#### MCKINNEY COMMUNITY DEVELOPMENT CORPORATION

#### **Grant Application**

Fiscal Year 2014

#### **IMPORTANT:**

• Please read the McKinney Community Development Corporation Grant Guidelines prior to completing this application.

Application is available at <u>www.mckinneycdc.org</u>; by calling 214.544.0296 or by emailing

cqibson@mckinneycdc.orq

• <u>Please call to discuss your plans for submitting an application in advance of completing the form provided.</u> Completed application and all supporting documents are required to be submitted electronically or on a CD for consideration by the MCDC board. Please submit the application to:

McKinney Community Development Corporation 5900 S. Lake Forest Blvd., Suite 110 McKinney, TX 75070

• If you are interested in a preliminary review of your project proposal or idea, please complete and submit the **Letter of Inquiry** form, available at <a href="www.mckinneycdc.org">www.mckinneycdc.org</a>, by calling 214.544.0296 or emailing <a href="mailto:cgibson@mckinneycdc.org">cgibson@mckinneycdc.org</a>.

Applications must be completed in full, using this form, and received by MCDC, electronically or on a CD, by 5:00 p.m. on the date indicated in schedule below.

#### Please indicate the type of funding you are requesting:

□ Project Grant

Quality of Life projects that advance the mission of MCDC and are eligible for funding in accordance with the Type B sales tax statute (refer to examples in Grant Guidelines).

X

Promotional or Community Event Grant (maximum \$15,000)

Initiatives, activities and events that promote the City of McKinney for the purpose of developing new or expanded business opportunities and/or tourism – and enhance quality of life for McKinney residents.

**Promotional and Community Event Grants:** 

Application Deadline	Presentation to MCDC Board	Board Vote and Award Notification
Cycle I: January 3, 2014	January 2014	February 2014
Cycle II: June 30 2014	July 2014	August 2014

**Project Grants:** 

Presentation to MCDC Board	Board Vote and Award Notification
February 2014	March 2014
May 2014	June 2014
August 2014	September 2014
	February 2014 May 2014

### **APPLICATION**

X Nonprofit – 501(c) Attach a copy of IRS Determination Letter Governmental entity For profit corporation Other  Professional affiliations and organizations to which your organization belongs: Partnered with the Jimmy V Foundation for Cancer Research and the American Cancer Society  REPRESENTATIVE COMPLETING APPLICATION: Name: Adam Cox Title: President Mailing Address: 6800 CR 995			
Federal Tax I.D.: 27-4491058 Incorporation Date: Feb. 17, 2011  Mailing Address: 6800 County Road 995  City McKinney ST: TX Zip: 75071-3923  Phone: 214-697-7237 Fax: Email: **apower@strikesagainstcancer.org**  Website: strikesagainstcancer.org  Check One:    X Nonprofit - 501(c) Attach a copy of IRS Determination Letter   Governmental entity   For profit corporation   Other  Professional affiliations and organizations to which your organization belongs: Partnered with the Jimmy V Foundation for Cancer Research and the American Cancer Society  REPRESENTATIVE COMPLETING APPLICATION:  Name: Adam Cox  Titte: President  Mailing Address: 6800 CR 995  City: McKinney ST: TX Zip: 75071	ORGANIZATION INFORMATION		
Incorporation Date: Feb. 17, 2011  Mailing Address: 6800 County Road 995  City McKinney ST: TX Zip: 75071-3923  Phone: 214-697-7237 Fax: Email:epower@strikesagsInstcancer.org  Website: strikesagainstcancer.org  Check One:  \[ \text{ Nonprofit} - 501(c) Attach a copy of IRS Determination Letter \] Governmental entity  \[ \text{ For profit corporation} \]  Professional affiliations and organizations to which your organization belongs: Partnered with the Jimmy V Foundation for Cancer Research and the American Cancer Society  REPRESENTATIVE COMPLETING APPLICATION:  Name: Adam Cox  Title: President  Mailing Address: 6800 CR 995  City: McKinney ST: TX Zip: 75071	Name: Strikes Against Cancer Organization	1	
Mailing Address: 6800 County Road 995  City McKinney ST: TX Zip: 75071-3923  Phone: 214-697-7237 Fax: Email: _epower@strikesagainstcancer.org  Website: strikesagainstcancer.org  Check One:  X Nonprofit – 501(c) Attach a copy of IRS Determination Letter Governmental entity For profit corporation Other  Professional affiliations and organizations to which your organization belongs: Partnered with the Jimmy V Foundation for Cancer Research and the American Cancer Society  REPRESENTATIVE COMPLETING APPLICATION: Name: Adam Cox Title: President  Mailing Address: 6800 CR 995  City: McKinney ST: TX Zip: 75071	Federal Tax I.D.: 27-4491058		
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Governmental entity For profit corporation Other  Professional affiliations and organizations to which your organization belongs: Partnered with the Jimmy V Foundation for Cancer Research and the American Cancer Society  REPRESENTATIVE COMPLETING APPLICATION:  Name: Adam Cox Title: President  Mailing Address: 6800 CR 995  City: McKinney  ST: TX  Zip: 75071	Check One:		قسيد.
REPRESENTATIVE COMPLETING APPLICATION:  Name: Adam Cox  Title: President  Mailing Address: 6800 CR 995  City: McKinney ST: TX Zip: 75071	For profit corporation Other	o which your organ	nization belongs: Partnered with the Jimmy V
Name: Adam Cox  Title: President  Mailing Address: 6800 CR 995  City: McKinney ST: TX Zip: 75071	Foundation for Cancer Research and the An	nerican Cancer So	ciety
Name: Adam Cox  Title: President  Mailing Address: 6800 CR 995  City: McKinney ST: TX Zip: 75071			
Title: President  Mailing Address: 6800 CR 995  City: McKinney ST: TX Zip: 75071	REPRESENTATIVE COMPLETING AF	PPLICATION:	
Mailing Address: 6800 CR 995  City: McKinney ST: TX Zip: 75071	Name: Adam Cox		
City: McKinney ST: TX Zip: 75071	Title: President		
	Mailing Address: 6800 CR 995		
Phone: 972-979-6463 Fax: Email: info@strikesagainstcancer.org	City: McKinney	ST: TX	Zip: 75071
	Phone: 972-979-6463	r in the second second	x: Email: info@strikesagainstcancer.org

#### CONTACT FOR COMMUNICATIONS BETWEEN MCDC AND ORGANIZATION:

Name: Adam Cox

Title: President

Mailing Address: 6800 CR 995

City: McKinney ST: TX

Zip: 75071

Phone 972-979-6463

Email: info@strikesagainstcancer.org

**FUNDING** 

Total amount requested: 15,000

PROJECT/PROMOTION/COMMUNITY EVENT

Start Date: 5-2-14

Completion Date: 5-4-14

**BOARD OF DIRECTORS** (may be included as an attachment)

Adam Cox

President/CEO

Brad Davis Vice President/COO

Jeff Smith

CFO

Karen Davis CMO

**Tom Goller** 

Jennifer Holman Secratary

Geordon Cox Founder

**LEADERSHIP STAFF** (may be included as an attachment)

#### Using the outline below, provide a written narrative no longer than 7 pages in length:

At Strikes Against Cancer (SAC), our Mission Statement is "To be a nationally recognized charitable organization that is dedicated to raising funds for cancer research through our youth sport affiliations within the community, professional organizations, and businesses that support Fighting Cancer One Strike at a Time".

Our strategic goals as an organization include donating our net proceeds to organizations that support cancer research, (including the Jimmy V Foundation and American Cancer Society), as well as raising cancer awareness through our fundraising activities. These activities currently include an annual youth baseball tournament based in McKinney, donations through our local partners and businesses, girls softball tournaments, minor league ice hockey events, and merchandise sales. Our 100% volunteer (unpaid) board and committee leads dedicate their time and resources to help us achieve these goals. We currently work without an operating budget, instead relying on our key sponsors.

SAC has partnered with the City of McKinney and two McKinney based organizations, Triple Creek Academy and The Ball Fields at Craig Ranch to coordinate an annual youth baseball tournament during the first weekend of May. These tournaments have been located across multiple McKinney Parks & Recreation facilities including Mouzon Park, Gabe Nesbitt 5 Plex, Gabe Nesbitt 3 Plex, North Park South as well as Triple Creek Academy and the Ball Fields at Craig Ranch.

Between 2011 and 2013, we've had over 750 teams participate, representing Texas, Oklahoma, New Mexico and Louisiana. The per-team tournament fee is paid directly to the tournament directors (both McKinney businesses), while the "gate fee" and other fees are charitable donation to the SAC.

The target audience for our events includes a higher income demographic that supports "pay to play" youth sport organizations. Our estimations show that each team represents 30-38 individuals per team attending the three day tournament, which reflects 22,500- 28,500 attendees since our inception. While the economic impact of this tournament has proven difficult to quantify, we've worked diligently with the McKinney Chamber of Commerce, LaQuinta and other hotels in the area, and are confident that multiple teams have supported local restaurants, sporting retailers, convenience stores, gas stations, urgent care centers, hospitals, and hotels during the tournament. Combined with the tournament fees paid to the directors, this tournament has a direct impact on the McKinney economy during the annual three day event.

In an effort to align our goals, messaging, and fundraising efforts, we have created an easily followed "pay per strike" model. As we continue to grow the tournaments, we will continue to grow the total number of strikes thrown. This model will allow us to easily identify our charitable efforts to potential donors as well as the Jimmy V Foundation and American Cancer Society.

Our goal for the 2014 tournament is to have over 400 teams attend in May. In addition, we estimate 60-80 teams will attend the girls softball tournament in October. As we move further into the future, our organization would like to expand our tournament to potentially include up to 500 teams in May across two separate weekends. In addition, we anticipate growing the girl's softball tournament to over 100 teams.

	to MCDC in the pas	<del></del> -	Promotion/Community Event, been submitted
	X Yes	☐ No	
I.	Financial		
	Provide an overvi	ew of the organization's fina	ncial status including the impact of this grant request.
	•	r budget for the current yea ancials are not available, plea	r and audited financial statements for the preceding ase indicate why.
	What is the estima	ted total cost for this Pro	ject/Promotion/Community Event?
	\$25,000		
	( <u>Please include a</u>	budget for the propos	ed Project/Promotion/Community Event.)
	What percentage of Applicant?	of Project/Promotion/Co	mmunity Event funding will be provided by the
	seeking relation	nships with businesses a	through our fundraising efforts, which include nd individuals who desire to partner with our erchandise, time, or direct funding.
	Are Matching Fund	l <b>s available?</b>	X No
	Cash \$	Source	% of Total
	In-Kind \$	Source	% of Total
	Are other sources	of funding available? If $s$	o, please list source and amount.
		leral, state, or municipal use list entity, date of reques	entities or foundations been approached for at and amount requested.
IV.	solicitation within mu of our Boys Tournam State. Finally, we are	ncludes relying heavily on on Itiple communities across Te ent from 2013, which broug	e of our strategic partners (ESPN Radio), as well as to xas and Oklahoma. We intend to follow the success ht in teams from across the entire NTX area and al businesses around the McKinney area to support a cancer Weekend".
٧.	Metrics to Evalua		The country of the co
	As we enjoyed having	g 378 teams in 2013, our go	al in 2014 is to have over 400 teams participate in the

tournament. We would like to work with the local hotels and restaurants around the Ballfields at Craig Ranch as well as Triple Creek Academy to quantify the economic impact as well. Our goal for total

donations is to raise enough money in order to make a donation to the Jimmy V. Foundation that exceeds \$60,000 in 2014.

#### Acknowledgements

#### If funding is approved by the MCDC board of directors, Applicant will assure:

- The Project/Promotion/Community Event for which financial assistance is sought will be administered by or under the supervision of the applying organization;
- All funds awarded will be used exclusively for the purpose described in this application;

#### **Acknowledgements** - continued

- MCDC will be recognized in all marketing, outreach, advertising and public relations as a funder of the Project/Promotion/Community Event. Specifics to be agreed upon by applicant and MCDC and included in an executed performance agreement;
- Organization's officials who have signed the application are authorized by the organization to submit the application;
- Applicant will comply with the MCDC Grant Guidelines in executing the Project/Promotion/ Community Event for which funds were received.
- A final report detailing the success of the Project/Promotion/Community Event, as measured against identified metrics, will be provided to MCDC no later than 30 days following the completion of the Project/Promotion/Community Event.
- Up to 80% of the approved grant may be provided, on a reimbursement basis, prior to conclusion of the Project/Promotion/Community Event with submission of invoices/receipts to MCDC. The final 20% will be paid following MCDC's receipt of unpaid invoices/receipts; documentation of fulfillment of obligations to MCDC; and final report on the Project/Promotion/Community Event.
- The required performance agreement will contain a provision certifying that the applicant does not and will not knowingly employ an undocumented worker in accordance with Chapter 2264 of the Texas Government Code, as amended. Further, should the applicant be convicted of a violation under 8 U.S.C. § 1324a(f), the applicant will be required to repay the amount of the public subsidy provided under the agreement plus interest, at an agreed to interest rate, not later than the 120<sup>th</sup> day after the date the MCDC notifies the applicant of the violation.

We certify that all figures, facts and representations made in this application, including attachments, are true and correct to the best of our knowledge.

Chief Executive Officer	Representative Completing Application
Signature Signature	Signature Manual Control of the Cont
Printed Name Some M. cos	Printed Name Same in English
Date 1. 2 . (-)	Date 1. z · · · · (

Page 6

INCOMPLETE APPLICATIONS, OR THOSE RECEIVED AFTER THE DEADLINE, WILL NOT BE			
CONSIDERED.	,		
	Page 7		

#### CHECKLIST:

#### **Completed Application:**

$\sqrt{ }$	Use the	form	/format	provided
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- ✓ Organization Description
- $\overline{oldsymbol{ert}}$  Outline of Project/Promotion/Community Event; description, goals and objectives
- ▼ Project/Promotion/Community Event timeline
- $| \nabla |$  Plans for marketing and outreach
- √ Evaluation metrics
- √ List of board of directors and staff

#### **Attachments:**

 Financials:	organization's budget for	current fiscal	year; Project/Pr	romotion/Community	Event budget;
audited fin	ancial statements				

- Feasibility Study or Market Analysis if completed (Executive Summary)
- √ IRS Determination Letter (if applicable)

A FINAL REPORT IS TO BE PROVIDED TO MCDC WITHIN 30 DAYS OF THE EVENT/COMPLETION OF THE PROJECT/PROMOTION/COMMUNITY EVENT.

FINAL PAYMENT OF FUNDING AWARDED WILL BE MADE UPON RECEIPT OF FINAL REPORT.

PLEASE USE THE FORM/FORMAT OUTLINED ON THE NEXT PAGE.



#### McKINNEY COMMUNITY DEVELOPMENT CORPORATION

#### **Final Report**

Funding Amount:	
Project/Promotion/Community	Event:
Start Date:	Completion Date:
Location of Project/Promotion/	Community Event:

#### Please include the following in your report:

**Organization:** 

- Narrative report on the Project/Promotion/Community Event
- Identify goals and objectives achieved
- Financial report budget as proposed and actual expenditures, with explanations for any variance
- · Samples of printed marketing and outreach materials
- Screen shots of online promotions
- Photographs, slides, videotapes, etc.
- Performance against metrics outlined in application

## Please submit Final Report no later than 30 days following the completion of the Project/Promotion/Community Event to:

McKinney Community Development Corporation 5900 S. Lake Forest Blvd., Suite 110 McKinney, TX 75070

Attn: Cindy Schneible cschneible@mckinneycdc.org

#### STRIKES AGAINST CANCER

#### **COMPILED FINANCIAL STATEMENTS**

## WITH COMPILATION REPORT OF INDEPENDENT ACCOUNTANT

DECEMBER 31, 2012

# AZ

#### Andrew L. Chaffin, CPA, P.C.

#### INDEPENDENT ACCOUNTANT'S COMPILATION REPORT

To the Board of Trustees Strikes Against Cancer

I have compiled the accompanying statement of assets and net assets-cash basis of Strikes Against Cancer (a nonprofit organization) as of December 31, 2012 and the related statement of revenues and expenses-cash basis for the year then ended. I have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with the cash basis of accounting.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the cash basis of accounting and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

My responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Management has elected to omit substantially all of the disclosures required by accounting principles generally accepted in the United States of America. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Organization's financial position, changes in net assets, and cash flows. Accordingly, these financial statements are not designed for those who are not informed about such matters.

Andrew L. Chaffin, CPA, PC

ludrew I. Chiff, CPA, A. a.

May 21, 2013

## STRIKES AGAINST CANCER STATEMENT OF ASSETS AND NET ASSETS-CASH BASIS DECEMBER 31, 2012

#### **ASSETS**

CASH	\$ 8,885
TOTAL ASSETS	\$ 8,885
NET ASSETS	
UNRESTRICTED NET ASSETS	\$ 8,885
TOTAL NET ASSETS	\$ 8,885

See independent accountant's compilation report.

## STRIKES AGAINST CANCER STATEMENT OF REVENUES AND EXPENSES-CASH BASIS DECEMBER 31, 2012

REVENUES:		
GATE FEES MERCHANDISE SALES DONATIONS	\$ 29,625 23,614 24,059	
TOTAL REVENUES		\$ 77,298
EXPENSES:		
PROGRAM EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	50,964 2,620 14,829	
TOTAL EXPENSES		68,413
CHANGE IN NET ASSETS	•	8,885
NET ASSETS AT BEGINNING OF YEAR		0
NET ASSETS AT END OF YEAR		\$ 8,885

See independent accountant's compilation report.

### Form **990-EZ**

2012

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

For the 2012 calendar year, or tax year beginning

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

, 2012, and ending

Open to Public Inspection

Form 990-EZ (2012)

Ť		st change C	י סן	Employer I	dentification number
F	†	change STRIKES AGAINST CANCER		27-44	91058
X	Initial	ratura 1P.O. BOX 2034	E	elephone	number
F	Termi	MCKINNEY, TX 75070	1		
	Amen	ded reium	F	aroun E	xemption
	Applic	ation penting	. ,	lumber	
G	Acco	ounting Method: X Cash	k►	X if the	organization is not
·I	Web	DOZZIIODUGUIID COMMOCZI CZG			Schedule B (Form
J	Tax-e	exempt status (check only one) $ \times$ 501(c)(3) $\bigcirc$ 501(c)( ) $\triangleleft$ (insert no.) $\bigcirc$ 4947(a)(1) or $\bigcirc$ 527 990,	990-E	Z, or 99	80-PF).
ĸ	Chec	k 🕨 🗌 if the organization is not a section 509(a)(3) supporting organization or a section 527 organiza	tion a	ınd its g	ross receipts are
		nally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-	posto	ard) ma	y be required (see
		uctions). But if the organization chooses to file a return, be sure to file a complete return.			
L	Add	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or i ts (Part II, line 25, column (B) below) are \$500,000 or more, tile Form 990 instead of Form 990-EZ	f tota	►ŝ	77,299.
		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in			
	11.00010	Check if the organization used Schedule O to respond to any question in this Part I	เรแน	CHONS	IOI Fait I)
_	1	Contributions, gifts, grants, and similar amounts received		111	24,059.
	2	Program service revenue including government fees and contracts			24,000.
	3	Membership dues and assessments.			
	4	Investment income		_	
		Gross amount from sale of assets other than inventory			
		Less: cost or other basis and sales expenses		-	
	1	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).		5 c	
	6	Gaming and fundraising events			
R	1 -	Gross income from gaming (attach Schedule G if greater than \$15,000)   6 a			
ΕV	i	Gross income from fundraising events (not including \$ of contributions		-	
REVENU	"				
Ŭ		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
	C	Less: direct expenses from gaming and fundraising events			
	ا	Net income or (loss) from gaming and fundraising events (add lines 6a and		7	•
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6 d	
		Gross sales of inventory, less returns and allowances			
	b	Less: cost of goods sold	754.		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c	8,861.
	8	Other revenue (describe in Schedule O)		8	29,625.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  Grants and similar amounts paid (list in Schedule O).  See Schedule 0	.,, >	9	62,5 <u>45.</u>
	10	Grants and similar amounts paid (list in Schedule O)		10	42,120.
	11	Benefits paid to or for members	• • •	-	
E X	12	Salaries, other compensation, and employee benefits			
X P E N	13	Professional fees and other payments to independent contractors			
•	14	Occupancy, rent, utilities, and maintenance			<del></del>
Ě	15	Printing, publications, postage, and shipping.  Other expenses (describe in Schedule O).  See Schedule 0		15	
	16	Other expenses (describe in Schedule O)		16	11,540.
	17	Total expenses, Add lines 10 through 16.	··· •	17	53,660.
Δ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	8,885.
NS.	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-	year		_
ASSET S		figure reported on prior year's return)	• • • • •	19	0,
Ś	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	8.885.

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

	990-EZ (2012) STRIKES AGAINST			27-	449	1058 Page <b>2</b>
Par	Balance Sheets. (see the instance Check if the organization used Sche	structions for Part II.)	estion in this Part II			, 🛛
	onout if the digatineation does conte	44.0		A) Beginning of yea		(B) End of year
22	Cash, savings, and investments			7 3 3 2	22	8,885.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			0.	25	8,885.
26	Total liabilities (describe in Schedule O).			0.	26	0.
27	Net assets or fund balances (line 27 of o			0.	_	8,885.
Par	t III. Statement of Program Service Acco			ren .		Expenses
	Check if the organization used Sch	nedule O to respond to any q		<u>,,,,</u>	(Regi	uired for section 501
What i	s the organization's primary exempt purpose? See	e Schedule 0			(c)(ə) ornar	and 501(c)(4) nizations and section
Desc	ribe the organization's program service a	ccomplishments for each of it	s three largest program	services, as	4947(	(a)(1) trusts; optional
bene	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	ach program title.	ez bioxided) ate tidiline	or persons	for ot	hers.)
28	RAISING FUND FOR CANCER F	RESEARCH AND RELATE	D PROGRAMS			
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	(Grants \$ 42,120.) If th	is amount includes foreign gr	ants, check here		28 a	50,965.
29						, , , , , , , , , , , , , , , , , , , ,
						•
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here		29 a	
30						
	<del></del>					
					-	
	(Grants \$ 7 If th	is amount includes foreign gr	ants, check here		30 a	
31	Other program services (describe in Sch	edule O)			一	
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here	▶ □	31 a	
32	Total program service expenses (add lin	es 28a through 31a)		,,, <del>.</del>	32	50,965.
	List of Officers, Directors,				see the	
LOPPOST /	Check if the organization used Sch	redule O to respond to any qu	uestion in this Part IV,			
						(e) Estimated amount of
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to emplo benefit plans, and defe	rred	other compensation
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ВАА

Form 990-EZ (2012)

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?

If 'No,' provide an explanation in Schedule O.....

45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?......................b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'

X

44 d 45 a

Form 990-	EZ (2012) STRIKES AGAINST CAM	ICER		27-449	11058 Par	ge 4		
46 Did t	the organization engage, directly or indirectly or indirec	etly, in political campaig Schedule C, Part I	n activities on behalf of	or in opposition to	Yes 1	0.000.00		
	Section 501(c)(3) organization All section 501(c)(3) organization for lines 50 and 51.	s only						
	Check if the organization used Schedule	e O to respond to any o	uestion in this Part VI		,	П		
comp	he organization engage in lobbying activiti	es or have a section 50	01(h) election in effect d	uring the tax year? If 'Yo	es, Yes I	No X		
49 a Did t	e organization a school as described in se he organization make any transfers to an	exempt non-charitable	related organization?	,	49 а	X		
50 Comp	es," was the related organization a section plete this table for the organization's five I oyees) who each received more than \$10	nighest compensated e	mployees (other than of	icers, directors, trustee:	s and key			
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hoalth benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation	of		
None								
51 Comp	number of other employees paid over \$10 clete this table for the organization's five hoensation from the organization. If there is	nighest compensated in	dependent contractors v	who each received more	than \$100,000 of			
(a) N	lame and address of each independent contractor paid	more than \$100,000	(b) Type o	f service	(c) Compensation			
None								
			***************************************					
	ے بیں بین سے سے بیٹر بہتر بہتر ہیں جب سے اسا سے سے سے بیٹر ہیں۔							
		W \$100 State State (1000 State						
	ها 1966 Call 1966 والله 1966 وبدو ديدو ويدو سند نيسيا بسنا السنا المنت المنت المنت المنت المنت المنت المنت	<u></u>						
52 Did th	number of other independent contractors ne organization complete Schedule A? No table trusts must attach a completed Sche	te: All section 501(c)(3)	organizations and 4947	(a)(1) nonexempt	. ► XYes []	No		
Under penalties true, correct, a	of penjury, I declare that I have examined this return, inclued complete. Declaration of preparer (other than office	ding accompanying schedules ar	nd statements, and to the best of r	ny knowledge and belief, it is ledge.				
Sign	Signature of officer Season			5/2//3 Date				
Here	JEFF SMITH Type or print name and title.			Treasurer				
Paid	Print/Type preparer's name ANDREW L. CHAFFIN	Preparer's signature	4 5/2/	Check if PT self-employed P	00499434			
Preparer Use Only	Firm's address > 100 N. Central I							
* f () 1=:		75080	1.	Phone no. (972		_		
way the IR	S discuss this return with the preparer sho	own above? See instruc	CUONS		. ► X Yes No			

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047 2012

Open to Public Inspection Employer Identification number

		AGAINSI C					,		21-4	49105	18
Par	t I Re	ason for Pul	olic Charity Status	(All organizations n	nust co	mplete	e this p	oart.) S	<u>See ins</u>	tructio	ns,
				e it is: (For lines 1 throu							
1	— (			ciation of churches des		section	170(b)(	Л(АXI).			
2	_			<b>)(ii).</b> (Attach Schedule E	•						
3				e organization describe							
4		edical research ie, city, and sta		I in conjunction with a h	ospital d	lescribe	d in sect	lion 170	(b)(1)(A)	(iii). En	ter the hospital's
5				f a pollogo or University							
	<b>月70</b> (	<b>b)(1)(A)(iv).</b> (C	complete Part II.)	f a college or university	OWNEQ	or opera	ated by a	a govern	meniai	unit des	cribed in <b>section</b>
6 7				overnmental unit descrit							
8	in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	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	usupported 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	Туре І	b Type II c	Type III - Function	nally inte	egrated		d 🗍 i	Type III	- Non-f	unctionally integrated
e	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	lf the	organization a	eceived a written deter	mination from the IRS t	that is a	Type I,	Type II	or Type	III supp	orting o	rganization,
g	A1										
			•	, , , ,							Yes No
	<b>(i)</b>	A person who below, the go	directly or indirectly coverning body of the sur	ontrols, either alone or to oported organization?	ogether	with per	rsons de	scribed	in (ii) a	nd (iii)	
	(ii)			ed in (i) above?							
	• •			tescribed in (i) or (ii) ab							7 7 7
h				iescribed in (i) or (ii) ab e supported organization						• • • • • • •	· 11 g (iii)
		77.0.5.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0					1		г		
	(I) Na	me of supported organization	(I) EIN	(iii) Type of organization (described on lines 1 ·9 above or IRC section (see instructions))	organiz column ( your go docui	Is the ration in I) listed in overning ment?	(v) Did yo the organ column ( supp	ou notify ization in i) of your part?	Organiz	s the cation in min (1) ed in the S.?	(vii) Amount of monetary support
					Yes	No	Yes	No	Yes	No	
							<b>-</b>				
(A)											
(B)											
(C)	•										
(D)											
	· -/-/-			·	-						
(E)											
Total											
			V		**********	1		W 800	90.98K(200)	***********	

Schedule A (Form 990 or 990-EZ) 2012 STRIKES AGAINST CANCER 27-4491058

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					******				
	ndar year (or fiscal year Inning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)				'	24,059.	24,059.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
. 3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	0.	0.	0.	0.	24,059.	24,059.			
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)						0.			
6	Public support. Subtract line 5 from line 4						24,059.			
Sec	tion B. Total Support		water		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ,				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Totai			
7	Amounts from line 4	0.	0.	0.	0.	24,059.	24,059.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on					8,861.	8,861.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV					29,625.	29,625.			
11	Total support. Add lines 7 through 10						62,545.			
12	Gross receipts from related activi	ties, etc (see insti	ructions)		.,	, 12	0.			
13	First five years. If the Form 990 is organization, check this box and	s for the organizat	tion's first, second	l, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶\\			
Sec	tion C. Computation of Pu	blic Support F	Percentage							
	Public support percentage for 20						%			
	Public support percentage from 2					<u> </u>	<u>%</u>			
16 a	33-1/3% support test — 2012. If the and stop here. The organization of	ne organization di qualifies as a publ	d not check the bo icly supported org	ox on line 13, and janization	the line 14 is 33-	1/3% or more, che	eck this box			
k	33-1/3% support test — 2011. If it and stop here. The organization	e organization dic qualifies as a pub	l not check a box licly supported org	on line 13 or 16a, janization	and line 15 is 33	1/3% or more, ch	eck this box			
17 a	10%-facts-and-circumstances tes or more, and if the organization n the organization meets the 'facts-	t — 2012. If the or neets the 'facts-ar and-circumstance	ganization did not id-circumstances' s' test. The organ	check a box on li test, check this b ization qualifies a	ine 13, 16a, or 16 ox and <b>stop here.</b> s a publicly suppo	b, and line 14 is 1 Explain in Part Norted organization	0% / how ►			
	b 10%-facts-and-circumstances test — 2011. 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									
BAA	TITE OF TOWNS OF IT THE OF GAINED	audit did flot offool	A DOX OF HIS TO	; 10u; 10b; 17d; 0						
~~					o ¢n	CCCITT 93	0 or 990-EZ) 2012			

Schedule A (Form 990 or 990-EZ) 2012 STRIKES AGAINST CANCER

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beglinning in) >	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	(4) 2000	(0) 2003			(4) 220 / 2	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge				and the state of t		
_	-		<del> </del>				
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b				-		
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						· · · · · · · · · · · · · · · · · · ·
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
10 a	Amounts from line 6						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 i organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c	)(3) ▶ □
	tion C. Computation of Pu	blic Support	Percentage	12 - 1, (6)	·	· I.	15   %
15	11 1 ~						· <u>·</u>
	Public support percentage from 2						16   8
	tion D. Computation of Inv				(0)		17   %
17	Investment income percentage for						
18	Investment income percentage fr	om 2011 Schedul	e A, Part III, line	17			
	33-1/3% support tests — 2012. If is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualities as	a publiciy suppor	ted organizati	on.,, [
	33-1/3% support tests — 2011. If line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organization qua	imes as a publiciy	supported ort	Janizanon
20	Private foundation. If the organization	zation did not che	ck a box on line I	4, 19a, or 19b, ch	eck inis box and :	see instruction	D

Schedule A	(Form 990	or 990-EZ) :	2012 ,	STRIKES	AGAINST	CANCER		27-4491058	Page 4
Paid IV	Suppleme Part II, lir (See inst	ntal Infon ne 17a or ructions)	<b>mation.</b> 17b: a	Complete nd Part II	this part to I, line 12.	provide t Also com	he explanations plete this part	required by Part II, line 10; for any additional information.	
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Schedule A (Form 990 or 990-EZ) 2012

BAA

2 Schedule A, Part IV - Supplemental Information									Pag
		STRIK	ES AGAIN	ST CAN	CER		•		27-4491
_							-		
Part II, Line 10 - Other Income									
Nature and Sour	rce	2012	2011		2010		2009		2008
OTHER	Total \$	29,625. 29,625.	Š	0. \$	<del>"</del>	<u>0. \$</u>		0. \$	0.
	4		<del></del>			<u> </u>			
				•					

#### **SCHEDULE O** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

STRIKES AGAINST CANCER	27-4491058	
Form 990-EZ, Part III - Organization's Primary Exempt Purpose		
RAISING FUNDS FOR CANCER RESEARCH AND RELATED PROGRAMS	we give your time doub and their think dark that that the	ما مند سم سم بسم ميبو
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contra	icts	
(a) Did the organization, during the year, receive any funds,	directly or	
indirectly, to pay premiums on a personal benefit contract?		No
(b) Did the organization, during the year, pay premiums, direc	ctly or	
indirectly, on a personal benefit contract?		No
		<b></b>
	**	
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TEEA4901L 12/8/12

2012	Schedule O - Supplemental Information	Page 2
	STRIKES AGAINST CANCER	27-4491058
Form 990-EZ, Part I, Lin Other Revenue		
GATE FEES	Total \$	29,625. 29,625.
Form 990-EZ, Part I, Lin Grants and Similar Amo	e 10 ounts Paid In Excess of \$5,000	
Donee's Name: Donee's Address:	V FOUNDATION FOR CANCER RESEARCH 106 TOWERVIEW COURT	
Cash Amount Given:	CARY, NC 27513	39,620.
TROPHIES	Total \$	5,240. 6,150. 150. 11,540.

#### Form 8868

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

Internal Revenue	e Service	Line a gah	atara abbitr	Affelt for Adritterativ			
				Part I and check this box			▶ 🗓
-	-	· · · · · · · · · · · · · · · · · · ·		complete only Part II (on page 2 of this t		• <b>0</b> 0/0	
				atic 3-month extention on a previously file			
corporation r request an e Associated V	required to file extension of tim With Certain Pe	Form 990-T), or an additional (not be to file any of the forms listed in F	automatic) ( Part I or Par Ist be sent I	a 3-month automatic extension of time to 3-month extension of time. You can elect t II with the exception of Form 8870, Info to the IRS in paper format (see instructio Charities & Nonprofits.	ronica rmatio	n Return fo	r Transfers
Part i	Automatic:	3-Month Extension of Time. C	nly subm	it original (no copies needed).			
A corporation	n required to fi	le Form 990-T and requesting an a	ıtomatic 6-r	month extension – check this box and co	mplete	Part I only	······ ► □
All other corp income tax r	porations (incl returns.	uding 1120-C filers), partnerships, F	REMICs, and	d trusts must use Form 7004 to request a Enter filer's identif			
	Name of exempt	organization or other filer, see instructions.		2/(4/ (110) 5 (10) 111			n number (EIN) or
Type or	•	,					
print	CTDIFFC	AGAINST CANCER			27-4	4491058	
File by the	Number, street,	and room or suite number. If a P.O. box, see it	nstructions,			ocial security n	umber (SSN)
due date for	P.O. BOX	2034					
filing your return. See	City, town or pos	st office, state, and ZIP code. For a foreign add	iress, see instr	uctions.			
instructions.	MCKINNEY	T, TX 75070					
Enter the Re			(file a sepa	arate application for each return)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01
Application Is For			Return Code	Application Is For			Return Code
Form 990 or	Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL	-		02	Form 1041-A			08
Form 4720 (i			03	Form 4720			09
Form 990-PF	-		04	Form 5227			10
Form 990-T (	(section 401(a)	or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other tha	n above)	06	Form 8870			12
Telephor  If the org  If this is check this the exter  Treque until  The ex  X  If the tales of the tales or the tales of the tales or the tales of tales of the tales of the tales of tale	ne No. • 972- ganization does for a Group Re is box • nsion is for. est an automat  8/15_ tension is for t  calendar year  tax year begi	s not have an office or place of bus eturn, enter the organization's four of the group, of the organization's return for:  The group of the	digit Group neck this bo tion required nization ret , and endir	United States, check this box	this is	for the who	ole group,
3 a If this a nonrefu	application is foundable credits	or Form 990-BL, 990-PF, 990-T, 472 s, See instructions	20, or 6069,	enter the tentative tax, less any	3 a	\$	0.
payme	nts made. Incl	ude any prior year overpayment alk	owed as a c	ny refundable credits and estimated tax credit	3 b	\$	0.
EFTPS	Electronic Fe		nstructions		3с	L	0.
Caution. If you	ou are going to	o make an electronic fund withdraw	al with this	Form 8868, see Form 8453-EO and Form	8879-	EO for	

## Strikes Against Cancer Annual Financials

-	F	Y2011	F	Y2012	2	013Est	P	roj2014
Incoming funds	\$	12,071	\$	77,298	\$	82,300	\$	90,459
Outgoing funds	.Ψ	(12,071)	•	(68,413)		(74,598)		(85,000)
Ending Balance of Funds	\$	<u></u>	\$	8,885	\$	7,702	\$	5,459
Gate Fees	\$	<b>-</b> ,	\$	29,625	\$	33,264	\$	37,500
Merchandise Sales	•	4,020		23,614		22,571		24,377
Donations		8,051		24,059		26,465		28,583
Incoming Funds	\$	12,071	\$	77,298	\$	82,300	\$	90,459
Shirts/Merchandise	\$.	2,300	\$	10,654	\$	17,905	\$	11,000
Trophies		-		6,150		0.004		5,000
Screen printing		-		4,100		6,891		5,000
Webpage		-		150		252		
Donations		-		42,120		45,000		60,000
Other expense		9,771		5,240		4,550		9,000
Outgoing Funds	\$	12,071	\$	68,413	\$	74,598	\$	85,000

## Budget for Strikes Baseball Tourney May 2014

Total Budget	-\$	25,000
Billboard Advertisements		4,000
Print Advertisements		5,000
Screen Printing		5,000
Tshirt Cost	\$	11,000