

Form **990-EZ**

**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)

OMB No. 1545-1150

2010

**Open to Public
Inspection**

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning _____, **and ending** _____

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization ATHLETES 4 CANCER</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 216 CASCADE AVE 227</p> <p>City or town, state or country, and ZIP + 4 HOOD RIVER OR 97031</p>	<p>D Employer identification number 42-1737854</p> <p>E Telephone number 541-490-9621</p> <p>F Group Exemption Number ▶</p>
--	--	--

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ **WWW.ATHLETES4CANCER.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **95,505**

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

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	84,005
	2	Program service revenue including government fees and contracts	2	11,500
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	95,505	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	42,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	845
	14	Occupancy, rent, utilities, and maintenance	14	5,039
	15	Printing, publications, postage, and shipping	15	1,375
	16	Other expenses (describe in Schedule O)	16	28,204
	17	Total expenses. Add lines 10 through 16	17	77,463
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,042
	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	27,924
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-8,300
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	37,666

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

990-EZ (2010) **ATHLETES 4 CANCER**

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	27,924	22	37,666
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	27,924	25	37,666
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,924	27	37,666

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

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
See Schedule O

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, or 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 John Wayne Cancer Foundation: Helps research in cancer prevention and cures for skin cancer.		28a	42,000
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)		31a	13,235
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
32 Total program service expenses (add lines 28a through 31a)		32	55,235

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

Check if the organization used Schedule O to respond to any question in this 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
GARRET ZALLEN 216 CASCADE AVE STE 227 HOOD RIVER OR 97031	PRESIDENT 10.00	0	0	0
TONIA FARMAN 216 CASCADE AVE STE 227 HOOD RIVER OR 97031	SECRETARY 20.00	0	0	0
GREG GNECCO 216 CASCADE AVE STE 227 HOOD RIVER OR 97031	BOARD MEMBER 5.00	0	0	0