See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

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

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10/01, 2009, and ending 09/30/2010

B Check if applicable
- [ ] Address change
- [X] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

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

C Name of organization
THE RON & DIANNE FARB CLIMB FOR CANCER FOUNDATION, INC.

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
5745 SW 75TH STREET

City or town, state or country, and ZIP + 4
GAINESVILLE, FL 32608

D Employer identification number
11-3655183

E Telephone number
(352) 333-9663

F Group Exemption Number ▶

- *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting method [X] Cash [ ] Accrual
Other (specify) ▶

I Website: ▶ WWW.CFC-FOUNDATION.ORG

H Check ▶ [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) - [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ . . ▶ $ 93,594.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	83,359.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ [ ]			
	a	Gross revenue (not including $ 55,211. of contributions reported on line 1) ATCH 1	6a 10,235.		
	b	Less direct expenses other than fundraising expenses	6b 18,731.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) ATCH 2		6c	-8,496.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	74,863.
Expenses	10	Grants and similar amounts paid (attach schedule) ATCH 3		10	41,500.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	26,239.
	13	Professional fees and other payments to independent contractors		13	6,000.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	1,752.
	16	Other expenses (describe ▶ ATCH 4)		16	6,498.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	81,989.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-7,126.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	7,652.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	526.

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APR 11 2011
OGDEN, UT

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments ATCH 5	6,774.	22	526.
23	Land and buildings	878.	23	
24	Other assets (describe ▶)		24	
25	**Total assets**	7,652.	25	526.
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	7,652.	27	526.

APR 26 2011

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

What is the organization's primary exempt purpose? ATCH 6

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28 ATTACHMENT 7

(Grants $ 24,500.) If this amount includes foreign grants, check here . . . . . ▶ ☐ 28a 9,500.

29 ARNOLD PALMER CHILDREN'S HOSPITAL GRANT - CONSTRUCTION FUND FOR THE PEDIATRIC INFUSION ROOM.

(Grants $ 10,000.) If this amount includes foreign grants, check here . . . . . ▶ ☐ 29a

30 ATTACHMENT 8

(Grants $ 5,500.) If this amount includes foreign grants, check here . . . . . ▶ ☐ 30a

31 Other program services (attach schedule) . ATTACHMENT. 9. . . . . .
(Grants $ 1,500.) If this amount includes foreign grants, check here . . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32 9,500.

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ATTACHMENT 10		24,000.	-0-	-0-

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter.			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ _____			
42a	The organization's books are in care of ▶ DIANNE FARB Telephone no ▶ 352-333-9663			
	Located at ▶ 3424 SW 92ND STREET GAINESVILLE, FL ZIP + 4 ▶ 32608			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign county ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreing Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None "

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

f Total number of other employees paid over $100,000 ▶ 0

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

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

d Total number of other independent contractors receiving over $100,000 ▶ 0

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 Date 3/30/11

▶ Type or print name and title Ronald G. FARB President + Founder

Paid Preparer's Use Only

Preparer's signature ▶		Date 3/29/11	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions) P00428585
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	BROOKS & COMPANY, CPA'S, P.A. 1301 RIVERPLACE BLVD , SUITE 2014 JACKSONVILLE, FL 32207		EIN ▶ 59-3156774	Phone no ▶ 904-396-6880

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization THE RON & DIANNE FARB CLIMB FOR CANCER FOUNDATION, INC.

Employer identification number 11-3655183

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

(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 US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related 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** . . . . . ▶ ☐

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 line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	101,826	136,907	85,592.	76,625.	83,359.	484,309.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				33,000.	10,235.	43,235
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	101,826	136,907	85,592	109,625.	93,594	527,544
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						527,544.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	101,826	136,907.	85,592	109,625	93,594	527,544.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		906		21		927
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		906.		21.		927.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)	101,826.	137,813	85,592	109,646.	93,594	528,471.

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** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.82%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

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%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	0.00%

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 ▶ ☒

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

ATTACHMENT 1

FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
FASHION SHOW	12,112.
ACONGUA CLIMB	28,664.
TRI-DISTANCE RUN	14,435.
TOTAL	55,211.

ATTACHMENT 2

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FASHION SHOW	1,480.	5,630.	-4,150.
FOOTBALL RAFFLE	1,125.		1,125.
ACONGUA CLIMB	5,000.	6,198.	-1,198.
TRI-DISTANCE RUN	2,630.	6,903.	-4,273.
TOTALS	10,235.	18,731.	-8,496.

ATTACHMENT 3

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF $5000

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
ARNOLD PALMER HOSPITAL FOR CHILDREN 92 WEST MILLER STREET ORLANDO, FL 32806		PEDIATRIC INFUSION ROOM	10,000
SHANDS CANCER HOSPITAL & CRITICAL CARE CENTER 1515 SW ARCHER ROAD GAINESVILLE, FL 32608		PEDIATRIC CONSULT ROOM, EXERCISE BIKES FOR BONE MARROW TRANSPLANT UNIT, GAS CARDS AND MEAL VOUCHERS FOR PATIENT'S FAMILY MEMBERS	24,500
UNIVERSITY OF FLORIDA FOUNDATION PO BOX 14425 GAINESVILLE, FL 32604		END OF CHEMO PARTIES, PATIENT PARKING, BUTTERFLY CONNECTION PROGRAM	5,500
		TOTAL CONTRIBUTIONS PAID	40,000.

ATTACHMENT 4

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	428.
CONFERENCES, CONVENTIONS	24.
DEPRECIATION	878.
CREDIT CARD FEES	1,012.
INSURANCE	1,523.
ANNUAL FEES/REGISTRATION	131.
DUES & SUBSCRIPTIONS	150.
DOMAIN NAME & WEB HOSTING	218.
BANK CHARGES	87.
PAYROLL PROCESSING FEES	1,256.
FACILITIES CHARGES-SPORTS CAMP	791.
TOTAL	6,498.

ATTACHMENT 5

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	6,774.	526.
TOTALS	6,774.	526.

ATTACHMENT 6

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

FUND LEADING EDGE RESEARCH FOR CANCER TREATMENT, WHILE SUPPORTING AND ENCOURAGING THOSE THAT NEED TREATMENT NOW.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ATTACHMENT 7

PROGRAM SERVICE ACCOMPLISHMENT 1

SHANDS HEALTHCARE GIFT - EXERCISE BIKES FOR BONE MARROW TRANSPLANT UNIT, GAS CARDS AND MEAL VOUCHER FOR FAMILY MEMBERS OF PATIENTS UNDERGOING TREATMENT, CONSTRUCTION FUND FOR PEDIATRIC CONSULT ROOM.

ATTACHMENT 8

PROGRAM SERVICE ACCOMPLISHMENT 3

UNIVERSITY OF FLORIDA FOUNDATION GIFT (SHANDS CANCER CENTER) - END OF CHEMO TREATMENT PARTIES, VOUCHERS FOR FAMILY AND PATIENT PARKING, BUTTERFLY CONNECTION PROGRAM WHICH PROVIDES FOR CANCER PATEINTS AND THEIR CAREGIVERS TO EXPERIENCE THE BEAUTY AND SERENITY OF THE BUTTERFLY RAINFORREST THROUGH A PARTNERSHIP BETWEEN THE FLORIDA MUSEUM OF NATURAL HISTORY AND THE ARTS IN MEDICINE PROGRAM AT SHANDS HOSPITAL.

ATTACHMENT 9

FORM 990EZ, PART III - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
KEIRA GRACE FOUNDATION	1,000.	
CAMP SUNSHINE	500.	
TOTALS	1,500.	

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ATTACHMENT 10

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
RON FARB 3424 SW 92ND STREET GAINESVILLE, FL 32608	PRESIDENT 10.00	0.	0.	0.
DIANNE FARB 3424 SW 92ND STREET GAINESVILLE, FL 32608	VICE-PRESIDENT 10.00	0.	0.	0.
RICARDO ACUNA 139 FLORENCE DRIVE JUPITER, FL 33458	DIRECTOR 1.00	0.	0.	0.
JULIUS GYLYS 4405 NW 9TH PLACE GAINESVILLE, FL 32605	DIRECTOR 1.00	0.	0.	0.
STACEY HAYES 7062 NW 52ND TERRACE GAINESVILLE, FL 32653	DIRECTOR 1.00	0.	0.	0.
CARLA HILL 3954 NW 40TH COURT GAINESVILLE, FL 32606	EXECUTIVE DIRECTOR 25.00	24,000.	0.	0.
MIKE HILL 3954 NW 40TH COURT	DIRECTOR 1.00	0.	0.	0.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ATTACHMENT 10 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
GAINESVILLE, FL 32606				
PETER LAFRATE 10106 SW 37TH PLACE GAINESVILLE, FL 320608	DIRECTOR 1.00	0.	0.	0.
ERIC LATHAM 15120 INDUSTRIAL PARK ROAD BRISTOL, VA 24202	DIRECTOR 1.00	0.	0.	0.
CAROL REED-ASH 2544 SW 50TH BLVD GAINESVILLE, FL 32608	DIRECTOR 1.00	0.	0.	0.
MARY SMITH 5745 SW 75TH STREET GAINESVILLE, FL 32608	DIRECTOR 1.00	0.	0.	0.
MELISSA STUCKEY 2711 NW 37TH TERRACE GAINESVILLE, FL 32606	DIRECTOR 1.00	0.	0.	0.
DAN WILLIAMS PO BOX 113156 GAINESVILLE, FL 32611	DIRECTOR 1.00	0.	0.	0.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ATTACHMENT 10 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
NELSON LOGAN 5745 SW 75TH STREET GAINESVILLE, FL 32608	DIRECTOR 1.00	0.	0.	0.
NITA CHESTER 5745 SW 75TH STREET GAINESVILLE, FL 32608	DIRECTOR 1.00	0.	0.	0.
RICK MEDINA PO BOX 14121 GAINESVILLE, FL 32604	EXECUTIVE DIRECTOR 4.00			
GRAND TOTALS		24,000.	0.	0.

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
COMPUTER	11/21/2003	1,776	100 000			1,776	1,776.	1,776.	200DB	HY			5		
TELOSA SOFTWARE	09/17/2004	499	100 000			499	499	499	200DB	HY			5		
CINVIO SOFTWARE	12/30/2005	15,250	100 000			15,250	14,372	15,250	200DB	HY			5		878
Less Retired Assets															
Subtotals		17,525				17,525	16,647	17,525							878
Listed Property															
TOTALS		17,525				17,525	16,647	17,525							878.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- 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 From 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	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return See instructions	CLIMB FOR CANCER FOUNDATION	11-3655183
	Number, street, and room or suite no If a P O box, see instructions 5745 SW 57TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions GAINESVILLE,FL 32608	

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

[X]	Form 990	[ ]	Form 990-T (corporation)	[ ]	Form 4720
[ ]	Form 990-BL	[ ]	Form 990-T (sec. 401(a) or 408(a) trust)	[ ]	Form 5227
[ ]	Form 990-EZ	[ ]	Form 990-T (trust other than above)	[ ]	Form 6069
[ ]	Form 990-PF	[ ]	Form 1041-A	[ ]	Form 8870

- The books are in the care of ▶ RONALD FARB

Telephone No. ▶ 352-333-9663 FAX No ▶ 352-333-9663

- 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 MAY 16 , 2011 , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year _____ or
▶ [X] tax year beginning OCTOBER 1 , 2009 , and ending SEPTEMBER 30 , 2010 .

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	$NONE
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	$
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	$NONE

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

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

JSA
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