

Return of Organization Exempt From Income Tax

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2000 calendar year OR tax year period beginning **OCT 1, 2000** and ending **SEP 30, 2001**

B Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return	Please use IRS label or print or type See Specific Instructions	C Name of organization THE NATIONAL CHILDREN'S CANCER SOCIETY, INC.		D Employer identification number 37-1227890	
		Number and street (or P O box if mail is not delivered to street address)		E Telephone number	
		Room/suite 600	1015 LOCUST BUILDING		(314) 241-1600
		City or town, state or country, and ZIP ST. LOUIS, MO 63101		F Check <input type="checkbox"/> if application pending	

G Organization type (check only one) 501(c)(3) (insert no) 527 OR 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method Cash Accrual Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

(H and I are not applicable to section 527 orgs.)

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list.) Yes No

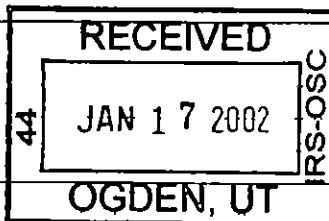
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit group exemption no. (GEN)

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	37,400,484.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 13,617,374. noncash \$ 23,783,110.)	1d		37,400,484.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		219,555.	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		7,094.	
	5 Dividends and interest from securities	5		26,670.	
	6 a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe)	7				
8 a Gross amount from sale of assets other than inventory	(A) Securities		(B) Other		
	331,371.	8a	720,768.		
	394,206.	8b	1,233,349.		
	-62,835.	8c	-512,581.		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 1	STMT 2	-575,416.	
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ 934,277. of contributions reported on line 1a)	9a	86,830.		
	b Less direct expenses other than fundraising expenses	9b	303,485.		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 3		-216,655.
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			36,861,732.	
Expenses	13 Program services (from line 44, column (B))	13		28,790,346.	
	14 Management and general (from line 44, column (C))	14		632,398.	
	15 Fundraising (from line 44, column (D))	15		6,878,126.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			36,300,870.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			560,862.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73 column (A))	19		1,252,074.	
	20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 4	-80,138.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			1,732,798.



JAN 29 02
FILMED

Gtd13

**THE NATIONAL CHILDREN'S
CANCER SOCIETY, INC.**

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$2275638 . noncash \$23056269	25,331,907.	25,331,907.	STATEMENT 8	STATEMENT 9
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	128,728.	77,404.	5,625.	45,699.
26	Other salaries and wages	654,460.	393,527.	28,600.	232,333.
27	Pension plan contributions	105,448.	63,406.	4,608.	37,434.
28	Other employee benefits				
29	Payroll taxes	50,123.	30,139.	2,190.	17,794.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	11,642.	7,000.	509.	4,133.
34	Telephone	32,617.	19,613.	1,425.	11,579.
35	Postage and shipping	25,828.	15,530.	1,129.	9,169.
36	Occupancy	116,797.	70,230.	5,104.	41,463.
37	Equipment rental and maintenance	4,151.	2,496.	181.	1,474.
38	Printing and publications				
39	Travel	27,965.	16,815.	1,222.	9,928.
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	28,748.	17,286.	1,256.	10,206.
43	Other expenses (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 5	9,782,456.	2,744,993.	580,549.	6,456,914.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	36,300,870.	28,790,346.	632,398.	6,878,126.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 9,156,186. , (ii) the amount allocated to Program services \$ 2,345,418. , (iii) the amount allocated to Management and general \$ 471,712. , and (iv) the amount allocated to Fundraising \$ 6,339,056. .

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 18**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)

a	SEE STATEMENT 6				
		(Grants and allocations \$)		5,349,104.
b	SEE STATEMENT 7				
		(Grants and allocations \$)		384,973.
c	INTERNATIONAL PROGRAM - DISTRIBUTES DONATED PHARMACEUTICALS AND MEDICAL SUPPLIES TO PEDIATRIC ONCOLOGY FACILITIES IN LESS PRIVILEGED COUNTRIES				
		(Grants and allocations \$	23,056,269.)		23,056,269.
d					
		(Grants and allocations \$)		
e	Other program services (attach schedule)				
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				28,790,346.

Part IV Balance Sheets

Note Where required attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non interest bearing		45	
	46 Savings and temporary cash investments	1,186,100.	46	1,729,157.
	47 a Accounts receivable	47a 18,811.		
	b Less allowance for doubtful accounts	47b	6,998.	47c 18,811.
	48 a Pledges receivable	48a 164,713.		
	b Less allowance for doubtful accounts	48b 164,713.		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		47,655.	52 91,273.
	53 Prepaid expenses and deferred charges		47,954.	53 15,787.
	54 Investments - securities STMT 10 STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		831,314.	54 712,420.
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b		55c
	56 Investments - other			56
	57 a Land, buildings, and equipment basis	57a 204,740.		
	b Less accumulated depreciation	57b 134,943.	94,566.	57c 69,797.
	58 Other assets (describe ▶ DEPOSITS)		100.	58 100.
59 Total assets (add lines 45 through 58) (must equal line 74)		2,214,687.	59 2,637,345.	
Liabilities	60 Accounts payable and accrued expenses		60 822,334.	846,499.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ LIST RENTAL ADVANCE)		140,279.	65 58,048.
66 Total liabilities (add lines 60 through 65)		962,613.	66 904,547.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67 940,629.	1,327,394.
	68 Temporarily restricted		68 311,445.	405,404.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		1,252,074.	73 1,732,798.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		2,214,687.	74 2,637,345.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		0.
b	Did the organization file Form 1120 POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X	
85	501(c)(4), (5), or (6) organizations			
a	Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		N/A
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	501(c)(7) organizations			
a	Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations			
a	Gross income from members or shareholders	87a		N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed SEE STATEMENT 16			
b	Number of employees employed in the pay period that includes March 12, 2000	90b		18

91 The books are in care of **THE ORGANIZATION** Telephone no **(314) 241-1600**
 Located at **1015 LOCUST, SUITE 600, ST. LOUIS MO** ZIP code **63101**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax exempt interest received or accrued during the tax year **92** N/A

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a LIST RENTAL INCOME			15	219,555.	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	7,094.	
96 Dividends and interest from securities			14	26,670.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-575,416.	
101 Net income or (loss) from special events					-216,655.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		-322,097.	-216,655.
105 Total (add line 104, columns (B), (D), and (E))					-538,752.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12 Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
101	GOLF TOURNAMENT, DUCK DASH, SPORTSMEN EVENTS, FRIENDS GROUP, RAINBOW GIRLS, WHEELS IN MOTION, FASHION SHOW, SFO QUEEN, IL CONCERT AND HUMANITARIAN GROUP HELD TO RAISE MONEY FOR PROGRAM SERVICES AND TO HELP PROMOTE AWARENESS OF THE NATIONAL CHILDREN'S CANCER SOCIETY.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

I have prepared this return and accompanying schedules and statements and to the best of my knowledge and belief it is true and correct in all information of which preparer has any knowledge (Important See General Instruction W)

Mark Stolee, President

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization **THE NATIONAL CHILDREN'S
CANCER SOCIETY, INC.** Employer identification number
37 1227890

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
C. DOANE ----- 1015 LOCUST ST, STE 600, ST LOUIS MO	DEV DIR. 40 PER WEEK	188,438.	28,266.	0.
M. SHERPENBERG ----- 1015 LOCUST ST, STE 600, ST LOUIS MO	INT'L DIR. 40 PER WEEK	59,959.	8,994.	0.
J. KOMANETSKY ----- 1015 LOCUST ST, STE 600, ST LOUIS MO	FAM SVCS DIR. 40 PER WEEK	50,864.	7,630.	0.

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
FTI - TELEMARKETING ----- 12770 COIT ROAD, SUITE 108, DALLAS, TX 75251	DONOR SEARCH, FUNDRAISING	409,890.
STEVE CRAM & ASSOCIATES - SWEEPSTAKES ----- 4401 FAIR LAKES CT, FAIRFAX, VA 22033	DONOR SEARCH, FUNDRAISING	2128477.
STEVE CRAM & ASSOCIATES - DIRECT MAIL ----- 4401 FAIR LAKES CT, FAIRFAX, VA 22033	DONOR SEARCH, FUNDRAISING	4926931.
HERITAGE CORPORATION - TELEMARKETING ----- 22402 WILDWOOD AVE, N LITTLE ROCK, AR 72116	DONOR SEARCH, FUNDRAISING	1686316.
WILKINSON GROUP ----- 4516 PERSHING PLACE, ST. LOUIS, MO 63108	PUBLIC RELATIONS	87,500.
Total number of others receiving over \$50,000 for professional services ▶	2	

LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2000

Part III Statements About Activities		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e	X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a	Do you have a section 403(b) annuity plan for your employees?	4a	X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions) <i>STMT 20</i>		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

- The organization is not a private foundation because it is (Please check only **ONE** applicable box)
- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
 - 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
 - 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
 - 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
 - 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
 - 12 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting		Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting				
Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	SHORT PERIOD (c) 1995	(d) 1997	(e) Total	
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	33,570,990.	31,120,646.	14,197,253.	16,365,660.	95,254,549.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	378,093.	111,994.			490,087.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	53,308.	95,594.	71,027.	94,813.	314,742.
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	376,171.	177,137.	SEE STATEMENT 17 177,414.	297,799.	1,028,521.
23	Total of lines 15 through 22	34,378,562.	31,505,371.	14,445,694.	16,758,272.	97,087,899.
24	Line 23 minus line 17	34,000,469.	31,393,377.	14,445,694.	16,758,272.	96,597,812.
25	Enter 1% of line 23	343,786.	315,054.	144,457.	167,583.	
26	Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 1,931,956.
	b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.					26b 0.
	c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 96,597,812.
	d Add Amounts from column (e) for lines 18 314,742. 19 _____ 22 1,028,521. 26b _____					26d 1,343,263.
	e Public support (line 26c minus line 26d total)					26e 95,254,549.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.6094%
27	Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year (1999) N/A (1998) (1997) (1996)				
	b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A (1999) (1998) (1997) (1996)					
	c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
	d Add Line 27a total _____ and line 27b total _____					27d N/A
	e Public support (line 27c total minus line 27d total)					27e N/A
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	27f N/A				
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28	Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					NONE

Part V Private School Questionnaire
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33	Does the organization discriminate by race in any way with respect to		
a	Students rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here If the organization belongs to an affiliated group

Check here If you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table: <table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44													

Caution If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545 0047

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

2000

Name of organization **THE NATIONAL CHILDREN'S
CANCER SOCIETY, INC.**

Employer identification number
37-1227890

Organization type (check one)-Section 501(c)(3) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose \$

Note: This form is generally not open to public inspection except for section 527 organizations

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ

See the instructions for item L in the instructions for Form 990 and Form 990-EZ

Caution Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ)

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ)

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations

General rule Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year

Section 501(c)(3) organizations For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a))

Example A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000

Section 501(c)(7), (8), or (10) organizations For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III

Specific Instructions

Note You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part

Part I In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually)

Part II In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value

Part III Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations

Name of organization
**THE NATIONAL CHILDREN'S
 CANCER SOCIETY, INC.**

Employer identification number
37-1227890

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1	SEE ATTACHED SCHEDULE	\$ 22,314,338.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
2		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
4		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
5		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
6		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization THE NATIONAL CHILDREN'S CANCER SOCIETY, INC.	Employer identification number 37-1227890
--	---

Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	<u>MEDICINES AND EQUIPMENT</u> <hr/> <hr/> <hr/>	\$ <u>22,314,338.</u>	<u>VARIOUS</u>
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	

NATIONAL CHILDREN'S CANCER SOCIETY
37-1227890

STATEMENT 21 - SCHEDULE OF NON-CASH CONTRIBUTIONS > \$748,010

FISCAL YEAR ENDED 9/30/01

COMPANY NAME	COMPANY LOCATION	PRODUCT	ARRIVAL DATE	MFG TOTAL SHIPMENT VALUE
		Vi Daylin	11/6/00	\$10 956 96
		Vi-Daylin	11/13/00	\$391 32
		Daunorubicin 50mg Daunorubicin 20mg/10ml	12/15/00	\$298 392 00
		Vi-Daylin Chewables Vi Daylin Liquid	12/18/00	\$23 294 00
		IV Poles	12/21/00	\$20 222 00
		Vancomycin	1/17/00	\$12 872 00
		Vi-Daylin	1/19/00	\$11 894 00
		Hepann Theophylline Bretylum Isonosol Potassium Chloride	2/12/01	\$478 971 60
		Biaxin	3/8/01	\$21 185 00
		Vi-Daylin Vi-Daylin	3/15/01	\$43 407 21
		Bleomycin Gentamicin	3/25/01	\$53 675 00
		Pedialyte Pediasure	3/29/01	\$10 893 00
		Cytarabine 10ml Cytarabine 1G Cytarabine 2G	4/20/01	\$234 057 50
		IV Sets	6/4/01	\$466,946 40
		IV Sets	6/12/01	\$486 390 50
		Erythromycin Ketoralac	6/27/01	\$24 628 00
		ViDaylin Erythromycin Tablets	7/2/01	\$12 323 33
		IV Sets	7/6/01	\$2 557 891 68

NATIONAL CHILDREN'S CANCER SOCIETY
37-1227890

STATEMENT 21 - SCHEDULE OF NON-CASH CONTRIBUTIONS > \$748,010

FISCAL YEAR ENDED 9/30/01

COMPANY NAME	COMPANY LOCATION	PRODUCT	ARRIVAL DATE	MFG TOTAL SHIPMENT VALUE
		Daunorubicin	7/25/01	\$388,800.00
		TwoCal HN	7/30/01	\$11,995.20
		ViDaylin	7/31/01	\$38,220.00
TOTAL ABBOTT LABORATORIES CONTRIBUTIONS				\$5,187,406.70
		Infusion Pumps	10/9/00	\$254,183.88
		Baxter Infusion Pumps	11/14/00	\$2,290,000.00
		Baxter Colleague 3 Volumetric Infusion Pumps	2/28/01	\$801,500.00
		Infusion Pumps	4/2/01	\$2,372,696.00
		Infusion Pumps	4/9/01	\$860,284.57
		Infusion Pumps	7/31/01	\$1,740,400.00
TOTAL B BRAUN CONTRIBUTIONS				\$8,319,064.45
		Zantac 150mg 1000 s Zofran ODT 8mg Zofran ODT 4mg Zinacef 750mg	10/27/00	\$573,014.20
		Leukeran Zantac 150mg 500 s Zantac 150mg 1000 s	12/11/00	\$309,589.72
		Alkeran Zantac 150mg 180 s Imitrex	12/18/00	\$132,001.92
		Alkeran Flovent Fortaz Imitrex Zinacef	1/24/00	\$45,110.27
		Ventolin Zinacef	2/20/01	\$10,818.40
		Leukeran Zinacef Exosurf Flovent Zinacef	3/5/01	\$112,124.68

NATIONAL CHILDREN'S CANCER SOCIETY
37-1227890

STATEMENT 21 - SCHEDULE OF NON-CASH CONTRIBUTIONS > \$748,010

FISCAL YEAR ENDED 9/30/01

COMPANY NAME	COMPANY LOCATION	PRODUCT	ARRIVAL DATE	MFG TOTAL SHIPMENT VALUE
		Zofran		
		Zofran	3/22/01	\$1 480 137 00
		Flovent	5/7/01	\$118 504 00
		Leukeran		
		Alkeran	8/8/01	\$54 229 40
		Zinacef 1 5g		
		Zinacef 750mg		
		Zinacef Add VTG		
		Zofran 24mg	6/26/01	\$101 519 74
		Leukeran		
		Zinacef Add VTG 1 5g		
		Zinacef Add VTG 750mg		
		Zantac 300mg	9/10/01	\$157 222 84
		Zinacef 7 5g		
		Imitrex		
TOTAL GLAXOSMITHKLINE CONTRIBUTIONS				\$3 092 272 17
		Acyclovir	11/6/00	\$154 714 00
		Cormax Ointment 45G	4/4/01	\$62 613 00
		Cordran Cream 0 025% 30G		
		Miconazole		
		Kalmz Liquid		
		ibuprofen	4/9/01	\$224 624 00
		Dicyclomine	5/3/01	\$3 695 00
		Tnamcinolone Cream 0 1%		
		Sulindac	5/7/01	\$266 454 00
		Ketoprofen		
		Methocarbamol		
		Meclofenamate		
		Prednisone		
		Cordran Ointment 0 05% 15G	5/9/01	\$798 321 00
		Cormax Ointment 15G		
		Cormax Ointment 45G		
		Cordran Cream 0 025% 80G		
		Cordran Cream 0 05% 15G		
		Cordran Cream 0 05% 30G		
		Cordran Cream 0 05% 60G		
		Condylax Solution		
		Monodox Capsules		
		Dicyclomine 100 s	6/29/01	\$1 693 797 00
		Dicyclomine 1000 s		
		Guaitenesin		
		Lidocaine		
		Methocarbamol 500mg		

NATIONAL CHILDREN'S CANCER SOCIETY
 37-1227890

STATEMENT 21 - SCHEDULE OF NON-CASH CONTRIBUTIONS > \$748,010

FISCAL YEAR ENDED 9/30/01

COMPANY NAME	COMPANY LOCATION	PRODUCT	ARRIVAL DATE	MFG TOTAL SHIPMENT VALUE
		Methocarbamol 750mg		
		Methylprednisolone		
		Naproxen		
		Orphenadrine Citrate		
		Prednisolone 100 s		
		Prednisolone 1000 s		
		Ranitidine		
		Sulfasalazine		
		Aspirin		
		Diaper Rash Ointment		
		Docusate Calcium		
		Lowsium		
		Oralyte Solution		
		Q-Gel Forte		
		Tamcinolone Cream 0.1%		
		Nephro Vita	8/24/01	\$2,511,377.00
		Orphenadrine Citrate		
		Prednisone		
		Methocarbamol 750mg		
		Methocarbamol 500mg		
		Cefuroxime Inj 750mg		
		Cefuroxime Inj 1.5gm		
		Cefuroxime Inj 7.5gm		
		Dexamethasone		
		Monodox 100mg		
		Diclofenac		
		Methylprednisolone		
		Naproxen 375mg		
		Naproxen 275mg		
		Ranitidine 150mg		
		Ranitidine 300mg		
		Sulfasalazine		
		Diaper Rash Ointment		
		PolyVitamin Drops		
		TOTAL WATSON CONTRIBUTIONS		\$5,715,585.00
		TOTAL NON-CASH CONTRIBUTIONS IN EXCESS OF \$5,000		\$22,314,338.32

Depreciation and Amortization
 (Including Information on Listed Property) **990**

2000

Attachment
 Sequence No. 67

▶ See separate instructions ▶ Attach this form to your return

Name(s) shown on return: **THE NATIONAL CHILDREN'S CANCER SOCIETY, INC.**
 Business or activity to which this form relates: **FORM 990 PAGE 2**
 Identifying number: **37-1227890**

Part I Election To Expense Certain Tangible Property (Section 179) Note If you have any "listed property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see instructions	1	20,000.
2	Total cost of section 179 property placed in service. See instructions	2	3,979.
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 0	4	0.
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	20,000.

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

7	Listed property. Enter amount from line 27	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 1999	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	20,000.
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 2001. Add lines 9 and 10, less line 12	13	

Note Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property)

Section A - General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions.

Section B - General Depreciation System (GDS) (See instructions)

(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
15 a 3 year property						
b 5-year property						
c 7 year property		3,979.	7.0 YRS	HY	SL	264.
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 - Alternative Depreciation System (ADS) (See instructions)

16 a Class life					S/L	
b 12 year			12 yrs		S/L	
c 40 year	/		40 yrs	MM	S/L	

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

17	GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	28,484.
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	

Part IV Summary (See instructions)

20	Listed property. Enter amount from line 26	20	
21	Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations, see instructions	21	28,748.
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

LHA For Paperwork Reduction Act Notice, see the separate instructions

Part V **Listed Property** (Include automobiles certain other vehicles cellular telephones certain computers and property used for entertainment recreation or amusement)

Note For any vehicle for which you are using the standard mileage rate or deducting lease expense complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution See instructions for limits for passenger automobiles)

23a Do you have evidence to support the business/investment use claimed? Yes No 23b If Yes, is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	----------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

24 Property used more than 50% in a qualified business use

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

25 Property used 50% or less in a qualified business use

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L		
		%				S/L		
		%				S/L		

26 Add amounts in column (h) Enter the total here and on line 20, page 1 26

27 Add amounts in column (i) Enter the total here and on line 7, page 1 27

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner or other "more than 5% owner," or related person. If you provided vehicles to your employees first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28 Total business/investment miles driven during the year (DO NOT include commuting miles)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year Add lines 28 through 30												
32 Was the vehicle available for personal use during off duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees obtain information from your employees about the use of the vehicles and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? Note If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 2000 tax year					
41 Amortization of costs that began before 2000				41	
42 Total Add amounts in column (f) See instructions for where to report				42	

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
TRADING SECURITIES	331,371.	394,206.	0.	-62,835.
TO FORM 990, PART I, LINE 8	331,371.	394,206.	0.	-62,835.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT 2
----------	---------------------------------------	-------------

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
VEHICLE DONATION PROGRAM	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	720,768.	1,233,349.	0.	0.	-512,581.
TO FM 990, PART I, LN 8	720,768.	1,233,349.	0.	0.	-512,581.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT 3
----------	-------------------------------	-------------

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	108,696.	78,786.	29,910.	40,378.	-10,468.
DUCK DASH	66,484.	66,484.		18,268.	-18,268.
FRIENDS GROUP	17,443.	17,443.		2,832.	-2,832.
MISCELLANEOUS	50,194.	50,194.		11,737.	-11,737.
WHEELS IN MOTION	4,500.	4,500.		0.	0.
RAINBOW GIRLS	60,579.	60,579.		1,037.	-1,037.
HUMANITARIAN	527,795.	490,225.	37,570.	156,587.	-119,017.
SPORTSMEN EVENTS	10,100.	10,100.		1,155.	-1,155.
FASHION SHOW	28,251.	28,251.		13,707.	-13,707.
SFO(SAN FRANCISCO) EVENT	136,850.	117,500.	19,350.	56,080.	-36,730.
ILLINOIS CONCERT	10,215.	10,215.		1,704.	-1,704.
TO FM 990, PART I, LINE 9	1,021,107.	934,277.	86,830.	303,485.	-216,655.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 4
----------	--	-------------

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENT ASSETS	-80,138.
TOTAL TO FORM 990, PART I, LINE 20	-80,138.

FORM 990	OTHER EXPENSES			STATEMENT 5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
SHIPPING & PROCUREMENT	11,659.	11,659.		
INSURANCE	69,654.	41,883.	3,044.	24,727.
MISCELLANEOUS	49,011.	29,740.	2,100.	17,171.
DONOR SEARCH & INFORMATION	2,345,418.	2,345,418.		
PUBLIC RELATIONS	8,732.	7,859.		873.
PROFESSIONAL FEES	308,647.	129,867.	103,693.	75,087.
IN-KIND EXPENSES	178,567.	178,567.		
PRODUCTION SERVICES	6,810,768.		471,712.	6,339,056.
TOTAL TO FM 990, LN 43	9,782,456.	2,744,993.	580,549.	6,456,914.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE ONE

DIVISION OF PATIENT AND FAMILY SERVICES/DONOR SERVICES - INCLUDES PEDIATRIC ONCOLOGY PROGRAM TO PROVIDE EMOTIONAL SUPPORT, FINANCIAL ASSISTANCE AND ADVOCACY SERVICES TO FAMILIES THAT HAVE A CHILD WITH CANCER. THE GOALS OF THE

TO FORM 990, PART III, LINE A	GRANTS	EXPENSES
		5,349,104.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE TWO

PUBLIC INFORMATION AND EDUCATION- TO PROVIDE INFORMATIONAL BROCHURES TO THE PUBLIC WHICH EMPHASIZE THE NEED FOR BONE MARROW DONORS AND CORD BLOOD DONORS WHILE ALSO INFORMING THE PUBLIC OF THE DIFFICULTIES THAT CHILDREN WITH CANCER FACE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		384,973.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 8

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CASH CONTRIBUTIONS	VARIOUS	VARIOUS	NONE	2275638.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				2275638.

FORM 990 NONCASH GRANTS AND ALLOCATIONS STATEMENT 9

CLASS OF ACTIVITY	DONEE'S NAME	DONEE'S ADDRESS	
IN-KIND CONTRIBUTIONS	SEE ATTACHED STATEMENT	SEE ATTACHED STATEMENT	
RELATIONSHIP OF DONEE	DESCRIPTION OF PROPERTY	DATE OF GIFT	
NONE	CANCER FIGHTING MEDICATIONS AND EQUIPMNT		

METHOD USED TO DETERMINE BOOK VALUE

FMV

METHOD USED TO DETERMINE FAIR MARKET VALUE	BOOK VALUE	AMOUNT GIVEN
	0.	23,056,269.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22		23,056,269.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 10

DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES	379,619.				379,619.
TO FM 990, LN 54 COL B	379,619.				379,619.

FORM 990 GOVERNMENT SECURITIES STATEMENT 11

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US TREASURY NOTE	332,801.		332,801.
TOTAL TO FORM 990, LINE 54, COL B	332,801.		332,801.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 12
DESCRIPTION		AMOUNT
GROSS SALES VEHICLE DONATION PROGRAM		720,768.
TOTAL TO FORM 990, PART IV-A		720,768.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 13
DESCRIPTION		AMOUNT
VEHICLE DONATION PROGRAM EXPENSE		512,581.
TOTAL TO FORM 990, PART IV-B		512,581.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 14
DESCRIPTION		AMOUNT
NET SALES VEHICLE DONATION PROGRAM		208,187.
TOTAL TO FORM 990, PART IV-A		208,187.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARK STOLZE ST. LOUIS, MO 63101	EXEC DIRECTOR 40 PER WEEK	128,728.	19,309.	6,963.
MARK SLOCOMB ST. LOUIS, MO 63105	SECR./TREAS. MINIMAL	0.	0.	0.
CHERYL WROTH-STEIN ST. LOUIS, MO 63131	BOARD MEMBER MINIMAL	0.	0.	0.
MICHAEL TUCKER PLANO, TX 75093	CHAIRMAN MINIMAL	0.	0.	0.
SCOTT STRINGER ST. LOUIS, MO 63124	BOARD MEMBER MINIMAL	0.	0.	0.
DR. ROBERT SOHVAL HACKENSACK, NJ 07601	BOARD MEMBER MINIMAL	0.	0.	0.
LANCE BOXER EDISON, NJ 08837	BOARD MEMBER MINIMAL	0.	0.	0.
DAVID LOWE SAN FRANCISCO, CA 94111	BOARD MEMBER MINIMAL	0.	0.	0.
MATT JONES REDWOOD CITY, CA 94063	BOARD MEMBER MINIMAL	0.	0.	0.
KATHY PARKER MCKINNEY, TX 75070	BOARD MEMBER MINIMAL	0.	0.	0.
MIKE RAYMOND ST LOUIS, MO 63101-2089	BOARD MEMBER MINIMAL	0.	0.	0.

CHARLES ANTON	BOARD MEMBER			
COLONIAL HEIGHTS, VA 23834	MINIMAL	0.	0.	0.
DAVID BERRY	BOARD MEMBER			
RESTON, VA 20191	MINIMAL	0.	0.	0.
JOHN MACLEOD	BOARD MEMBER			
DENVER, CO 80204	MINIMAL	0.	0.	0.
SUE ENGELHARDT	BOARD MEMBER			
ST. LOUIS, MO 63124	MINIMAL	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		128,728.	19,309.	6,963.

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 16
PART VI, LINE 90

STATES

ALL STATES WITH THE EXCEPTION OF THE FOLLOWING: CO, DE, IA, ID, MT, SD, TX, AND WY.

SCHEDULE A	OTHER INCOME			STATEMENT 17
DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
NET INCOME OR (LOSS) FROM SPECIAL EVENTS			100,653.	40,256.
LIST RENTAL INCOME	376,171.	177,137.	72,356.	253,075.
GAIN ON SALE OF ASSETS			4,405.	4,468.
TOTAL TO SCHEDULE A, LINE 22	376,171.	177,137.	177,414.	297,799.

**The National Children's Cancer Society
Guidelines for Financial Assistance**

STATEMENT 18

1. The child must be diagnosed with cancer or Myelodysplastic Syndrome.
2. The child must be diagnosed on or before his/her 18th birthday and treated before his/her 25th birthday to be considered. Adults who relapse after their 18th birthday are not eligible for services
3. The child must be a citizen or lawful, permanent resident of the United States who has maintained an uninterrupted residency for 12 months without prior history of the current illness. Residency is determined by the guidelines set by Immigration and Naturalization Services. Non-citizen residents must have and provide N.C.C.S. with a photocopy (front and back) of their I551 card (green card).
4. If a family possesses liquid assets in excess of \$5,000, The National Children's Cancer Society reserves the right to request a partial or complete spend-down prior to the approval of financial assistance
5. In order to be considered for financial assistance, the family must thoroughly and accurately complete the organization's Application for Financial Assistance. A letter of support from a hospital professional must accompany the application. Failure to provide complete and truthful information is basis for denial
6. Financial assistance is provided for a maximum of 60 days for approved applications. At the end of this period, additional requests may be submitted to the N.C.C.S. if further assistance is needed.
7. The National Children's Cancer Society does not reimburse families for expenses already incurred. The organization does not assist with insurance deductibles and/or co-payments

Distribution of Funds

The National Children's Cancer Society will consider assistance of the following for families who have a child with cancer:

Transportation—for a child with cancer to receive treatment or to allow a caregiver to visit a hospitalized child. Parking for hospital visits is also considered.

Meals—for one caregiver during a child's inpatient stay.

Phone Cards—when the immediate family is separated due to the child's treatment and/or the treatment center is long distance from the family home

Lodging—when the child's treatment requires the child to be near the hospital or when a child is inpatient and a caregiver cannot stay in the hospital room with the child. Assistance is not granted if non-profit lodging is available.

Medical Insurance Premiums—when the parent providing the insurance coverage is on leave due to a child's treatment.

Medical Expenses—when a child is being denied treatment by the hospital due to a lack of funding. Please see application for additional details.

Note. For additional information, please see the Application for Financial Assistance

NATIONAL CHILDREN'S CANCER SOCIETY
37-1227890

STATEMENT 19 - SCHEDULE OF FIXED ASSETS

FISCAL YEAR ENDED 9/30/01

<u>FIXED ASSETS</u>	<u>COST</u>
1990 EQUIPMENT	\$ 4,876 00
1992 EQUIPMENT	10,608 00
1993 EQUIPMENT	1,880 00
1994 EQUIPMENT	3,641 00
1995 EQUIPMENT	4,411 00
1996 EQUIPMENT	93,847 00
1997 EQUIPMENT	24,915 00
1998 EQUIPMENT	9,033 00
1999 EQUIPMENT	25,576 00
2000 EQUIPMENT	21,974 00
2001 EQUIPMENT	<u>3,979 00</u>
TOTAL COST	204,740 00
A/D	<u>(134,943 00)</u>
NET FIXED ASSETS	<u>\$ 69,797 00</u>

The National Children's Cancer Society
Statement of Program Service Accomplishments
STATEMENT 20

The mission of The National Children's Cancer Society is to improve the quality of life for children with cancer and to reduce the risk of cancer by promoting children's health through financial and in-kind assistance, advocacy, support services, education, and prevention programs.

The National Children's Cancer Society provides the following programs and services to benefit children with cancer and their families:

Financial Assistance

- For medical expenses when a child with cancer is denied treatment due to a lack of funding. These expenses may include donor search, donor harvest, bone marrow transplant, and other cancer treatments.
- For the non-medical costs of getting a child to treatment, including transportation, parking, long distance calling, meals, and health insurance premiums.

Advocacy

- Helping families locate support and resources within their communities.
- Interceding on behalf of children with insurance companies, hospitals, and other agencies to negotiate solutions for their care.

Emotional Support

- Offering parents compassion, empathy, and hope as they cope with their child's diagnosis and treatment.

Letting Kids Be Kids

- Distributing *The Book of Me* to children with cancer. The book gives kids a creative outlet to share their thoughts and feelings.
- Funding pediatric oncology camps for children with cancer to enjoy activities that all kids enjoy.

Education

- Acting as a resource for information on diagnosis and treatment.
- Educating families about childhood cancer topics such as survivorship, healthy caregiving, and financial issues.

International Program

- Providing pharmaceuticals and medical supplies to treat children with cancer around the world

NATIONAL CHILDREN'S CANCER SOCIETY
37-1227890

STATEMENT 22 - NONCASH GRANTS AND ALLOCATIONS

FISCAL YEAR ENDED 9/30/01

Donee's Name	Donee's Address	Description of Property	Date of Gift	Amount Given
Centro de Hematologia e Oncologia Pediatrica - CEHOPE	Rua Joaquim Inacio - 187 - Ilha do Leite CEP 50 070 270 Recife - Pernambuco Brazil	Cancer fighting resources	2001	<u>76,255 16</u>
Fundacion Ayudame A Vivir Calle EL Carmen Pasaje Manuel Jose Arce	Frente A Villa Del Carmen, Colonia Escalon San Salvador El Salvador	Cancer fighting resources	2001	<u>806,997 20</u>
Unidad Nacional de Oncologia Pediatrica	Fundacion Ayudame a Vivir 17 Av "A" 18-37 zona 10 Guatemala Ciudad Guatemala	Cancer fighting resources	2001	<u>1,468,871 15</u>
Fundatia Ratu	Bulevardul Unirii nr 10, bl 7, sc 2, ap 29 Bucharest ROMANIA	Cancer fighting resources	2001	<u>5,606 23</u>
Service d'Hematologie et d'Oncologie Pediatricque	Hopital 20 aout Casablanca MOROCCO	Cancer fighting resources	2001	<u>1,914,359 04</u>
Fundacion Maria Gracia	Calle Primera 403 y Daitles (Urdesa) Guayaquil, Guayas ECUADOR	Cancer fighting resources	2001	<u>354,713 20</u>
AHTECA A C (Ayudame Hermano, Tengo Cancer)	Calle Aguascalientes 123 Colonia Aguacatal CP 91130 Xalapa, Veracruz MEXICO	Cancer fighting resources	2001	<u>560,085 52</u>

NATIONAL CHILDREN'S CANCER SOCIETY
17-1227890

STATEMENT 22 - NONCASH GRANTS AND ALLOCATIONS

FISCAL YEAR ENDED 9/30/01

Donee's Name	Donee's Address	Description of Property	Date of Gift	Amount Given
Department Of Pediatrics Mbarara University	P O Box 1410 Mbarara UGANDA	Cancer fighting resources	2001	<u>733,292 56</u>
The Syrian Cancer Society in Aleppo Aleppo Medical Care Centre Tishrine Boulevard - Ikhind Shehan Hospital	Aleppo - P O Box 3248 An-ari SYRIA	Cancer fighting resources	2001	<u>3,390,613 43</u>
Fundacion Nuestros Hijos	Enrique Matte 1538 San Miguel Santiago CHILE	Cancer fighting resources	2001	<u>2,902,943 56</u>
Fundacion Hondurena para el Nino con Cancer	Boulevard Suyapa Edif-Suyapa #1116 Tegucigalpa HONDURAS	Cancer fighting resources	2001	<u>3,614,457 82</u>
Al-Amal Cancer Center	PO Box 1269 Amman 11941 Amman JORDAN	Cancer fighting resources	2001	<u>370,285 21</u>
Ivan-Filatovskaya Children's Clinical Hospital	66-4009 First Sovetskaya Str #57 Irkutsk, Oblast RUSSIA (SIBERIA)	Cancer fighting resources	2001	<u>469,270 40</u>
Auxiliary Service of the Order of Malta in Latvia	11 Novembra krasmala 29 Riga, LV - 1050 LATVIA	Cancer fighting resources	2001	<u>659,931 67</u>

NATIONAL CHILDREN'S CANCER SOCIETY
37-1227890

STATEMENT 22 - NONCASH GRANTS AND ALLOCATIONS

FISCAL YEAR ENDED 9/30/01

Donee's Name	Donee's Address	Description of Property	Date of Gift	Amount Given
Jordan University Hospital	PO Box 13046 Amman JORDAN	Cancer fighting resources	2001	1,286,396 28
The Mother and Child Health Care Institute of Serbia	8 Radloja Dakica st 11070 Belgrade Serbia FR YUGOSLAVIA	Cancer fighting resources	2001	2,427,245 37
Unité d'Hématologie-Oncologie Pédiatrique Hôpital d'Enfants de Rabat	Rabat Maroc MOROCCO	Cancer fighting resources	2001	862,760 90
National Cancer Institute	43 Quan Su Street, Hoan Kiem District Hanoi VIETNAM	Cancer fighting resources	2001	664,692 90
Shanghai Children's Medical Center	1678 Dong Fang Road, Pudong Shanghai 200127 CHINA	Cancer fighting resources	2001	456,047 20
Instituto Oncológico del Oriente Boliviano Servicio de Pediatría del Hospital Oncológico Avenida Profesor Noel Kempf Mercado - 3er Anillo Interno	Guapaj - Zona Equipetrol Santa Cruz BOLIVIA	Cancer fighting resources	2001	31,444 57
		OVERALL TOTAL		23,056,269 37