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)
Sponsoring organizations of donor advised funds and controlling organizations as defined in se

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

Department of the Treasury Internal Revenue Service 2009, and ending For the 2009 calendar year, or tax year beginning D Employer identification number Check if applicable C Name of organization Please Address change THE FRANCES FOUNDATION FOR KIDS FIGHTING CANCER, 76-0763611 use IRS label or Name change Number and street (or P O box, if mail is not delivered to street address) Telephone number print or Initial return type See Specific (732) 410-2383 BRYCE ROAD Termination City or town, state or country, and ZIP + 4 Amended return Instruc Group Exemption tions NJ 07733 HOLMDEL Application pending Number Accounting method |x| Cash Accrual • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ) Other (specify) > Check ► If the organization is not Website: ► N/A required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) - \times 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 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 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 113,655. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Part I 113,196. 1 Contributions, gifts grants, and similar amounts received Program service revenue including government fees and contracts 2 Membership dues and assessments 3 459. Investment income 4 5 a 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 c 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6 a 6 b b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 60 7a Gross sales of inventory, less returns and allowances 7 a **b** Less cost of goods sold 7 b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 70 8 Other revenue (describe > 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 113,655 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefit VED 12 Professional fees and other payments to independent contractor Occupancy, rent, utilities, and marking pance pp. 1 6 2010

Printing, publications, postage, ar (1) impring OSC 13 14 SE 15 Other expenses (describe - See Other Expenses Statement 90,999 16 Total expenses. Add lines 10 through 16) 90,999. 17 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 22,656. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 53,864. figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 76,520. 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 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) (B) End of year (A) Beginning of year 22 Cash, savings, and investments 53,864. 22 76,520. 23 Land and buildings 0.123 0. 24 Other assets (describe > 0. 24 0. 25 Total assets 53,864.25 520. 26 Total liabilities (describe 0. 26 0. Net assets or fund balances (line 27 of column (B) must agree with line 21) 53,864. 27 76,520.

TEEA0812 01/30/10

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

Form 990-EZ (2009)

Form	990-EZ (2009) THE FRANCES FOR t III Statement of Program Se	JNDATION FOR KIDS I	FIGHTING CANCER (See the instruction	nns I	763611 Page 2 Expenses
Desc	s the organization's primary exempt purpose? PRO PROPERTY PROPERTY	oviding Financial & EMOTIONAL s le organization's exempt purpo persons benefited, or other re	SUPPORT TO KIDS W/CANCER AD SESS In a clear and conceive and information for e	AND THEIR FAMILIES 50 cise manner, ach for	required for section (1) (c)(3) and (4) (granizations and section (47)(3) trusts, optional rothers)
28	DINNER DANCES FUNDRAISER	S			
29	(Grants \$ 113, 196.) If th	<u>▶</u> 23	128,603.		
30	(Grants \$) If the	nis amount includes foreign gra	ants, check here	<u>▶</u> 29	9a
24	(Grants \$) If the Other program services (attach schedule	nis amount includes foreign gra	ants, check here		Ja
	· •	nis amount includes foreign gra	ants, check here	► 33 ► 35	128,603.
	t IV List of Officers, Directors		ployees. List each on	e even if not comper	
	(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 a deferred compensation	(e) Expense account and other allowances
	ERT_L HEUGLE_JR	_			
8_E	RYCE ROAD	PRESIDENT			
HOL	MDEL, NJ 07730	10.00	0.	(0.
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Form **990-EZ** (2009)

Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'

Yes

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. , Ferm 990.	-ÈZ (2009) THE FRANCES FOUNDA'	TION FOR KIDS	TIGHTING CANCE	ER, INC 76-0763	611	Page 4
Part VI	Section 501(c)(3) organization					
T dit VI	501(c)(3) organizations and se	ction 4947(a)(1) no	nexempt charitab	le trusts must answer	auestions	5
	46-49b and complete the table	s for lines 50 and 5	51		4	•
	<u>`</u>	·				
46 Did	the organization engage in direct or indirect	t political campaign act	ivities on behalf of or	in opposition to candidates		es No
	oublic office? If 'Yes,' complete Schedule C	•			46	<u> X</u>
	the organization engage in lobbying activiti	· ·			47	<u> </u>
48 Is th	ie organization a school as described in se	ction 170(b)(1)(A)(ii)? I	'Yes,' complete Sche	dule E	48	<u> </u>
49 a Did	the organization make any transfers to an	exempt non-charitable i	elated organization?		49 a	X
b if 'Ye	es,' was the related organization a section	527 organization?			49 b	
	nplete this table for the organization's five tollowers) who each received more than \$100					
<u>C111p</u>	noyees, who each received more than the	(b) Title and average	(c) Compensation	(d) Contributions to employee	(e) Expen	
(a	 Name and address of each employee paid more than \$100,000 	hours per week devoted to position		benefit plans and deferred compensation	account a other allowa	nd inces
NONE						
NOME -						
						
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				- 		
		_ 	· ············			
						
		,				
f Tota	I number of other employees paid over \$10	00,000				
	plete this table for the organization's five h		lependent contractors	who each received more that	an \$100 000	of
	plete this table for the organization's five h pensation from the organization. If there is		lependent contractors	who each received more that	an \$100 000	of
		none, enter 'None '	lependent contractors	who each received more that (b) Type of service	(c) Compens	
	pensation from the organization. If there is	none, enter 'None '	lependent contractors	····		
com	pensation from the organization. If there is	none, enter 'None '	lependent contractors	····		
com	pensation from the organization. If there is	none, enter 'None '	lependent contractors	····		
com	pensation from the organization. If there is	none, enter 'None '	lependent contractors	····		
com	pensation from the organization. If there is	none, enter 'None '	lependent contractors	····		
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com	pensation from the organization. If there is	none, enter 'None '	lependent contractors	····		
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com	pensation from the organization. If there is	none, enter 'None '	lependent contractors	····		
com	pensation from the organization. If there is	none, enter 'None '	lependent contractors	····		
NONE	(a) Name and address of each independent contr	none, enter 'None ' actor paid more than \$100,000		(b) Type of service		
NONE	pensation from the organization. If there is	none, enter 'None ' actor paid more than \$100,000		(b) Type of service		
NONE	(a) Name and address of each independent contractors I number of other independent contractors	each receiving over \$100,000 actor paid more than \$100,000	0,000	(b) Type of service	(c) Compens	ation
NONE	(a) Name and address of each independent contr	each receiving over \$100,000 actor paid more than \$100,000	0,000	(b) Type of service	(c) Compens	ation
NONE	(a) Name and address of each independent contractors I number of other independent contractors	each receiving over \$100,000 actor paid more than \$100,000	0,000	ements, and to the best of my knowledge	(c) Compens	ation
NONE	number of other independent contractors Under penallies of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (c	each receiving over \$100,000 actor paid more than \$100,000	0,000	ements, and to the best of my knowledge 4-D-10	(c) Compens	ation
NONE	(a) Name and address of each independent contractors I number of other independent contractors	each receiving over \$100,000 actor paid more than \$100,000	0,000 Impanying schedules and state It information of which prepa	ements, and to the best of my knowledge 4-D-10 Date	(c) Compens	ation
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NONE	Under penalties of perjury. I declare that I have examinue, correct, and complete Declaration of preparer to Signature of officer Type or print name and title	each receiving over \$100,000 actor paid more than \$100,000	0,000 Inpanying schedules and statill information of which preparation of the preparatio	ements, and to the best of my knowledge 4-D-/O Date Check if See See See See See See See See See Se	edge and belief,	ation
NONE	Under penalties of perjury. I declare that I have exam true, correct, and complete Declaration of preparer (complete Declaration of preparer (each receiving over \$100,000 actor paid more than \$100,000	0,000 Inpanying schedules and state DEN Date 04/02/10	ements, and to the best of my knowledge 4-2-10 Date Check if Self-	edge and belief,	ation at is
NONE d Total Sign Here	Under penallies of perjury, I declare that I have examitrue, cogrect, and complete Declaration of preparer (complete Declaration of preparer (complete Declaration of preparer). Signature of officer Type or print name and title Preparer's signature Firm's name (or REDVANLY & PESCONDER).	each receiving over \$100,000 the than officer) is based on a	0,000 Inpanying schedules and state DEN Date 04/02/10	ements, and to the best of my knowledge 4-2-10 Date Check if Self-	edge and belief,	ation at is

Yes No Form **990-EZ** (2009)

May the IRS discuss this return with the preparer shown above? See instructions

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2009

OMB No 1545 0047

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number FRANCES FOUNDATION FOR KIDS FIGHTING CANCER, INC 76-0763611 THE 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) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXiii) Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 Х 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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 ь Type II Type III - Functionally integrated d Type III - Other c 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) If the organization received a written determination from the IRS that is a Type I Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes Nο 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? (i) 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (m) Provide the following information about the supported organizations h (i) Name of Supported Organization (II) EIN (III) Type of organization (described on lines 1-9 above or IRC section (IV) Is the (v) Did you notify (vii) Amount of Support (vi) Is the organization in col (i) listed in your ganization in col the organization in col (i) of (i) organized in the US? your support? (see instructions)) governing document? Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 THE FRANCES FOUNDATION FOR KIDS FIGHTING CANCER, INC 76-0763611 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Sec	tion A. Public Support	d the box off line	3, 7, 0, 0 0, 1 0, 1	· /					
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.								
4	Total. Add lines 1-through 3								
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				·				
Sec	tion B. Total Support								
	ndar year (or fiscal year nning 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 form 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 activit	ties, etc (see inst	ructions)				12		
13	First five years. If the Form 990 is organization, check this box and s		tion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □	
Sec	tion C. Computation of Pub		ercentage						
14	Public support percentage for 200	9 (line 6, column	(f) divided by line	11, column (f)			14	%	
15	Public support percentage from 20	008 Schedule A, F	Part II, line 14				15	%	
16 a	16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization								
b	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 tes or more, and if the organization meets the 'facts-attention meets attention meet	neets the 'facts-an	d-circumstances'	test, check this bo	ox and stop here.	Explain in Pa	rt IV f		
	10%-facts-and-circumstances tes or more, and if the organization morganization meets the 'facts-and-	neets the 'facts-an -circumstances' te	ď-circumstances' est The organiza	test, check this bo tion qualifies as a	ox and stop here. I publicly supporte	Explain in Pa d organizatio	rt IV h n	now the	
18	Private foundation. If the organiza	ation are not check	k a box off line, Is	o, 10a, 100, 17a,				ctions	

Schedule A (Form 990 or 990-EZ) 200)9 THE FRANCES	5_FOUNDATION FO	R KIDS FIGHTIN	G CANCER, INC	76-0763611	Page 3
Part III Support Schedule for	or Organization	s Described in	Section 509(a	a)(2)		
(Complete only if you che	cked the box on lin	e 9 of Part 1)				
Section A. Public Support						
Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 	77,246.	90,464.	76,216.	71,809.	113,196.	428,931.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
 Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons 	77,246.	90,464.	76,216.	71,809.	113,196.	428,931.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	 					
8 Public support (Subtract line	[-			400 021
7c from line 6) Section B. Total Support	<u>. </u>	<u></u>	<u>. </u>	<u></u> -		428,931.
	(2) 2005	(b) 2006	(a) 2007	(4) 2009	(a) 2000	(f) Total
Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	77,246.	90,464.	76,216.	71,809.	113,196.	428,931.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b Net income from unrelated business activities not included inline 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 Ins 9, 10c, 11, and 12)	L					428,931.
14 First five years. If the Form 990 organization, check this box and	s for the organization	on's first, second,	third, fourth, or fit	fth tax year as a s	section 501(c)(3)	▶ □
Section C. Computation of Pul						
15 Public support percentage for 200			3 column (f))		15	100.00%
16 Public support percentage from 2		•	5, colainii (1 <i>))</i>		16	100.00%
Section D. Computation of Inv					1 10 1	100.00.0
17 Investment income percentage fo			v line 13, column	(f))	17	%
18 Investment income percentage from	•	• • • • • • • • • • • • • • • • • • • •	,	X-77	18	%
19a 33-1/3 support tests – 2009. If the more than 33-1/3%, check this bo			on line 14, and lir alifies as a public	ne 15 is more thai ly supported orga		
h 33-1/3 support tests = 2008 If th						

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 .	A (Fori	n 990 oi	r 990-E	Z) 200	19 т	HE FR	ANCES	FOUNI	OITAC	N FOR F	IDS F	IGHTI	NG CAN	CER, 1	INC 7	6-076	3611	_	Page 4
Schedule Part IV	Sup Par	pleme	e ntal l e 17a	nforn or 17	n atio 7b; ar	n. Coi nd Pa	mplet irt III,	e this line 1	part 12. Pr	to pro	vide any c	the ex other a	oplana additio	itions onal ir	requir nforma	ed by	Part I See in	l, line 1 structio	0; ons.
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1 HE FRANCES	FOUNDATIONFOR	NIDO	FIGHTING CANCER.	III

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Form 990-EZ, Pa	art I, Line 16
Other Expenses	Statement

Other expenses (describe)

SUPPLIES	1,378.
FUNDRAISER EVENTS	89,621.

Total 90,999.