

Form **990**

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)

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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

G Name of organization
CURE CHILDHOOD CANCER INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1117 PERIMETER CENTER WEST N402
 City or town, state or country, and ZIP + 4
ATLANTA, GA 30338

D Employer identification number
58-1244138

E Telephone number
770-986-0035

F Name and address of principal officer: **KRISTIN CONNOR**
SAME AS G ABOVE

G Gross receipts \$ **2,642,619**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number

I Tax-exempt status: 501(c) (3) (insert no.) 4947(a)(1) or 527

J Website: **WWW.CURECHILDHOODCANCER.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1975** **M** State of legal domicile: **GA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: CONQUERING CHILDHOOD CANCER THROUGH RESEARCH, EDUCATION AND SUPPORT OF PATIENTS & THEIR FAMILIES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	8	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5	Total number of employees (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	0	550
	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	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,844,604	Current Year 1,893,131
	9	Program service revenue (Part VIII, line 2g)	7,199	10,057
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<82,342	55,070
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,300	12,000
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,772,761	1,970,258
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,244,716	985,027
	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)	340,532	356,574
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	15,000	15,000
	16b	Total fundraising expenses (Part IX, column (D), line 25)	130,745	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	436,152	479,817
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,036,400	1,835,518	
19	Revenue less expenses. Subtract line 18 from line 12	<263,639	134,740	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,980,133	End of Year 2,210,757
	21	Total liabilities (Part X, line 26)	113,927	158,479
	22	Net assets or fund balances. Subtract line 21 from line 20	1,766,206	2,052,278

Part II Signature Block

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.

Sign Here: **Kristin Connor** Signature of officer Date: **2/25/11**
Kristin Connor, Executive Director Type of print name and title

Paid Preparer's Use Only: Preparer's signature: **[Signature]** Date: **2.14.11** Check if self-employed: Preparer's identifying number (see instructions):
THE LEWIS CPA FIRM INC. EIN: **[]**
115 PERIMETER CENTER PLACE NE SUITE 435 Phone no.: **(678) 990-9082**
ATLANTA, GA 30346-1275

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION TO SUPPORT INVESTIGATIONS INTO THE CAUSES, NATURE, TREATMENT, REHABILITATION AND PREVENTION OF CHILDHOOD CANCERS; TO FOSTER EDUCATIONAL AND TRAINING OPPORTUNITIES IN THE APPROPRIATE BIOMEDICAL, SOCIAL AND PSYCHOLOGICAL SERVICES; TO INCREASE PUBLIC AWARENESS ABOUT

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 [x] 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 [x] 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. SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 900,385, including grants of \$ 900,385,) (Revenue \$ 0,) RESEARCH & FELLOWSHIPS; SUPPORTING CHILDHOOD CANCER EXPERTS, LOCALLY AND NATIONALLY CURE IS FOCUSED ON EXPANDING THE PLATFORM OF RESEARCH TO UNCOVER NEW TREATMENTS THAT SPEED HEALING, ARE LESS INVASIVE AND LESS DAMAGING, AND THAT CAN ERADICATE THE CANCER ITSELF. FULLY FUND TWO PEDIATRIC ONCOLOGY FELLOWS AT THE EMORY UNIVERSITY SCHOOL OF MEDICINE. CRUCIAL TO HAVE NEW TEAMS OF SKILLED RESEARCHERS PREPARED TO CARRY ON THE SEARCH FOR THE CURE, FULLY FUND THE CONTINUING EDUCATION OF ALL NINE FELLOWS AT THE AFLAC CANCER CENTER/EMORY.

4b (Code:) (Expenses \$ 248,812, including grants of \$) (Revenue \$ 0,) EDUCATION: TO ENSURE THAT THE NURSES AND FAMILY SUPPORT TEAM MEMBERS WHO CARE FOR OUR CHILDREN AND FAMILY ARE ABLE TO ATTEND THE EXTRA TRAINING SESSIONS THEY NEED IN ORDER TO PROVIDE THE BEST, MOST COMPASSIONATE CARE. PUBLISH THE CURE REPORT FOUR TIMES EACH YEAR, WHICH IS AIMED AT KEEPING PATIENTS AND FAMILIES UP TO DATE ABOUT CURE PROGRAMS, EDUCATING THE GENERAL PUBLIC ABOUT CANCER AS A CHILDHOOD DISEASE AND OFFERING SUPPORT TO PEDIATRIC CANCER FAMILIES. PUBLISH AN ELECTRONIC NEWSLETTER.

4c (Code:) (Expenses \$ 409,424, including grants of \$ 84,642,) (Revenue \$ 0,) PATIENT AND FAMILY SUPPORT; SUPPORTED CHILDREN WITH CANCER AND THEIR FAMILIES AS WELL AS THE FRONTLINE CAREGIVERS WHOSE COMPASSIONATE CARE AND SKILL ARE INSTRUMENTAL TO A CHILD'S HEALTH AND HEALING THROUGH: (1) EARLY OUTREACH ASSISTS FAMILIES WITH A NEW DIAGNOSIS IN FACING THEIR FEAR AND ANXIETY BY PROVIDING PRACTICAL INFORMATION, ENCOURAGEMENT, AND OTHER ITEMS USEFUL TO FAMILIES THROUGHOUT THEIR JOURNEY; (2) CRITICAL NEEDS CARE ADDRESSES THE MOST CRITICAL AND URGENT NEEDS OF CHILDHOOD CANCER PATIENTS AND THEIR FAMILIES. FAMILY EMERGENCY FUNDS PROVIDE EMERGENCY FINANCIAL ASSISTANCE; OPEN ARMS DELIVERS MEALS TO BOTH THE EGLESTON AND SCOTTISH RITE CAMPUSES OF THE AFLAC CANCER CENTER AT CHILDREN'S HEALTHCARE OF ATLANTA; BEREAVEMENT CARE PROVIDES ESSENTIAL BEREAVEMENT SUPPORT TO FAMILIES WHO HAVE LOST A

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,558,621.

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)? <i>If "Yes," complete Schedule A</i>	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? <i>If "Yes," complete Schedule C, Part I</i>		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	x	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	x	
	<ul style="list-style-type: none"> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 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? <i>If "Yes," complete Schedule D, Part VII.</i> 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? <i>If "Yes," complete Schedule D, Part VIII.</i> 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? <i>If "Yes," complete Schedule D, Part IX.</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 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? <i>If "Yes," complete Schedule D, Part X.</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	x	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Part I</i>		x
14b			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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		x
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		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	X	
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	X	
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		X
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, 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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		X
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		X
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		X
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		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
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		X
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	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
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		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
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		X
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		X
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		X
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		X
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		X
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		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a through 12b regarding IRS filings and tax compliance.

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			23
b	Enter the number of voting members that are independent		
1b			23
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?		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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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?		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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		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	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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		X
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization	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?		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?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **GA**
- 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: **THE ORGANIZATION - 770-986-0035**
1117 PERIMETER CENTER WEST, NO, N402, ATLANTA, GA 30338

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization 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			
DON CAMPBELL PRESIDENT	5.00	X		X			0.	0.	0.	
APRIL VORIS VICE PRESIDENT	8.00	X		X			0.	0.	0.	
JOE COLEMAN MEMBER	1.00	X					0.	0.	0.	
PATTY GRIMES MEMBER	2.00	X					0.	0.	0.	
KEVIN KAREN MEMBER	2.00	X					0.	0.	0.	
GINGER KINDRED MEMBER	8.00	X					0.	0.	0.	
COURTNEY LEE MEMBER	2.00	X					0.	0.	0.	
TERRY LOUGHRAN MEMBER	2.00	X					0.	0.	0.	
LYNNE O'BRIEN MEMBER	2.00	X					0.	0.	0.	
LARRY CONNOLLY VICE PRESIDENT	5.00	X		X			0.	0.	0.	
APRIL VORIS SECRETARY	10.00	X		X			0.	0.	0.	
ALAN THOMPSON TREASURER	5.00	X		X			0.	0.	0.	
GARY ANDRIATE MEMBER	1.00	X					0.	0.	0.	
ELESHA BATEMAN MEMBER	2.00	X					0.	0.	0.	
LESLIE ZACKS MEMBER	2.00	X					0.	0.	0.	
KEISHA LANCE BOTTOMS MEMBER	2.00	X					0.	0.	0.	
DAMON E ELMORE MEMBER	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
TAMMY HUNTER MEMBER	2.00	X						0.	0.	0.
R SCOTT MASTERSON MEMBER	2.00	X						0.	0.	0.
THOMAS G SAVINI MEMBER	2.00	X						0.	0.	0.
BRIAN SORRELL MEMBER	2.00	X						0.	0.	0.
ELLEN C YATES MEMBER	2.00	X						0.	0.	0.
JEFF HOST MEMBER	2.00	X						0.	0.	0.
KRISTIN CONNOR EXECUTIVE DIRECTOR	40.00					X		145,000.	0.	3,900.
1b Total								145,000.	0.	3,900.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	30,445.				
	b	Membership dues	1b					
	c	Fundraising events	1c	43,954.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,818,732.				
	g	Noncash contributions included in lines 1a-1f \$		64,466.				
	h	Total. Add lines 1a-1f			1,893,131.			
Program Service Revenue	2 a	CURE MERCHANDISE	Business Code	900099	10,057.		10,057.	
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			10,057.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			89,635.		89,635.	
	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 \$ 43,954. of contributions reported on line 1c). See Part IV, line 18	a		13,500.			
		b	Less: direct expenses	b	13,500.			
		c	Net income or (loss) from fundraising events			0.		
	9 a	Gross income from gaming activities. See Part IV, line 19	a		12,000.			
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities			12,000.		12,000.	
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.			1,970,258.	0.	0.	77,127.	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	900,385.	900,385.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	84,642.	84,642.		
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	199,261.	163,011.	14,500.	21,750.
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	128,917.	87,574.	26,964.	14,379.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,500.	3,827.	2,056.	617.
9 Other employee benefits				
10 Payroll taxes	21,896.	16,444.	2,975.	2,477.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	19,567.		19,567.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	15,000.			15,000.
f Investment management fees	20,174.		20,174.	
g Other	33,000.	33,000.		
12 Advertising and promotion				
13 Office expenses	43,459.	5,054.	37,700.	705.
14 Information technology	7,042.		7,042.	
15 Royalties				
16 Occupancy	32,156.	24,553.	4,063.	3,540.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	126.	96.	16.	14.
23 Insurance	3,710.	2,833.	469.	408.
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 <u>EVENTS</u>	92,412.	47,777.		44,635.
b <u>IN-KIND GOODS</u>	64,466.	38,753.	938.	24,775.
c <u>COMMUNITY EDUCATION</u>	60,219.	60,219.		
d <u>PATIENT & FAMILY SUPPOR</u>	57,960.	57,960.		
e <u>NEWSLETTER</u>	31,377.	28,015.	3,362.	
f All other expenses	13,249.	4,478.	6,326.	2,445.
25 Total functional expenses. Add lines 1 through 24f	1,835,518.	1,558,621.	146,152.	130,745.
26 Joint costs. Check here <input checked="" 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 ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	163,149.	1	235,852.
	2	Savings and temporary cash investments	82,478.	2	372,749.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	21,766.	4	13,554.
	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	129,126.	9	15,220.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,761.		
	b	Less: accumulated depreciation	10b 9,466.	422.	10c 295.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	1,477,364.	12	1,570,713.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,828.	15	2,374.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,880,133.	16	2,210,757.	
Liabilities	17	Accounts payable and accrued expenses	5,935.	17	13,360.
	18	Grants payable		18	
	19	Deferred revenue		19	
	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	107,992.	25	145,119.
	26	Total liabilities. Add lines 17 through 25	113,927.	26	158,479.
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	1,741,842.	27	1,932,510.
	28	Temporarily restricted net assets	7,064.	28	101,968.
	29	Permanently restricted net assets	17,300.	29	17,800.
	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, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,766,206.	33	2,052,278.	
34	Total liabilities and net assets/fund balances	1,880,133.	34	2,210,757.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		x
2b	Were the organization's financial statements audited by an independent accountant?	x	
2c	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?	x	
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2009)

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						<input 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 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"/>

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.")	903,825.	1,673,211.	1,959,380.	1,844,604.	1,893,131.	8,274,151.
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	14,116.	22,152.	11,777.	7,199.	10,057.	65,301.
3 Gross receipts from activities that are not an unrelated trade or business under section 513				3,300.	12,000.	15,300.
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	917,941.	1,695,363.	1,971,157.	1,855,103.	1,915,188.	8,354,752.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	50,000.	73,000.	141,459.	104,352.	111,204.	480,015.
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						0.
c Add lines 7a and 7b	50,000.	73,000.	141,459.	104,352.	111,204.	480,015.
8 Public support (Subtract line 7c from line 6.)						7,874,737.

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	917,941.	-1,695,363.	1,971,157.	1,855,103.	1,915,188.	8,354,752.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	102,492.	193,686.	309,298.	<82,342.>	55,070.	578,204.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	102,492.	193,686.	309,298.	<82,342.>	55,070.	578,204.
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.)	1,020,433.	1,889,049.	2,280,455.	1,772,761.	1,970,258.	8,932,956.

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	88.15 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	82.82 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	6.47 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	10.51 %

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

CURE CHILDHOOD CANCER, INC.

58-1244138

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization CURE CHILDHOOD CANCER, INC.	Employer identification number 58-1244138
---	--

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THOMAS GLAVINE 910 HURLESTON LANE ALPHARETTA, GA 30022	\$ 50,187.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MICHEAL GEARON 2995 PACES LAKE COURT ATLANTA, GA 30339	\$ 51,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THE LOVETT SCHOOL 4075 PACES FERRY RD NW ATLANTA, GA 30327	\$ 44,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CURE CHILDHOOD CANCER, INC.	Employer identification number 58-1244138
--	--

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Schedule D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: CURE CHILDHOOD CANCER, INC. Employer identification number: 58-1244138

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including checkboxes for preservation purposes and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 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 the 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	1,559,842.	22,773.			
b Contributions	500.	1,477,346.			
c Net investment earnings, gains, and losses	188,231.	152,262.			
d Grants or scholarships					
e Other expenditures for facilities and programs	62,042.	72,390.			
f Administrative expenses	20,174.	20,149.			
g End of year balance	1,666,357.	1,559,842.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 98.43 %
 - b Permanent endowment 1.57 %
 - c Term endowment %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | x |
| (ii) related organizations | | x |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | x |
- 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				
e Other		9,761.	9,466.	295.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				295.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,970,258.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,835,518.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	134,740.
4	Net unrealized gains (losses) on investments	4	151,332.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	151,332.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	286,072.

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	2,101,416.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	151,332.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	151,332.
3	Subtract line 2e from line 1	3	1,950,084.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,174.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	20,174.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,970,258.

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

1	Total expenses and losses per audited financial statements	1	1,815,344.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,815,344.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,174.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	20,174.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,835,518.

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.

PART V, LINE 4: TO SUPPORT CURE'S GOAL OF CONQUERING CHILDHOOD CANCER

THROUGH RESEARCH, EDUCATION, AND SUPPORT OF PATIENTS AND THEIR FAMILIES,

THE FUND IS EXPECTED TO EXIST IN PERPETUITY.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	57,454.		57,454.
	2	Less: Charitable contributions	43,954.		43,954.
	3	Gross income (line 1 minus line 2)	13,500.		13,500.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	10,000.		10,000.
	7	Food and beverages	3,500.		3,500.
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(13,500)
	11	Net income summary. Combine line 3, column (d), and line 10			0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input 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 line 1, column (d), and line 7			

	Yes	No
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? _____	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

		Yes	No								
13 Indicate the percentage of gaming activity operated in: <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;">a</td> <td style="width: 60%;">The organization's facility</td> <td style="width: 10%; text-align: center;">13a</td> <td style="width: 10%; text-align: center;">%</td> </tr> <tr> <td>b</td> <td>An outside facility</td> <td style="text-align: center;">13b</td> <td style="text-align: center;">%</td> </tr> </table>	a	The organization's facility	13a	%	b	An outside facility	13b	%			
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: <p>Name ► _____</p> <p>Address ► _____</p>											
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? <p>b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.</p> <p>c If "Yes," enter name and address of the third party:</p> <p>Name ► _____</p> <p>Address ► _____</p>	15a										
16 Gaming manager information: <p>Name ► _____</p> <p>Gaming manager compensation ► \$ _____</p> <p>Description of services provided ► _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor</p>											
17 Mandatory distributions: <p>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</p> <p>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 ► \$ _____</p>	17a										

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CURE CHILDHOOD CANCER, INC.

Employer identification number

58-1244138

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFLAC CANCER CENTER/CHILDREN'S HEALTH CARE OF ATLANTA/EMORY UNIVERSITY - 2015 UPPERGATE DRIVE, NE #448 - ATLANTA, GA 30322	58-2367819	501(C)(3)	900,385.	0	N/A	N/A	CANCER RESEARCH, 2 FELLOWSHIPS, AND TRAINING

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FAMILY EMERGENCY ASSISTANCE FOR FAMILIES OF CHILDREN WITH CANCER.	247	84,462.	0.	N/A	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: RESEARCH GRANTS AND FELLOWSHIPS ARE MONITORED

THROUGH BRIEFINGS AND REPORTS PROVIDED BY THE GRANTEE ORGANIZATIONS AND

CURE CHILDHOOD CANCER'S SCIENTIFIC RESEARCH COUNCIL AND BOARD OF DIRECTORS

EVALUATES THE RESULTS ACHIEVED AS PART OF THE GRANT PROCESS.

FAMILIES IN NEED OF EMERGENCY FUNDING ARE PRE-QUALIFIED BY SOCIAL WORKERS

THROUGH INCOME AND INSURANCE (OR LACK OF) VERIFICATIONS. FUNDS ARE THEN

MADE AVAILABLE BASED ON ESTABLISHED FUNDING LIMITS AND PAYMENT PROCEDURES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
▶ Attach to Form 990.**

**Open to Public
Inspection**

Name of the organization CURE CHILDHOOD CANCER, INC.	Employer identification number 58-1244138
--	---

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	2	52,917.	MEDIAN PRICE WHEN DONATE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	100	13,482.	RECIEPTS PROVIDED
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (OTHER GOODS &)	X	30	46,721.	GOOD FAITH ESTIMATE
26	Other ▶ (TICKETS/TOYS/)	X	3	4,263.	FACE VALUE OF DONATI
27	Other ▶ ()				
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

CURE CHILDHOOD CANCER, INC.

Employer identification number

58-1244138

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILDHOOD CANCER, THE IMPACT OF THESE DISEASES ON CHILDREN AND THEIR

FAMILIES, THE NEED FOR RESEARCH TO OVERCOME THEM AND THE NEED FOR

SUPPORT OF THE CHILDREN AND THEIR FAMILIES DURING AND AFTER TREATMENT;

TO DEVELOP PROGRAMS WHICH HELP CHILDREN WITH CANCER AND THEIR FAMILIES

DURING AND AFTER TREATMENT; TO PROVIDE SUPPORT SERVICES TO CHILDREN

WITH CANCER AND THEIR FAMILIES, EITHER DIRECTLY OR INDIRECTLY THROUGH

PUBLICATIONS, OTHER COMMUNICATIONS OR OTHER ORGANIZATIONS; TO PROVIDE

SUPPORT FOR FAMILIES IN THEIR BEREAVEMENT FOLLOWING THE LOSS OF A CHILD

DUE TO CANCER; AND TO ENGAGE IN SUCH OTHER AND FURTHER ACTIVITIES AS

MAY BE NECESSARY AND PROPER TO ACCOMPLISH THE FOREGOING PURPOSE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILD TO CANCER; AND HISPANIC HEALTH EDUCATION PROGRAM PROVIDES

TRANSLATED EDUCATIONAL MATERIALS AND EDUCATIONAL SEMINARS TO THE LATINO

POPULATION; AND (3) CARING FOR THE CAREGIVER ADDRESSES THE EMOTIONAL

STRAIN FELT BY THE FRONTLINE CAREGIVERS OF CHILDREN WITH CANCER AND

THEIR FAMILIES AT THE TWO CAMPUSES OF CHOA.

FORM 990, PART VI, SECTION B, LINE 11: AT THE CONCLUSION OF THE AUDIT OF

THE CURE FINANCIAL STATEMENTS, CURE PROVIDES INFORMATION TO THE RETURN

PREPARER IN RESPONSE TO QUESTIONS AND QUESTIONAIRES. A PRELIMINARY DRAFT

RETURN IS PREPARED ALONG WITH ANY ADDITIONAL QUESTIONS IDENTIFIED. THE

EXECUTIVE DIRECTOR AND OTHER DESIGNATED INDIVIDUALS REVIEW THE PRELIMINARY

DRAFT AND PROVIDE ANY ADDITIONAL INFORMATION AND/OR MODIFICATIONS. A FINAL

DRAFT IS PROVIDED BY THE RETURN PREPARER FOR CONSIDERATION AND ONCE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

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

CURE CHILDHOOD CANCER, INC.

Employer identification number

58-1244138

APPROVED THE FINAL RETURN IS PROVIDED FOR DISSEMINATION AND SUBMISSION.

THE FULL BOARD DOES NOT RECEIVE A COPY OF THE FORM 990 PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 15: SALARIES ARE REVIEWED AND APPROVED

AS PART OF THE ANNUAL BUDGET PROCESS WITH CONSIDERATION GIVEN TO

COMPARABILITY DATA AND THE FINANCIAL ABILITY OF THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, FINANCIAL

STATEMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: APRIL VORIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNS MORE THAN 35% OF ENTITY

PUBLIC RELATIONS

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	FURNITURE	07011911SL		7.00	16	9,129.			9,129.	9,129.		0.
2	VOICEMAIL SYSTEM	111507SL		5.00	16	632.			632.	211.		126.
	* TOTAL 990 PAGE 10 DEPR					9,761.		0.	9,761.	9,340.	0.	126.

4562

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

2009

Attachment Sequence No. 67

Form Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CURE CHILDHOOD CANCER, INC.

FORM 990 PAGE 10

58-1244138

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.

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for Section 179 election details.

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.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 14-16 for special depreciation allowance.

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

Section A

Table with 3 columns: Line number, Description, and Amount. Includes lines 17-18 for MACRS deductions.

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

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Includes rows 19a-i for various property types.

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

Table with 7 columns: Line number, Class life, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Includes rows 20a-c for alternative depreciation system.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 21-23 for summary of depreciation.

Part V Listed Property (include automobiles, certain other vehicles, cellular telephones, certain computers, and property 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

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29 for depreciation calculations.

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.

Table for Section B with columns (a) through (f) for Vehicle. Rows 30-36 include questions about miles driven and personal use availability.

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.

Table for Section C with rows 37-41 and Yes/No columns. Questions about policy statements and employee use.

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

Part VI Amortization

Table for Section VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

• 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 CURE CHILDHOOD CANCER, INC.	Employer identification number 58-1244138
	Number, street, and room or suite no. If a P.O. box, see instructions. GLORIA S LEWIS - 115 PERIMETER CENTER PL #435	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA GA 30346	

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

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

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

THE ORGANIZATION

- The books are in the care of 1117 PERIMETER CENTER WEST, NO, N402 - ATLANTA, GA 30338
Telephone No. 770-986-0035 FAX No. 770-986-0038
- 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 MAY 15, 2011.
- 5 For calendar year _____, or other tax year beginning JUL 1, 2009, and ending JUN 30, 2010.
- 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 _____

ADDITIONAL TIME IS REQUESTED FOR PURPOSES OF OBTAINING THE PROPER REVIEW & APPROVAL TO ENSURE A COMPLETE AND ACCURATE RETURN IS FILED.

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	\$
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	\$
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 instructions.	8c	\$ N/A

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 [Signature] Title CPA Date 2-14-11
 The Lewis CPA Firm, Inc.
 115 Perimeter Center Place, NE
 Suite #435
 Atlanta, GA 30346-1275