give	(12,255)	
Due from affiliate	(9,736)	
Prepaid expenses	(52,304)	
Increase (decrease) in:		
Accounts payable	6,318	
Deferred revenue	82,500	(25,000)
NET CASH PROVIDED BY OPERATING ACTIVITIES	<u>473,822</u>	<u>614,499</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Expenditures for equipment	(35,002)	-
Expenditures for organizational costs	(9,530)	-
NET CASH (USED) BY INVESTING ACTIVITIES	<u>(44,532)</u>	<u>-</u>
NET CASH (USED) BY FINANCING ACTIVITIES	<u>-</u>	<u>-</u>
NET INCREASE IN CASH	429,290	614,499
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	<u>680,184</u>	<u>65,685</u>
CASH AND CASH EQUIVALENTS AT END OF YEAR	<u>\$ 1,109,474</u>	<u>\$ 680,184</u>

The accompanying notes are an integral part of these financial statements

KAY YOW CANCER FOUNDATION, INC.
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED AUGUST 31, 2010 AND 2009

Note 1 – Nature of the organization

Organization and funding - Kay Yow Cancer Foundation, Inc. was organized and incorporated in Georgia on December 5, 2007, as a nonprofit corporation committed to being a part of finding an answer in the fight against cancers affecting women through raising money for scientific research, assisting the underserved, and unifying people for a common cause. The Foundation is funded primarily through contributions from over 4,600 individuals, organizations, and foundations nationwide, including special events run by the Foundation, as well as by grass roots groups all over the country. The Foundation's current headquarters is located in Cary, North Carolina.

Exempt status - Kay Yow Cancer Foundation, Inc. is exempt from income tax under Section 501(c)(3) of the U.S. Internal Revenue Code and comparable state law. The Foundation is however required to file Federal and State information returns. Contributions to the Foundation are tax deductible within the limitations prescribed by the Code.

Note 2 – Summary of significant accounting policies

Basis of accounting - The accompanying financial statements have been prepared on the accrual basis of accounting and accordingly, reflect all significant receivables, payables, and other liabilities.

Financial statement presentation - Financial statement presentation follows accounting principles generally accepted in the United States of America, to which the Foundation is required to report information regarding their financial position and activities according to three classes of net assets: unrestricted, temporarily restricted and permanently restricted. Unrestricted net assets are not subject to donor-imposed stipulations. Temporarily restricted net assets are subject to donor-imposed stipulations that may, or will be met, either by the actions of the Foundation and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and are reported in the statement of activities as net assets released from restrictions. Permanently restricted net assets are subject to donor imposed stipulations that they be maintained permanently by the Foundation. Generally donors of these assets permit the Foundation to use all or a part of the income earned on any related investments for general or specific purposes. At August 31, 2010, there were no temporarily or permanently restricted net assets.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

KAY YOW CANCER FOUNDATION, INC.
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED AUGUST 31, 2010 AND 2009

Note 2 – Summary of significant accounting policies (continued)

Reclassifications - Certain amounts for the year ended August 31, 2009, have been reclassified to conform to the year ended August 31, 2010, presentation.

Cash and cash equivalents - Cash, certificates of deposit, and other highly liquid investments purchased with maturities of three months or less are considered to be cash equivalents.

Fair Value Measurements - The Foundation follows Fair Value Measurements as required by the FASB Standards Codification, which defines fair value, establishes a framework for measuring fair value and expands disclosure about fair value measurements. It applies to other pronouncements that require or permit fair value but does not require any new fair value measurements. The statement defines fair value as “the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.” The Codification establishes a fair value hierarchy to increase consistency and comparability in fair value measurements and disclosures. The hierarchy is based on the inputs used in valuation and gives the highest priority to quoted prices in active markets. The highest possible level should be used to measure fair value.

The Codification requires that assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

- Level 1: Quoted market prices in active markets for identical assets or liabilities
- Level 2: Observable market based inputs or unobservable inputs that are corroborated by market data.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Investments - In accordance with accounting principles generally accepted in the United States of America, investments in marketable securities with readily determinable fair values, and all investments in debt securities, are reported at their quoted fair values in the Statements of Financial Position. Unrealized gains and losses are included in the change in net assets. Donated investments are reflected as contributions at their market values at the date of receipt. Interest and dividend earnings, realized gains and losses, and unrealized gains and losses are reported as investment income. The market values of investments are based on quoted market prices for those or similar investments.

The carrying amounts reported in the Statements of Financial Position are stated at market value.

Promises to give - At August 31, 2010 and 2009, there was one unconditional promise to give in the amount of \$37,255 and \$25,000, respectively, from an affiliated organization.

KAY YOW CANCER FOUNDATION, INC.
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED AUGUST 31, 2010 AND 2009

Note 2 – Summary of significant accounting policies (continued)

Due from Affiliate - At August 31, 2010 and 2009, there was an amount due of \$9,736 and \$0, respectively from an affiliated organization related to shared payroll expenses.

Prepaid expenses - Insurance costs are expensed in the current contract period. Accordingly, expenditures for future contract periods are included in prepaid expenses. In addition, the Foundation holds an annual golf event each fall. Costs paid in advance of the event are also included in prepaid expenses.

Property and equipment - Expenditures or donated fixed assets in excess of \$1,000, are capitalized at cost and fair value respectively. Depreciation expense for the year ended August 31, 2010 and 2009, was \$9,348 and \$0, respectively, and was computed on the MACRS straight line method over the estimated useful lives of the assets. The estimated useful lives are as follows:

Computer equipment and software	3-5 years
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Other assets - The other assets represent costs associated with acquiring the Foundation's 501(c)(3) status. Amortization expense for the year ended August 31, 2010, was \$1,090, and was computed on the MACRS straight line method over five years pursuant to Internal Revenue Code 248 guidelines.

Deferred revenues - The deferred revenues represent registration fees collected in advance for the Foundation's annual golf event held each fall.

Net assets/contributions - Unrestricted amounts are those currently available at the discretion of the Board for use in the Foundation's operations and those resources invested in property and equipment. All contributions are considered for unrestricted use unless specifically restricted by the donor or subject to other legal restrictions. Separate receipts are issued for each contribution.

Revenue and support recognition - In accordance with accounting principles generally accepted in the United States of America, contributions are recorded as unrestricted, temporarily restricted, or permanently restricted depending on the existence or nature of any donor restrictions. Contributions and fees are normally recorded and recognized as revenue when cash is received or when donated assets are transferred. However, if the contributions were to be received in advance, then they would be recorded as temporarily restricted revenues. Fees received in advance for a future event would be recorded as deferred revenues. At August 31, 2010 and 2009, there were no contributions received in advance, but there were event fees received in advance of \$82,500 and \$0, respectively.

KAY YOW CANCER FOUNDATION, INC.
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED AUGUST 31, 2010 AND 2009

Note 2 – Summary of significant accounting policies (continued)

Expenses - Expenses are recorded when incurred in accordance with the accrual basis of accounting. The costs of providing various programs and supporting activities of the Foundation have been summarized on a functional basis in the Statements of Activities and are detailed in the Statement of Functional Expenses. Accordingly, certain costs have been allocated among the program and supporting activities.

Advertising costs - The Foundation expenses advertising when incurred. Advertising expense for the year ended August 31, 2010 and 2009, was \$35,636 and \$5,660, respectively, the amounts of which are included in Marketing and promotion in the Statement of Functional Expenses.

Recent Accounting Pronouncements - As required by the Accounting for Uncertainty in Income Taxes topic of the FASB Accounting Standards Codification, the Foundation adopted this policy effective January 1, 2008. This topic clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements. This topic requires entities to determine whether it is more likely than not that a tax position will be sustained upon examination by the appropriate taxing authorities before any part of the benefit can be recorded in the financial statements. It also provides guidance on the recognition, measurement, and the classification of income tax uncertainties, along with any related interest or penalties. The adoption of this topic had no impact on the Foundation's financial statements.

Note 3 – In-Kind contributions

Donated skilled services, materials, fixed assets and investments are reflected as contributions in the accompanying financial statements at their estimated values at the date of service or receipt. The respective expenses or assets would be recorded simultaneously. The in-kind contributions for the years ended August 31, are as follows:

	2010	2009
Office space	\$ 7,200	\$ 7,200
Supplies	1,750	-
Management and administration	-	16,640
Accounting services	3,431	2,500
Total:	<u>\$ 12,381</u>	<u>\$ 26,340</u>

A significant portion of the Foundation's functions are conducted by unpaid volunteers. The value of this contributed time is not reflected in the accompanying financial statements since the volunteers' time does not meet the criteria necessary for recognition under the FASB Standards Codification.

KAY YOW CANCER FOUNDATION, INC.
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED AUGUST 31, 2010 AND 2009

Note 4 – Lease commitments

The Foundation had its office space donated on a month-to-month basis from the Women's Basketball Coaches Association. The fair value of that office space was \$600 per month for twelve months or \$7,200 annually. Accordingly, there are no future minimum annual lease payments for this lease. Rent expense was \$7,200 and \$7,200 for the years ended August 31, 2010 and 2009, respectively, and is included in rent and utilities expense in the statement of functional expenses.

Note 5 – Concentration of credit risk

Deposits with bank - At August 31, 2010, and during the year then ended, the Foundation maintained an operating and savings account with an FDIC insured financial institution and did exceed the federally insured limit. Therefore, the Foundation had a concentration of credit risk for those deposits, and in the event of nonperformance by the institution; there would be a credit risk of accounting loss. Management of the Foundation does not anticipate nonperformance's by the institution. At August 31, 2010, the Foundation's uninsured cash balance was \$859,474.

Sources of funding - Contributions are received from many individuals, organizations and churches, the largest single contributor of which represents approximately 34% of the total revenues and support. The contributor was The V Foundation for Cancer Research, an affiliated organization who works in partnership with the Foundation not only by collecting funds via their own web site, but also by providing scientific expertise to the Foundation.

Note 6 – Related party transactions

The Women's Basketball Coaches Association (WBCA) was instrumental in helping to found the Kay Yow Cancer Foundation, Inc. As part of that assistance, the WBCA donated office space to the Foundation, as detailed in Note 4 of the financial statements. In addition, the WBCA also provided assistance through a shared payroll and compensation arrangement with the Foundation. One board member of the WBCA is also a board member of the Foundation.

The V Foundation for Cancer Research was instrumental in helping to found the Kay Yow Cancer Foundation, Inc. As part of that assistance, The V Foundation has collected funds for the Foundation through its own web site. The V Foundation also provides scientific expertise about cancer research to the Foundation. One board member of The V Foundation is also a board member of the Foundation.

Both the WBCA and The V Foundation are recognized by the Internal Revenue Service as separate 501(c)(3) organizations and the organizational relationships do not meet the criteria necessary to require consolidation to the accompanying financial statements.

KAY YOW CANCER FOUNDATION, INC.
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED AUGUST 31, 2010 AND 2009

Note 7 – Subsequent events

The V Foundation for Cancer Research has donated office space to the Foundation on a month-to-month basis during the fiscal year ended August 31, 2011.

The Foundation has evaluated events and transactions for potential recognition or disclosure in the financial statements through May 2, 2011, which is the date the financial statements were available to be issued. No subsequent events have been recognized or disclosed.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	KAY YOW CANCER FOUNDATION, INC.	26-1789695
	Number, street, and room or suite number. If a P.O. box, see instructions	
	P.O. BOX 3369	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	CARY	NC 27519

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **MANAGEMENT**

Telephone No. ► **(919) 460-6407** FAX No. ► **(919) 380-0025**

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **Apr 18**, 20 **11**, to file the exempt organization return for the organization named above.
The extension is for the organization's return for

- ☐ calendar year 20 ____ or
- ☒ tax year beginning **Sep 1**, 20 **09**, and ending **Aug 31**, 20 **10**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$	0.
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b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$	0.
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c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$	0.
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Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization KAY YOW CANCER FOUNDATION, INC.	Employer identification number 26-1789695
	Number, street, and room or suite number. If a P.O. box, see instructions. P.O. BOX 3369	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CARY NC 27519	

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

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **MANAGEMENT**
Telephone No. **(919) 460-6407** FAX No. **(919) 380-0025**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **Jul 15**, 20 **11**.
- 5 For calendar year _____, or other tax year beginning **Sep 1**, 20 **09**, and ending **Aug 31**, 20 **10**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **REQUIRED AUDITED FINANCIAL STATEMENTS ARE NOT COMPLETE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	8c \$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title _____ Date _____