

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2009**

**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 **06/01/09**, and ending **05/31/10**

- Check if applicable:
- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

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

**C** Name of organization **Association for the Support of Children with Cancer (ASK)**

Doing Business As **ASK**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**5211 W Broad St**

City or town, state or country, and ZIP + 4  
**Richmond VA 23230**

**D** Employer identification number  
**51-0173669**

**E** Telephone number  
**804-758-5826**

**G** Gross receipts \$ **908,066**

**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)

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

**J** Website: ▶ **www.askweb.org**

**H(c)** Group exemption number ▶

**K** Type of organization:  Corporation  Trust  Association  Other ▶

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

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>To provide support to children stricken with cancer through activities, supplies, and chaplain and nursing services</b>				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>		
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>2</b>		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>200</b>		
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		<b>0</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		<b>0</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	286,700	Current Year	369,379
	<b>9</b> Program service revenue (Part VIII, line 2g)				
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,230		8,527
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		215,247		309,148
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		506,177		687,054
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)				36,331
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)				
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		90,713		97,377
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)				
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>31,659</b>				
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		284,543		210,721
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		375,256		344,429	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		130,921		342,625	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	826,697	End of Year	1,184,916
	<b>21</b> Total liabilities (Part X, line 26)		5,369		7,062
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		821,328		1,177,854

**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** ▶ *Russell Holladay* | **3/28/11**  
Signature of officer Date

▶ *Russell Holladay, Treasurer*  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ *A. Marshall Northington* Date **03/07/11** Check if self-employed  Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **Wells, Coleman & Company, L.L.P.  
3800 Patterson Ave  
Richmond, VA 23221-2034** EIN ▶ Phone no. ▶ **804-358-1150**

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:

To provide support to children stricken with cancer through activities, supplies, and chaplain and nursing services

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

Yes No [X]

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

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

Yes No [X]

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

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

4a (Code: ) (Expenses \$ 253,363 including grants of \$ 36,331 ) (Revenue \$ )

ASK is dedicated to making life better for children with cancer and serious blood disorders and their families. This is done through programs and services that provide social, emotional, spiritual and financial support. ASK steps in at the time of diagnosis to help families cope. While the hospital and medical staff focus on treatment, ASK works to provide the children and their families with the quality-of-life support they need to make going through it all less traumatic.

- Providing direct financial support ranging from mortgage payments to funeral arrangements.

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

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

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

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

4e Total program service expenses 253,363

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various organizational requirements with 'X' marks in the Yes/No columns. Includes sub-rows 12A, 14a, 14b, 17, 18, 19, 20.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> 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? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b> 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? If "Yes," complete Schedule I, Parts I and III	<b>X</b>	
<b>23</b> 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? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b> 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</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? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> 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? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> 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? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> 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? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> 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? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, sub-questions (1a-12b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

Table with columns for question number, description, and Yes/No responses. Includes questions 1a-1b, 2-9 regarding governing body structure and meeting documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No responses. Includes questions 10a-16b regarding local chapters, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

Table with columns for question number, description, and response. Includes questions 17-20 regarding state filing requirements, public inspection of forms, and document availability.

Richmond VA 23236 804-794-8403

**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			
R. Michael Hedden President	2.00	X		X			0	0	0	
Nancy Chase Vice Pres.	2.00	X		X			0	0	0	
Russ Holladay Treasurer	2.00	X		X			0	0	0	
Margaret Sharp Secretary	2.00	X		X			0	0	0	
Jim Eck Past Pres.	1.00	X					0	0	0	
Dana Rust Parliament.	1.00	X					0	0	0	
James Baber Director	1.00	X					0	0	0	
Shaaron Brown Director	1.00	X					0	0	0	
Jerry Clemmer Director	1.00	X					0	0	0	
Robert Fisher Director	1.00	X					0	0	0	
Shawn Gibson Director	1.00	X					0	0	0	
Chrystal Graybill Director	1.00	X					0	0	0	
Jodie Kitchens Director	1.00	X					0	0	0	
Alex Kramer Director	1.00	X					0	0	0	
Victoria Levi Director	1.00	X					0	0	0	
Tara Matthews Director	1.00	X					0	0	0	
Travis Sabalewski Director	1.00	X					0	0	0	



Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	369,379			
	g	Noncash contributions included in lines 1a-1f: \$		851			
	h	<b>Total.</b> Add lines 1a-1f		369,379			
Program Service Revenue	2a		Busn. Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,506		4,506	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real	(ii) Personal				
		Gross Rents					
	b	Less: rental exps.					
	c	Rental inc. or (loss)					
	d	<b>Net rental income or (loss)</b>					
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory			99,656		
	b	Less: cost or other basis & sales exps.		95,635			
	c	Gain or (loss)		4,021			
	d	<b>Net gain or (loss)</b>		4,021	4,021		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	432,584			
	b	Less: direct expenses	b	125,377			
	c	<b>Net income or (loss) from fundraising events</b>		307,207		307,207	
	9a	Gross income from gaming activities. See Part IV, line 19	a				
b	Less: direct expenses	b					
c	<b>Net income or (loss) from gaming activities</b>						
10a	Gross sales of inventory, less returns and allowances	a	635				
b	Less: cost of goods sold	b					
c	<b>Net income or (loss) from sales of inventory</b>		635		635		
Miscellaneous Revenue		Busn. Code					
11a	Conference Income		1,306	1,306			
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		1,306				
12	<b>Total Revenue.</b> See instructions.		687,054	5,327	0	312,348	

**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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	36,331	36,331		
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	38,301	15,320	11,491	11,490
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	54,360	35,680	4,670	14,010
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	4,716	4,221		495
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	25,879		25,879	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	11,946	11,946		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	34,415	34,415		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,137	2,137		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,266	20,266		
23 Insurance	1,783		1,783	
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 Events - kids with cancer	55,208	54,398		810
b Cancer clinic positions	18,993	18,993		
c Website	9,064	6,798		2,266
d Other charitable acts	8,589	6,627	290	1,672
e Bank fees	8,205		8,205	
f All other expenses	14,236	6,231	7,089	916
25 Total functional expenses. Add lines 1 through 24f	344,429	253,363	59,407	31,659
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	65,877	1	
	2 Savings and temporary cash investments	471,609	2	827,089
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	26,763	4	47,399
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,473	9	8,315
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 118,481		
	b Less: accumulated depreciation	10b 47,158	85,374	10c 71,323
	11 Investments—publicly traded securities	167,601	11	230,790
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	826,697	16	1,184,916	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	5,369	17	7,062
	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		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	5,369	26	7,062
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	669,450	27	1,056,683
	28 Temporarily restricted net assets	134,597	28	100,155
	29 Permanently restricted net assets	17,281	29	21,016
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	821,328	33	1,177,854	
34 <b>Total liabilities and net assets/fund balances</b>	826,697	34	1,184,916	

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

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

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

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

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

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

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

Separate basis  Consolidated basis  Both consolidated and separate basis

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

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

Form **990** (2009)

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **Association for the Support of Children with Cancer (ASK)** Employer identification number **51-0173669**

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

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a  Type I b  Type II c  Type III—Functionally integrated d  Type III—Other
e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box 
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Table with 3 columns: Question, Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

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

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Sub-columns for Yes/No for (iv), (v), and (vi).

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

Schedule A (Form 990 or 990-EZ) 2009

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 74.06%; 15 Public support percentage from 2008 Schedule A, Part II, line 14 84.76%; 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 [X]; b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

**Section B. Total Support**

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

Table with 2 columns: Amount, Percentage. Row 15: Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2008 Schedule A, Part III, line 15 16 %

**Section D. Computation of Investment Income Percentage**

Table with 2 columns: Amount, Percentage. Row 17: Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17 18 %

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ; 19b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ; 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

**Part II, Line 10 - Other Income Detail**

ASK merchandise sales \$ 635

Conference income \$ 1,306

**Schedule of Contributors**

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

**2009**

<b>Name of the organization</b> <b>Association for the Support of Children with Cancer (ASK)</b>	<b>Employer identification number</b> <b>51-0173669</b>
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**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 in the heading 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).

Name of organization

Association for the Support of

Employer identification number

51-0173669

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Lord Fairfax Community College FBLA 173 Skirmisher Lane Middletown VA 22645-1745	\$ 10,144	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Richmond Memorial Health Foundation 1801 Bayberry Court, Suite 104 Richmond VA 23226	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	LexisNexis 9443 Springboro Pike Miamisburg OH 45342	\$ 195,738	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Altria Group P O Box 7099 Princeton NJ 08543	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Deep Run High School 4801 Twin Hickory Road Glen Allen VA 23059	\$ 7,500	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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: Association for the Support of Children with Cancer (ASK)
Employer identification number: 51-0173669

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to, Aggregate grants from, and Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Held at the End of the Tax Year. Rows include 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), and 2d Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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 the 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:

Table with 2 columns: Description (1c-1f) and Amount

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

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

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

Table with 3 columns: Description (3a(i), 3a(ii)), Yes, No

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

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

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

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 71,323

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other.

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Amount. Row 1 includes Federal income taxes.

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

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 687,054; Line 2: Total expenses 344,429; Line 3: Excess or (deficit) 342,625; Line 4: Net unrealized gains 13,901; Line 9: Total adjustments 13,901; Line 10: Excess or (deficit) per audited financial statements 356,526.

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

Table with 5 main rows for revenue reconciliation. Line 1: Total revenue 700,955; Line 2e: Add lines 2a-2d 13,901; Line 3: Subtract line 2e from line 1 687,054; Line 4c: Add lines 4a-4b; Line 5: Total revenue 687,054.

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

Table with 5 main rows for expense reconciliation. Line 1: Total expenses 344,429; Line 2e: Add lines 2a-2d; Line 3: Subtract line 2e from line 1 344,429; Line 4c: Add lines 4a-4b; Line 5: Total expenses 344,429.

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.

Series of horizontal dashed lines for providing supplemental information.





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.

Table with 4 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Charitable contributions, Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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.

Table with 4 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

9 Enter the state(s) in which the organization operates gaming activities:
a Is the organization licensed to operate gaming activities in each of these states?
b If "No," Explain:
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
b If "Yes," Explain:
11 Does the organization operate gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes No

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility .....
- b An outside facility .....

<b>13a</b>	%
<b>13b</b>	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....
- c If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

17a

- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....



**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
Scholarships	10	7,250		FMV	
Direct Financial Assist.	59	29,081		FMV	

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**

A documented policy is in place to apply for financial assistance. The Executive Director administers this policy and approves all disbursements. The Treasurer will periodically review such disbursements to ensure their appropriateness. The determinants as to whether financial assistance will be granted include, but are not limited to, the severity of the need, the financial capability of the requestor, and the number of times a request has been made. The policy also stipulates an upper threshold to the amounts that will be donated. Families are referred to the Association through hospital staff, including the cancer clinic social worker and child

**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

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

life therapist.

**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  
InspectionName of the organization **Association for the Support of  
Children with Cancer (ASK)**Employer identification number  
**51-0173669****Form 990, Part III, Line 4a - First Achievement**

- Providing meals and parking for extended stays.
- Developing support and educational programs
- Providing several social functions throughout the year
- Providing high school cancer survivors with college scholarships.
- Organizing survivorship activities including a retreat and statewide conference.
- Administering a pre-school program for children ages 2-5 who are still on treatment
- Providing tutoring as well as neuropsychological and academic testing to children with cognitive late effects.
- Developing a wellness program in cooperation with the YMCA for teen cancer survivors to regain strength and endurance.

Underwriting the salaries of a psychologist, chaplain, and a child life therapist who work directly at the hospital with children and families to provide continued social, emotional, spiritual, financial, and educational services.

- Providing a warm and caring atmosphere in the clinic.
- Penny Tree Place Family Resource Center that provides a comforting place to host activities specially designed for children and families.

Approximately 1,000 children and families were served for the

Name of the organization

Association for the Support of

Employer identification number

51-0173669

year ended May 31, 2010.

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990

The Form 990 is first reviewed by the Treasurer and Executive Director.

Subsequently, it is reviewed and approved by the members of the Finance Committee.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive Director's salary is developed by the Executive Committee

(officers of Association) and periodically benchmarked against peer

organizations for which information is available.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The governing documents are available upon request.

Schedule O - Additional Information

Form 990, Part VI, Line 12 - Written Conflict of Interest Policy

The Association has a policy that related party transactions must be

approved by the Board. This policy is not written. There were no related

party transactions for the year ended May 31, 2010.

Form 990, Part VI, Line 13 - Written Whistleblower Policy

The Association has a policy that any ethical concerns be brought to the

attention of the Executive Director, or the Governance Committee, if

appropriate. This policy is not written.

Form **4562**

Department of the Treasury  
Internal Revenue Service

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

OMB No. 1545-0172

**2009**

Attachment  
Sequence No. **67**

(99) **See separate instructions.** **Attach to your tax return.**

Name(s) shown on return **Association for the Support of Children with Cancer (ASK)** Identifying number **51-0173669**

Business or activity to which this form relates  
**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**  
**Note: If you have any listed property, complete Part V before you complete Part I.**

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	<b>250,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>800,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>20,266</b>

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

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

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>20,266</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.** Form **4562** (2009)

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
1	Camcorder and Battery	6/14/01	790			790	5 HY 200DB	790	0
			<u>790</u>			<u>790</u>		<u>790</u>	<u>0</u>
<b>Other Depreciation:</b>									
2	Apple Computer - Gift-in-Kind	2/10/05	4,120			4,120	5 MO S/L	3,571	549
3	TV/DVD player combo	8/15/05	569			569	5 MO S/L	436	114
4	Panel System for displays	8/15/05	4,500			4,500	10 MO S/L	1,725	450
5	Computer	7/18/05	1,296			1,296	3 MO S/L	1,296	0
6	2 Computers	5/15/06	2,122			2,122	3 MO S/L	2,122	0
7	Blackbaud software	9/01/07	13,473			13,473	3 MO S/L	7,859	4,491
8	Blackbaud software (additional)	9/01/07	1,755			1,755	3 MO S/L	1,024	585
9	Software-Additional Module	9/01/07	1,755			1,755	3 MO S/L	1,024	585
10	Dell Computer	6/15/06	1,209			1,209	5 MO S/L	725	242
11	Computers & Equipment	12/29/08	1,136			1,136	3 MO S/L	158	378
12	Chairs	11/03/08	1,738			1,738	7 MO S/L	145	248
13	Shelves	11/25/08	959			959	7 MO S/L	69	137
14	Tables, Chairs, & Workstations	12/04/08	20,777			20,777	7 MO S/L	1,484	2,968
15	Furniture	12/08/08	2,205			2,205	7 MO S/L	158	315
16	Yellow Hand Sign	12/10/08	1,024			1,024	7 MO S/L	73	146
17	Refrigerator	12/29/08	607			607	7 MO S/L	36	87
18	2 Tables	12/29/08	515			515	7 MO S/L	31	73
19	Miscellaneous Furniture & Fixtures	12/31/08	3,479			3,479	5 MO S/L	290	696
20	Flooring / Carpets	10/02/08	3,500			3,500	15 MO S/L	156	233
21	Flooring / Carpets	11/24/08	5,017			5,017	15 MO S/L	167	335
22	Electrical Work	11/20/08	2,169			2,169	15 MO S/L	72	145
23	Cabinetry	12/02/08	3,793			3,793	15 MO S/L	126	253
24	Wallcovering	11/26/08	1,232			1,232	15 MO S/L	41	82
25	Plumbing Work	12/08/08	810			810	15 MO S/L	27	54
26	Signs	4/02/09	1,426			1,426	15 MO S/L	16	95
27	Misc Leasehold Improvements	5/31/09	1,361			1,361	15 MO S/L	0	91
28	Re-work Broad St Space (Resource Solutions)	9/23/08	11,371			11,371	5 MO S/L	1,516	2,274
29	Leasehold Improvements	12/12/08	17,559			17,559	5 MO S/L	1,756	3,512
30	Computer	1/13/10	720			720	5 MO S/L	0	60
31	SWEET Software	11/13/09	5,495			5,495	3 MO S/L	0	1,068
	<b>Total Other Depreciation</b>		<u>117,692</u>			<u>117,692</u>		<u>26,103</u>	<u>20,266</u>
	<b>Total ACRS and Other Depreciation</b>		<u>117,692</u>			<u>117,692</u>		<u>26,103</u>	<u>20,266</u>
	<b>Grand Totals</b>		118,482			118,482		26,893	20,266
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>118,482</u>			<u>118,482</u>		<u>26,893</u>	<u>20,266</u>

## State Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
<b>Prior MACRS:</b>								
1	Camcorder and Battery	6/14/01	790	790	790	0	0	0
			<u>790</u>	<u>790</u>	<u>790</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Other Depreciation:</b>								
2	Apple Computer - Gift-in-Kind	2/10/05	4,120	4,120	3,571	549	549	0
3	TV/DVD player combo	8/15/05	569	569	436	114	114	0
4	Panel System for displays	8/15/05	4,500	4,500	1,725	450	450	0
5	Computer	7/18/05	1,296	1,296	1,296	0	0	0
6	2 Computers	5/15/06	2,122	2,122	2,122	0	0	0
7	Blackbaud software	9/01/07	13,473	13,473	7,859	4,491	4,491	0
8	Blackbaud software (additional)	9/01/07	1,755	1,755	1,024	585	585	0
9	Software-Additional Module	9/01/07	1,755	1,755	1,024	585	585	0
10	Dell Computer	6/15/06	1,209	1,209	725	242	242	0
11	Computers & Equipment	12/29/08	1,136	1,136	158	378	378	0
12	Chairs	11/03/08	1,738	1,738	145	248	248	0
13	Shelves	11/25/08	959	959	69	137	137	0
14	Tables, Chairs, & Workstations	12/04/08	20,777	20,777	1,484	2,968	2,968	0
15	Furniture	12/08/08	2,205	2,205	158	315	315	0
16	Yellow Hand Sign	12/10/08	1,024	1,024	73	146	146	0
17	Refrigerator	12/29/08	607	607	36	87	87	0
18	2 Tables	12/29/08	515	515	31	73	73	0
19	Miscellaneous Furniture & Fixtures	12/31/08	3,479	3,479	290	696	696	0
20	Flooring / Carpets	10/02/08	3,500	3,500	156	233	233	0
21	Flooring / Carpets	11/24/08	5,017	5,017	167	335	335	0
22	Electrical Work	11/20/08	2,169	2,169	72	145	145	0
23	Cabinetry	12/02/08	3,793	3,793	126	253	253	0
24	Wallcovering	11/26/08	1,232	1,232	41	82	82	0
25	Plumbing Work	12/08/08	810	810	27	54	54	0
26	Signs	4/02/09	1,426	1,426	16	95	95	0
27	Misc Leasehold Improvements	5/31/09	1,361	1,361	0	91	91	0
28	Re-work Broad St Space (Resource Solutions)	9/23/08	11,371	11,371	1,516	2,274	2,274	0
29	Leasehold Improvements	12/12/08	17,559	17,559	1,756	3,512	3,512	0
30	Computer	1/13/10	720	720	0	60	60	0
31	SWEET Software	11/13/09	5,495	5,495	0	1,068	1,068	0
	<b>Total Other Depreciation</b>		<u>117,692</u>	<u>117,692</u>	<u>26,103</u>	<u>20,266</u>	<u>20,266</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>117,692</u>	<u>117,692</u>	<u>26,103</u>	<u>20,266</u>	<u>20,266</u>	<u>0</u>
	<b>Grand Totals</b>		118,482	118,482	26,893	20,266	20,266	0
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>118,482</u>	<u>118,482</u>	<u>26,893</u>	<u>20,266</u>	<u>20,266</u>	<u>0</u>

**AMT Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
1	Camcorder and Battery	6/14/01	790			790	5 HY 150DB	790	0
			<u>790</u>			<u>790</u>		<u>790</u>	<u>0</u>
<b>Other Depreciation:</b>									
2	Apple Computer - Gift-in-Kind	2/10/05	0			0	0 HY	0	0
3	TV/DVD player combo	8/15/05	0			0	0 HY	0	0
4	Panel System for displays	8/15/05	0			0	0 HY	0	0
5	Computer	7/18/05	0			0	0 HY	0	0
6	2 Computers	5/15/06	0			0	0 HY	0	0
7	Blackbaud software	9/01/07	13,473			13,473	3 MO S/L	7,859	4,491
8	Blackbaud software (additional)	9/01/07	1,755			1,755	3 MO S/L	1,024	585
9	Software-Additional Module	9/01/07	1,755			1,755	3 MO S/L	1,024	585
10	Dell Computer	6/15/06	1,209			1,209	5 MO S/L	725	242
11	Computers & Equipment	12/29/08	1,136			1,136	3 MO S/L	158	378
12	Chairs	11/03/08	1,738			1,738	7 MO S/L	145	248
13	Shelves	11/25/08	959			959	7 MO S/L	69	137
14	Tables, Chairs, & Workstations	12/04/08	20,777			20,777	7 MO S/L	1,484	2,968
15	Furniture	12/08/08	2,205			2,205	7 MO S/L	158	315
16	Yellow Hand Sign	12/10/08	1,024			1,024	7 MO S/L	73	146
17	Refrigerator	12/29/08	607			607	7 MO S/L	36	87
18	2 Tables	12/29/08	515			515	7 MO S/L	31	73
19	Miscellaneous Furniture & Fixtures	12/31/08	3,479			3,479	5 MO S/L	290	696
20	Flooring / Carpets	10/02/08	3,500			3,500	15 MO S/L	156	233
21	Flooring / Carpets	11/24/08	5,017			5,017	15 MO S/L	167	335
22	Electrical Work	11/20/08	2,169			2,169	15 MO S/L	72	145
23	Cabinetry	12/02/08	3,793			3,793	15 MO S/L	126	253
24	Wallcovering	11/26/08	1,232			1,232	15 MO S/L	41	82
25	Plumbing Work	12/08/08	810			810	15 MO S/L	27	54
26	Signs	4/02/09	1,426			1,426	15 MO S/L	16	95
27	Misc Leasehold Improvements	5/31/09	1,361			1,361	15 MO S/L	0	91
28	Re-work Broad St Space (Resource Solutions)	9/23/08	11,371			11,371	5 MO S/L	1,516	2,274
29	Leasehold Improvements	12/12/08	17,559			17,559	5 MO S/L	1,756	3,512
30	Computer	1/13/10	0			0	0 HY	0	0
31	SWEET Software	11/13/09	5,495			5,495	3 MO S/L	0	1,068
	<b>Total Other Depreciation</b>		<u>104,365</u>			<u>104,365</u>		<u>16,953</u>	<u>19,093</u>
	<b>Total ACRS and Other Depreciation</b>		<u>104,365</u>			<u>104,365</u>		<u>16,953</u>	<u>19,093</u>
	<b>Grand Totals</b>		105,155			105,155		17,743	19,093
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>105,155</u>			<u>105,155</u>		<u>17,743</u>	<u>19,093</u>

**Depreciation Adjustment Report****All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	1	Camcorder and Battery	<u>0</u>	<u>0</u>	<u>0</u>
				<u>0</u>	<u>0</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b><u>Prior MACRS:</u></b>					
1	Camcorder and Battery	6/14/01	790	0	0
			<u>790</u>	<u>0</u>	<u>0</u>
<b><u>Other Depreciation:</u></b>					
2	Apple Computer - Gift-in-Kind	2/10/05	4,120	0	0
3	TV/DVD player combo	8/15/05	569	19	0
4	Panel System for displays	8/15/05	4,500	450	0
5	Computer	7/18/05	1,296	0	0
6	2 Computers	5/15/06	2,122	0	0
7	Blackbaud software	9/01/07	13,473	1,123	1,123
8	Blackbaud software (additional)	9/01/07	1,755	146	146
9	Software-Additional Module	9/01/07	1,755	146	146
10	Dell Computer	6/15/06	1,209	242	242
11	Computers & Equipment	12/29/08	1,136	379	379
12	Chairs	11/03/08	1,738	248	248
13	Shelves	11/25/08	959	137	137
14	Tables, Chairs,& Workstations	12/04/08	20,777	2,968	2,968
15	Furniture	12/08/08	2,205	315	315
16	Yellow Hand Sign	12/10/08	1,024	147	147
17	Refrigerator	12/29/08	607	87	87
18	2 Tables	12/29/08	515	74	74
19	Miscellaneous Furniture & Fixtures	12/31/08	3,479	696	696
20	Flooring / Carpets	10/02/08	3,500	233	233
21	Flooring / Carpets	11/24/08	5,017	334	334
22	Electrical Work	11/20/08	2,169	145	145
23	Cabinetry	12/02/08	3,793	253	253
24	Wallcovering	11/26/08	1,232	82	82
25	Plumbing Work	12/08/08	810	54	54
26	Signs	4/02/09	1,426	95	95
27	Misc Leasehold Improvements	5/31/09	1,361	91	91
28	Re-work Broad St Space (Resource Solutions)	9/23/08	11,371	2,274	2,274
29	Leasehold Improvements	12/12/08	17,559	3,511	3,511
30	Computer	1/13/10	720	144	0
31	SWEET Software	11/13/09	5,495	1,832	1,832
	<b>Total Other Depreciation</b>		<u>117,692</u>	<u>16,225</u>	<u>15,612</u>
	<b>Total ACRS and Other Depreciation</b>		<u>117,692</u>	<u>16,225</u>	<u>15,612</u>
	<b>Grand Totals</b>		<u>118,482</u>	<u>16,225</u>	<u>15,612</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>State</u>	<u>AMT</u>
<b><u>Prior MACRS:</u></b>					
1	Camcorder and Battery	6/14/01	790	0	0
			<u>790</u>	<u>0</u>	<u>0</u>
<b><u>Other Depreciation:</u></b>					
2	Apple Computer - Gift-in-Kind	2/10/05	4,120	0	0
3	TV/DVD player combo	8/15/05	569	19	0
4	Panel System for displays	8/15/05	4,500	450	0
5	Computer	7/18/05	1,296	0	0
6	2 Computers	5/15/06	2,122	0	0
7	Blackbaud software	9/01/07	13,473	1,123	1,123
8	Blackbaud software (additional)	9/01/07	1,755	146	146
9	Software-Additional Module	9/01/07	1,755	146	146
10	Dell Computer	6/15/06	1,209	242	242
11	Computers & Equipment	12/29/08	1,136	379	379
12	Chairs	11/03/08	1,738	248	248
13	Shelves	11/25/08	959	137	137
14	Tables, Chairs,& Workstations	12/04/08	20,777	2,968	2,968
15	Furniture	12/08/08	2,205	315	315
16	Yellow Hand Sign	12/10/08	1,024	147	147
17	Refrigerator	12/29/08	607	87	87
18	2 Tables	12/29/08	515	74	74
19	Miscellaneous Furniture & Fixtures	12/31/08	3,479	696	696
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21	Flooring / Carpets	11/24/08	5,017	334	334
22	Electrical Work	11/20/08	2,169	145	145
23	Cabinetry	12/02/08	3,793	253	253
24	Wallcovering	11/26/08	1,232	82	82
25	Plumbing Work	12/08/08	810	54	54
26	Signs	4/02/09	1,426	95	95
27	Misc Leasehold Improvements	5/31/09	1,361	91	91
28	Re-work Broad St Space (Resource Solutions)	9/23/08	11,371	2,274	2,274
29	Leasehold Improvements	12/12/08	17,559	3,511	3,511
30	Computer	1/13/10	720	144	0
31	SWEET Software	11/13/09	5,495	1,832	1,832
	<b>Total Other Depreciation</b>		<u>117,692</u>	<u>16,225</u>	<u>15,612</u>
	<b>Total ACRS and Other Depreciation</b>		<u>117,692</u>	<u>16,225</u>	<u>15,612</u>
	<b>Grand Totals</b>		<u>118,482</u>	<u>16,225</u>	<u>15,612</u>

## Federal Statements

### Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
	\$ 4,506		14		
Total	<u>\$ 4,506</u>				

## Federal Statements

### Form 990, Part IX, Line 24f - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Printing	\$ 3,580	\$	\$ 2,664	\$ 916
Supplies	3,366	2,619	747	
Postage and shipping	2,816		2,816	
Meals - families in need	2,741	2,741		
Awards	694	694		
Fees and licenses	485		485	
Equipment rental	377		377	
Merchandise sales	177	177		
Total	<u>\$ 14,236</u>	<u>\$ 6,231</u>	<u>\$ 7,089</u>	<u>\$ 916</u>