

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2001 calendar year, or tax year period beginning **OCT 1, 2001** and ending **SEP 30, 2002**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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) Room/suite 1015 LOCUST BUILDING 600	E Telephone number (314) 241-1600
	City or town, state or country, and ZIP + 4 ST. LOUIS, MO 63101	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

H and I are not applicable to section 527 organizations

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? **N/A** Yes No (If "No," attach a list)

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

I Enter 4-digit GEN ▶

G Web site ▶ **WWW.CHILDREN-CANCER.COM**

J Organization type (check only one) ▶ 501(c)(3) ◀ (insert no) 4947(a)(1) or 527

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.

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 9b, and 10b to line 12 ▶ **32,226,158.**

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	29,801,385.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 13,437,406. noncash \$ 16,363,979.)	1d		29,801,385.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		250,581.	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		3,396.	
	5	Dividends and interest from securities	5		25,587.	
	6a	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				
8a	Gross amount from sale of assets other than inventory	(A) Securities	8a	1,838,296.		
		(B) Other	8b	3,321,380.		
		Less cost or other basis and sales expenses	8c	-1,483,084.		
		Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		-1,506,487.	
9	Special events and activities (attach schedule)					
	Gross revenue (not including \$ 779,931. of contributions reported on 1099-a)	9a	86,510.			
	Less direct expenses other than fundraising expenses	9b	283,250.			
	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		-196,740.		
10	Gross sales of inventory less returns and allowances less cost of goods sold	10a				
		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		28,377,722.		
Expenses	13	Program services (from line 44, column (B))	13	20,946,872.		
	14	Management and general (from line 44, column (C))	14	445,505.		
	15	Fundraising (from line 44, column (D))	15	6,860,171.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 13 and 14, column (A))	17		28,252,548.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		125,174.	
	19	Net assets or fund balances at beginning of year (from line 73 column (A))	19		1,732,798.	
	20	Other changes in net assets or fund balances (attach explanation)	20		-671,513.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,186,459.	

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THE NATIONAL CHILDREN'S CANCER SOCIETY, INC.

37-1227890

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 \$ 2702434 . noncash \$ 14520453	17,222,887.	17,222,887.	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	139,689.	92,418.	6,314.	40,957.
26	Other salaries and wages	660,822.	437,200.	29,869.	193,753.
27	Pension plan contributions	105,697.	69,929.	4,778.	30,990.
28	Other employee benefits				
29	Payroll taxes	51,504.	34,075.	2,328.	15,101.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	15,159.	9,409.	1,580.	4,170.
34	Telephone	38,643.	25,566.	1,747.	11,330.
35	Postage and shipping	56,731.	37,533.	2,564.	16,634.
36	Occupancy	113,039.	74,787.	5,109.	33,143.
37	Equipment rental and maintenance	4,267.	2,823.	193.	1,251.
38	Printing and publications				
39	Travel	47,911.	31,698.	2,166.	14,047.
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion etc (attach schedule)	28,049.	18,557.	1,268.	8,224.
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 5	9,768,150.	2,889,990.	387,589.	6,490,571.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	28,252,548.	20,946,872.	445,505.	6,860,171.

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 9,101,026 . (ii) the amount allocated to Program services \$ 2,413,861 .
 (iii) the amount allocated to Management and general \$ 301,488 . and (iv) the amount allocated to Fundraising \$ 6,385,677 .

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <input type="checkbox"/>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
SEE STATEMENT 18	
a SEE STATEMENT 6	
(Grants and allocations \$)	5,912,518.
b SEE STATEMENT 7	
(Grants and allocations \$)	513,901.
c INTERNATIONAL PROGRAM - DISTRIBUTES DONATED PHARMACEUTICALS AND MEDICAL SUPPLIES TO PEDIATRIC ONCOLOGY FACILITIES IN LESS PRIVILEGED COUNTRIES	
(Grants and allocations \$ 14,520,453.)	14,520,453.
d	
(Grants and allocations \$)	
e Other program services (attach schedule)	
(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	20,946,872.

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	1,729,157.	46	1,016,581.
	47 a Accounts receivable	47a 20,040.		
	b Less allowance for doubtful accounts	47b	47c	20,040.
	48 a Pledges receivable	48a 169,499.		
	b Less allowance for doubtful accounts	48b 169,499.	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		52	100,315.
	53 Prepaid expenses and deferred charges		53	11,327.
	54 Investments - securities STMT 10 STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54	837,257.
	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 217,738.			
b Less accumulated depreciation <i>Statement 19</i>	57b 162,992.	57c	54,746.	
58 Other assets (describe DEPOSITS)		58	100.	
59 Total assets (add lines 45 through 58) (must equal line 74)		59	2,040,366.	
60 Accounts payable and accrued expenses		60	853,907.	
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)		65	0.	
66 Total liabilities (add lines 60 through 65)		66	853,907.	
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	1,139,111.	
68 Temporarily restricted		68	47,348.	
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, column (B) must equal line 21)		73	1,186,459.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		74	2,040,366.	

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 VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a LIST RENTAL INCOME			15	250,581.	
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	3,396.	
96 Dividends and interest from securities			14	25,587.	
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	-1,506,487.	
101 Net income or (loss) from special events					-196,740.
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.		-1,226,925.	-196,740.
105 Total (add line 104, columns (B), (D), and (E))					-1,423,663.

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 (See Specific Instructions on page 32)

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	EVENTS HELD TO RAISE MONEY FOR PROGRAM SERVICES AND TO HELP PROMOTE THE NATIONAL CHILDREN'S CANCER SOCIETY.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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 (See Specific Instructions on page 33)

(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, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

accompanying schedules and statements and to the best of my knowledge and belief, it is true and correct information of which preparer has any knowledge

2/2/12 [Signature]

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **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 page 1 of the 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	181,195.	27,179.	
M. SHERPENBERG ----- 1015 LOCUST ST, STE 600, ST LOUIS MO	INT'L DIR. 40 PER WEEK	61,215.	9,182.	
J. KOMANETSKY ----- 1015 LOCUST ST, STE 600, ST LOUIS MO	FAM SVCS DIR. 40 PER WEEK	53,814.	8,072.	

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

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the 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	382,600.
STEVE CRAM & ASSOCIATES - SWEEPSTAKES ----- 4401 FAIR LAKES CT, FAIRFAX, VA 22033	DONOR SEARCH, FUNDRAISING	381,445.
STEVE CRAM & ASSOCIATES - DIRECT MAIL ----- 4401 FAIR LAKES CT, FAIRFAX, VA 22033	DONOR SEARCH, FUNDRAISING	6107980.
HERITAGE CORPORATION - TELEMARKETING ----- 22402 WILDWOOD AVE, N LITTLE ROCK, AR 72116	DONOR SEARCH, FUNDRAISING	2186707.
WILKINSON GROUP ----- 4516 PERSHING PLACE, ST. LOUIS, MO 63108	PUBLIC RELATIONS	90,000.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	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 \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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		X
2 During the year, has the organization either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note 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 <i>Statement 20</i>		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
- 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 6 of the instructions)

THE NATIONAL CHILDREN'S
CANCER SOCIETY, INC.

Schedule A (Form 990 or 990-EZ) 2001

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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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	37,400,484.	33,570,990.	31,120,646.	14,197,253.	116,289,373.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc purpose	86,830.	378,093.	111,994.		576,917.
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	33,764.	53,308.	95,594.	71,027.	253,693.
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.	219,555.	376,171.	177,137.	177,414.	950,277.
23 Total of lines 15 through 22	37,740,633.	34,378,562.	31,505,371.	14,445,694.	118,070,260.
24 Line 23 minus line 17	37,653,803.	34,000,469.	31,393,377.	14,445,694.	117,493,343.
25 Enter 1% of line 23	377,406.	343,786.	315,054.	144,457.	
26 Organizations described on lines 10 or 11					
a Enter 2% of amount in column (e), line 24					26a 2,349,867.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 117,493,343.
d Add: Amounts from column (e) for lines 18 253,693. 19 _____ 22 950,277. 26b _____					26d 1,203,970.
e Public support (line 26c minus line 26d total)					26e 116,289,373.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.9753%
27 Organizations described on line 12					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2000)	(1999)	(1998)	(1997)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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	(2000)	(1999)	(1998)	(1997)	
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 1997 through 2000, prepare a list for your records to show for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					NONE

THE NATIONAL CHILDREN'S

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) 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		

THE NATIONAL CHILDREN'S

Schedule A (Form 990 or 990-EZ) 2001 **CANCER SOCIETY, INC.**

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check a if the organization belongs to an affiliated group Check b if you checked "a" 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 - 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	
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 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
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) (See page 12 of the instructions)

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	Yes	No	Amount
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)			0.

Depreciation and Amortization
(Including Information on Listed Property) 990

2001

Attachment
Sequence No 67

▶ See separate instructions ▶ Attach to your tax 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 Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See instructions for a higher limit for certain businesses	1	24,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
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	
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	24,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	24,000.
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 2002. Add lines 9 and 10, less line 12	13	

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

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	28,048.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	
18	If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations see instr	22	28,048.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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 24a, 24b, 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)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b 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
25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

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
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 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
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use? Note If your answer to 37, 38, 39, 40, or 41 is "Yes," do 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
42 Amortization of costs that begins during your 2001 tax year					
43 Amortization of costs that began before your 2001 tax year					43
44 Total Add amounts in column (f) See instructions for where to report					44

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	220,403.	243,806.	0.	-23,403.
TO FORM 990, PART I, LINE 8	220,403.	243,806.	0.	-23,403.

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
VEHICLE DONATION PROGRAM	VARIOUS	VARIOUS	PURCHASED		
	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	1,838,296.	3,321,380.	0.	0.	-1483084.
TO FM 990, PART I, LN 8	1,838,296.	3,321,380.	0.	0.	-1483084.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	150,628.	111,893.	38,735.	39,536.	-801.
DUCK DASH	63,720.	63,720.		27,495.	-27,495.
MISCELLANEOUS	77,651.	77,651.		15,798.	-15,798.
WHEELS IN MOTION	8,050.	8,050.		564.	-564.
RAINBOW GIRLS	70,282.	70,282.		1,010.	-1,010.
HUMANITARIAN	444,599.	405,719.	38,880.	168,414.	-129,534.
SPORTSMEN EVENTS	5,600.	5,600.		10,929.	-10,929.
ILLINOIS CONCERT	10,399.	10,399.		3,059.	-3,059.
WALKATHON	15,842.	15,842.		16,365.	-16,365.
CHEESECAKE FACTORY	19,670.	10,775.	8,895.	80.	8,815.
TO FM 990, PART I, LINE 9	866,441.	779,931.	86,510.	283,250.	-196,740.

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

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENT ASSETS	-53,496.
PRIOR PERIOD ADJUSTMENT	-618,017.
TOTAL TO FORM 990, PART I, LINE 20	-671,513.

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
SHIPPING & PROCUREMENT	41,703.	41,703.		
INSURANCE	105,590.	69,858.	4,773.	30,959.
MISCELLANEOUS	67,943.	45,380.	2,993.	19,570.
DONOR SEARCH & INFORMATION	2,413,861.	2,413,861.		
PUBLIC RELATIONS	9,778.	8,800.		978.
PROFESSIONAL FEES	248,481.	116,759.	78,335.	53,387.
IN-KIND EXPENSES	193,629.	193,629.		
PRODUCTION SERVICES	6,687,165.		301,488.	6,385,677.
TOTAL TO FM 990, LN 43	9,768,150.	2,889,990.	387,589.	6,490,571.

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 PROGRAM ARE TO ENSURE THAT CHILDREN GET THE MEDICAL TREATMENT THEY NEED AND TO HELP PARENTS SO THEY CAN BE AVAILABLE FOR THEIR SICK CHILD. ALSO INCLUDES LETTING KIDS BE KIDS- A PROGRAM THAT MEETS THE PSYCHOLOGICAL NEEDS OF CHILDREN WITH CANCER BY FOSTERING SUPPORTIVE ENVIRONMENTS, OFFERING ENTERTAINING AND EDUCATIONAL ACTIVITIES, AND PROMOTING A SENSE OF NORMALCY IN THE LIVES OF OUR CHILDREN BATTLING CANCER.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		5,912,518.

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		513,901.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 8

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CASH CONTRIBUTIONS	VARIOUS	VARIOUS	NONE	2702434.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>2702434.</u>

FORM 990 NONCASH GRANTS AND ALLOCATIONS STATEMENT 9

CLASS OF ACTIVITY	DONEE'S NAME	DONEE'S ADDRESS
IN-KIND CONTRIBUTIONS	SEE ATTACHED STATEMENT 22	SEE ATTACHED STATEMENT 22

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.	14,520,453.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22		14,520,453.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 10

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES	375,150.				375,150.
TO 990, LN 54 COL B	375,150.				375,150.

FORM 990 GOVERNMENT SECURITIES STATEMENT 11

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US TREASURY NOTE	462,107.		462,107.
TOTAL TO FORM 990, LINE 54, COL B	462,107.		462,107.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
GROSS SALES VEHICLE DONATION PROGRAM	1,838,296.
TOTAL TO FORM 990, PART IV-A	<u>1,838,296.</u>

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 13

DESCRIPTION	AMOUNT
VEHICLE DONATION PROGRAM EXPENSE	1,483,084.
TOTAL TO FORM 990, PART IV-B	<u>1,483,084.</u>

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
NET SALES VEHICLE DONATION PROGRAM	355,212.
TOTAL TO FORM 990, PART IV-A	<u>355,212.</u>

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	PRESIDENT/CEO 40 PER WEEK	139,689.	20,953.	0.
MARK SLOCOMB ST. LOUIS, MO 63105	TREASURER 1-2 PER WEEK	0.	0.	0.
CHERYL WROTH-STEIN ST. LOUIS, MO 63131	BOARD MEMBER 1-2 PER WEEK	0.	0.	0.
SCOTT STRINGER ST. LOUIS, MO 63124	CHAIRMAN 1-2 PER WEEK	0.	0.	0.
DR. ROBERT SOHVAL HACKENSACK, NJ 07601	BOARD MEMBER 1-2 PER WEEK	0.	0.	0.
DAVID LOWE SAN FRANCISCO, CA 94111	BOARD MEMBER 1-2 PER WEEK	0.	0.	0.
MIKE RAYMOND ST LOUIS, MO 63122	VICE CHAIRMAN 1-2 PER WEEK	0.	0.	0.
CHARLES ANTON CHESTERFIELD, VA 23832	BOARD MEMBER 1-2 PER WEEK	0.	0.	0.
DAVID BERRY PARSIPPANY, NJ 07054	SECRETARY 1-2 PER WEEK	0.	0.	0.
SUE ENGELHARDT ST. LOUIS, MO 63124	BOARD MEMBER 1-2 PER WEEK	0.	0.	0.
ROBERT E. JONES ST LOUIS, MO 63101	BOARD MEMBER 1-2 PER WEEK	0.	0.	0.

DR. CARLOS A. PEREZ	BOARD MEMBER			
	1-2 PER WEEK	0.	0.	0.
ST LOUIS, MO 63108				
ERIC S. STANGE	BOARD MEMBER			
	1-2 PER WEEK	0.	0.	0.
ST LOUIS, MO 63101				
TOTALS INCLUDED ON FORM 990, PART V		<u>139,689.</u>	<u>20,953.</u>	<u>0.</u>

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	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
NET INCOME OR (LOSS) FROM SPECIAL EVENTS	0.	0.	0.	100,653.
LIST RENTAL INCOME	219,555.	376,171.	177,137.	72,356.
GAIN ON SALE OF ASSETS	0.	0.	0.	4,405.
TOTAL TO SCHEDULE A, LINE 22	<u>219,555.</u>	<u>376,171.</u>	<u>177,137.</u>	<u>177,414.</u>

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

Statement 18

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

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, sympathy, 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
- ◆ Promoting awareness of childhood cancer

International Program

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

National Children's Cancer Society
37-1227890

Statement of Schedule of Fixed Assets

Fiscal Year Ended 9/30/02

<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>
	204,740 00
A/D	<u>(149,994 00)</u>
Net Fixed Assets	<u><u>\$ 54,746 00</u></u>

The National Children's Cancer Society
Guidelines for Financial Assistance

Statement 20

- 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

NATIONAL CHILDREN'S CANCER SOCIETY
37 1227890

STATEMENT ~~23~~ NONCASH GRANTS AND ALLOCATIONS

FISCAL YEAR ENDED 9/30/02

Donee's Name	Donee's Address	Description of Property	Date of Gift	Amount Given
1 Centro de Hematologia e Oncologia Pediatrica CEHOPE	Rua Joaquim Inacio 187 Ilha do Leite CEP 50 070 270 Recife Pernambuco Brazil	Cancer fighting resources	2002	<u>996,225 14</u>
2 Fundacion Ayudame a Vivir Calle EL Carmen Pasaje Manuel Jose Arce	Frente A Villas Del Carmen, Colonia Escalon San Salvador El Salvador	Cancer fighting resources	2002	<u>1,026,261 18</u>
3 Unidad Nacional de Oncologia Pediatrica	Fundacion Ayudame a Vivir 17 Av 'A' 18 37 zona 10 Guatemala Ciudad Guatemala	Cancer fighting resources	2002	<u>264,543 50</u>
8 The Romania Society of Genito Urinary Disease	4 6 Cimicilor St 3400 Cluj Napoca ROMANIA	Cancer fighting resources	2002	<u>104,779 74</u>
10 Service d Hematologie et d'Oncologie Pediatricque	Hopital 20 acut Casablanca MOROCCO	Cancer fighting resources	2002	<u>466,907 99</u>
11 Maria Sklodowska Curie Children s Hospital	20 Constantin Brincoveanu Avenue Bucharest ROMANIA	Cancer fighting resources	2002	<u>1,321,249 83</u>
13 Fundacion Maria Gracia	Calle Primera 403 y Datiles (Urdosa) Guayaquil Guayas ECUADOR	Cancer fighting resources	2002	<u>126,783 09</u>

STATEMENT 23 - NONCASH GRANTS AND ALLOCATIONS

FISCAL YEAR ENDED 9/30/02

Donee's Name	Donee's Address	Description of Property	Date of Gift	Amount Given
14 AHTCA A C (Ayudame Hermano Tengo Cancer)	Calle Aguascalientes 123 Colonia Aguacatal CP 91130 Xalapa Veracruz MEXICO	Cancer fighting resources	2002	<u>111,902.18</u>
19 Department Of Pediatrics Mbarara University	P O Box 1410 Mbarara UGANDA	Cancer fighting resources	2002	<u>180,037.36</u>
20 The Syrian Cancer Society in Aleppo Aleppo Medical Care Centre Teshrine Boulevard - behind Sheihan Hospital	Aleppo - P O Box 3248 Ansari SYRIA	Cancer fighting resources	2002	<u>104,813.05</u>
21 Fundacion Nuestros Hijos	Enrique Matte 1538 San Miguel Santiago CHILE	Cancer fighting resources	2002	<u>990,524.72</u>
23 Fundacion Hondurena para el Nino con Cancer	Boulevard Suyapa Edif Suyapa #1116 Tegucigalpa HONDURAS	Cancer fighting resources	2002	<u>1,407,764.43</u>
24 Asociacion Venezolana de Padres de Ninos con Cancer Servicio de Oncologia Hospital de Ninos J M de los Rios	Avenida Volimer San Bernardino Caracas D F 1010 VENEZUELA	Cancer fighting resources	2002	<u>26,609.49</u>
29 The Mother and Child Health Care Institute of Serbia	8 Radio Dalka st 11070 Belgrade Serbia FR YUGOSLAVIA	Cancer fighting resources	2002	<u>378,766.98</u>

STATEMENT 23 - NONCASH GRANTS AND ALLOCATIONS

FISCAL YEAR ENDED 9/30/02

Donee's Name	Donee's Address	Description of Property	Date of Gift	Amount Given
30 Unite d Hemato Oncologie Pediatrique Hopital d'Enfants de Rabat	Rabat Maroc MOROCCO	Cancer fighting resources	2002	<u>274,258 94</u>
31 National Cancer Institute	43 Quan Su Street Hoan Kiem District Hanoi VIETNAM	Cancer fighting resources	2002	<u>629,230 00</u>
32 Shanghai Children's Medical Center	1678 Dong Fang Road Pudong Shanghai 200127 CHINA	Cancer fighting resources	2002	<u>1,770 00</u>
33 Instituto Oncologico del Oriente Boliviano Servicio de Pediatria del Hospital Oncologico Avenida Profesor Noel Kempff Mercado Ser Anillo Interno	Guapai Zona Equipetrol Santa Cruz BOLIVIA	Cancer fighting resources	2002	<u>1,502,069 34</u>
34 Liga Feminina de Combate ao Cancer	Rua Benjamin Constant 240 Ijuí Rio Grande Sul BRAZIL	Cancer fighting resources	2002	<u>1,571,453 29</u>
35 Asociacion de Padres contra el Cancer en ninos Clinica Infantil "Dr Robert Reid Cabral"	Santa Domingo DOMINICAN REPUBLIC	Cancer fighting resources	2002	<u>862,469 25</u>
36 AMANC Peninsular	Calle 1 B #273 loc 28 A Campestre Merida, Yucatan MEXICO	Cancer fighting resources	2002	<u>981,874 91</u>
37 Hospital Nacional de Ninos	Paseo Colon San Jose	Cancer fighting resources	2002	

STATEMENT 23 - NONCASH GRANTS AND ALLOCATIONS
 FISCAL YEAR ENDED 9/30/02

Donee's Name	Donee's Address	Description of Property	Date of Gift	Amount Given
	COSTA RICA			<u>858,750 00</u>
39 Fundacion Amigos Hospital del Nino de Panama	Avenida Balboa y Calle 34 Panama City PANAMA	Cancer fighting resources	2002	<u>4,890 97</u>
41 National Center of Oncology	92 Akhunbaeva Bishkek KYRGYZSTAN	Cancer fighting resources	2002	<u>170,498 06</u>
43 CONANCA Comision Nicaraguense de Ayuda al Nino con Cancer	Distribuidora Vicky 1 1/2 Cuadra Abajo Plaza Altamira Modulo IV Managua NICARAGUA	Cancer fighting resources	2002	<u>156,019 74</u>
	OVERALL TOTAL			<u>\$ 14,520,453 18</u>