

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year, or tax year period beginning OCT 1, 2002 and ending SEP 30, 2003

B Check if applicable. C Name of organization THE NATIONAL CHILDREN'S CANCER SOCIETY, INC. D Employer identification number 37-1227890 E Telephone number (314) 241-1600

G Web site WWW.CHILDREN-CANCER.COM J Organization type 501(c)(3) K Check here if the organization's gross receipts are normally not more than \$25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 37,783,503. M Check if the organization is not required to attach Sch B

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 a Gross rents; 6 b Less rental expenses; 6 c Net rental income or (loss); 7 Other investment income; 8 a Gross amount from sale of assets other than inventory; 8 b Less cost or other basis and sales expenses; 8 c Gain or (loss); 8 d Net gain or (loss); 9 Special events and activities; 10 a Gross sales of inventory, less returns and allowances; 10 b Less cost of goods sold; 10 c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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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

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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 \$2654862 . noncash \$23709571	22 26,364,433.	26,364,433.	STATEMENT 8	STATEMENT 9
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 157,871.	94,723.	31,574.	31,574.
26 Other salaries and wages	26 725,864.	480,854.	32,497.	212,513.
27 Pension plan contributions	27 117,546.	76,558.	8,522.	32,466.
28 Other employee benefits	28			
29 Payroll taxes	29 56,650.	36,896.	4,107.	15,647.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 17,255.	10,657.	2,079.	4,519.
34 Telephone	34 37,461.	24,398.	2,716.	10,347.
35 Postage and shipping	35 31,560.	20,555.	2,288.	8,717.
36 Occupancy	36 112,469.	73,251.	8,154.	31,064.
37 Equipment rental and maintenance	37 7,633.	4,972.	553.	2,108.
38 Printing and publications	38			
39 Travel	39 33,618.	21,896.	2,437.	9,285.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 27,232.	17,736.	1,974.	7,522.
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e SEE STATEMENT 5	43e 7,569,070.	2,170,825.	269,713.	5,128,532.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 35,258,662.	29,397,754.	366,614.	5,494,294.

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 \$ 6,886,742. (ii) the amount allocated to Program services \$ 1,711,920. .
 (iii) the amount allocated to Management and general \$ 188,331. and (iv) the amount allocated to Fundraising \$ 4,986,491.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 18	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 \$)	5,196,853.
b SEE STATEMENT 7 (Grants and allocations \$)	491,330.
c INTERNATIONAL PROGRAM - DISTRIBUTES DONATED PHARMACEUTICALS AND MEDICAL SUPPLIES TO PEDIATRIC ONCOLOGY FACILITIES IN LESS PRIVILEGED COUNTRIES. (Grants and allocations \$)	23,709,571.
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)	29,397,754.

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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	1,016,581.	46 620,508.
	47 a Accounts receivable	47a 57,947.	
	b Less allowance for doubtful accounts	47b	47c 57,947.
	48 a Pledges receivable	48a 106,628.	
	b Less allowance for doubtful accounts	48b 106,628.	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	100,315.	52 102,906.
	53 Prepaid expenses and deferred charges	11,327.	53 9,959.
	54 investments - securities STMT 10 STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	837,257.	54 830,472.
	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 STMT 19	57a 325,998.		
b Less accumulated depreciation	57b 190,144.	57c 135,854.	
58 Other assets (describe DEPOSITS)	100.	58 100.	
59 Total assets (add lines 45 through 58) (must equal line 74)	2,040,366.	59 1,757,746.	
Liabilities	60 Accounts payable and accrued expenses	853,907.	60 581,524.
	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)		65
66 Total liabilities (add lines 60 through 65)	853,907.	66 581,524.	
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	1,139,111.	67 1,108,117.
	68 Temporarily restricted	47,348.	68 68,105.
	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)	1,186,459.	73 1,176,222.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	2,040,366.	74 1,757,746.

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.

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Part VI Other Information		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? N/A	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 _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	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 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? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	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		
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 on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 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. Enter 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 Enter 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 17	90b	18
b	Number of employees employed in the pay period that includes March 12, 2002		
91	The books are in care of THE ORGANIZATION Telephone no (314) 241-1600		
	Located at 1015 LOCUST, SUITE 600, ST. LOUIS, MO ZIP + 4 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

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Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

	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	
93 Program service revenue					
a LIST RENTAL INCOME			15	340,725.	
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	682.	
96 Dividends and interest from securities			14	24,823.	
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	-1,006,576.	
101 Net income or (loss) from special events					-81,102.
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.		-640,346.	-81,102.
105 Total (add line 104, columns (B), (D), and (E))					-721,448.

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 page 32 of the instructions)

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 page 32 of the instructions)

(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 page 33 of the instructions)

- (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

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

4/14/12  Mark Stalzer
Date Type or print name and title

Check if

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2002

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	181,529.	27,229.	3,600.
M. SHERPENBERG ----- 1015 LOCUST ST, STE 600, ST LOUIS MO	INT'L DIR. 40 PER WEEK	69,619.	10,443.	
J. KOMANTESKY ----- 1015 LOCUST ST, STE 600, ST LOUIS MO	FAM SVCS DIR. 40 PER WEEK	57,340.	8,601.	

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 - ASK YOUR NEIGHBOR CAMPAIGN ----- 12770 COIT ROAD, SUITE 108, DALLAS, TX 75251	FUNDRAISING/EDUCATION-PAT/FAM SERV	216,537.
STEVE CRAMM & ASSOCIATES - DIRECT MAIL ----- 4401 FAIR LAKES CT, FAIRFAX, VA 22033	FUNDRAISING/EDUCATION-PAT/FAM SERV	4684173.
HERITAGE CORPORATION - TELEMARKETING ----- 22402 WILDWOOD AVE, N LITTLE ROCK, AR 72116	FUNDRAISING/EDUCATION-PAT/FAM SERV	1947791.

Total number of others receiving over \$50 000 for professional services ▶	0	

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

- 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)
- 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?
 - b Lending of money or other extension of credit?
 - c Furnishing of goods, services, or facilities?
 - d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990
 - e Transfer of any part of its income or assets?
- 3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)
- 4 Do you have a section 403(b) annuity plan for your employees?

	Yes	No
1		X
2a		X
2b		X
2c		X
2d	X	
2e		X
3		X
4		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. STAT 20

Part IV Reason for Non-Private Foundation Status (See pages 3 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)
- 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)

THE NATIONAL CHILDREN'S

Schedule A (Form 990 or 990-EZ) 2002 **CANCER SOCIETY, INC.**

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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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	29,801,385.	37,400,484.	33,570,990.	31,120,646.	131,893,505.
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	86,510.	86,830.	378,093.	111,994.	663,427.
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	28,983.	33,764.	53,308.	95,594.	211,649.
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	250,581.	219,555.	SEE STATEMENT 16 376,171.	177,137.	1,023,444.
23 Total of lines 15 through 22	30,167,459.	37,740,633.	34,378,562.	31,505,371.	133,792,025.
24 Line 23 minus line 17	30,080,949.	37,653,803.	34,000,469.	31,393,377.	133,128,598.
25 Enter 1% of line 23	301,675.	377,406.	343,786.	315,054.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 2,662,572.
	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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. 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 133,128,598.
	d Add Amounts from column (e) for lines	18 211,649.	19		26d 1,235,093.
		22 1,023,444.	26b		26e 131,893,505.
	e Public support (line 26c minus line 26d total)				26f 99.0723%
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26g
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
	(2001)	(2000)	(1999)	(1998)	
	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
	(2001)	(2000)	(1999)	(1998)	
	c Add Amounts from column (e) for lines				27c N/A
	15	16	17	20	21
	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 1998 through 2001, 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

THE NATIONAL CHILDREN'S

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

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

		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)		
<hr/>			
<hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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)	32d	
<hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above please explain (if you need more space, attach a separate statement)	33h	
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ 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	
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 2001 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003 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 qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	27,232.

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 2002	17	
18	If you are electing under section 168(i)(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 2002 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 2002 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	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	27,232.
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 qualified listed property placed in service during the tax year 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 2002 tax year					
43 Amortization of costs that began before your 2002 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	310,638.	339,006.	0.	-28,368.
TO FORM 990, PART I, LINE 8	310,638.	339,006.	0.	-28,368.

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	NET GAIN OR (LOSS)
VEHICLE DONATION	VARIOUS	VARIOUS	PURCHASED	
	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	1,171,945.	2,150,153.	0.	0.
TO FM 990, PART I, LN 8	1,171,945.	2,150,153.	0.	0.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	150,696.	95,600.	55,096.	70,639.	-15,543.
DUCK DASH	70,234.	70,234.		24,124.	-24,124.
MISCELLANEOUS	64,411.	64,411.		15,707.	-15,707.
WHEELS IN MOTION	6,985.	6,985.		627.	-627.
RAINBOW GIRLS	62,773.	62,773.		1,514.	-1,514.
SPORTSMEN EVENTS	15,102.	15,102.		1,614.	-1,614.
ILLINOIS CONCERT	15,946.	15,946.		2,783.	-2,783.
WALKATHON	61,641.	61,641.		19,180.	-19,180.
CHEESECAKE FACTORY	9,135.	9,135.		10.	-10.
TO FM 990, PART I, LINE 9	456,923.	401,827.	55,096.	136,198.	-81,102.

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

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENT ASSETS	90,279.
TOTAL TO FORM 990, PART I, LINE 20	90,279.

FORM 990	OTHER EXPENSES			STATEMENT 5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
SHIPPING & PROCUREMENT	18,852.	18,852.		
INSURANCE	109,560.	71,356.	7,943.	30,261.
MISCELLANEOUS	73,675.	30,721.	3,379.	39,575.
FAMILY SERVICES AND EDUCATION	1,711,920.	1,711,920.		
PUBLIC RELATIONS	5,150.	4,635.		515.
PROFESSIONAL FEES	301,386.	159,636.	70,060.	71,690.
IN-KIND EXPENSES	173,705.	173,705.		
PRODUCTION SERVICES	5,174,822.		188,331.	4,986,491.
TOTAL TO FM 990, LN 43	7,569,070.	2,170,825.	269,713.	5,128,532.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE ONE

DIVISION OF PATIENT AND FAMILY SERVICES/SUPPLEMENTAL FAMILY SUPPORT - 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		5,196,853.

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		491,330.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 8

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CASH CONTRIBUTIONS	VARIOUS	VARIOUS	NONE	2654862.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22 2654862.

FORM 990 NONCASH GRANTS AND ALLOCATIONS STATEMENT 9

<u>CLASS OF ACTIVITY</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>
IN-KIND CONTRIBUTIONS	SEE ATTACHED STATEMENT 21	SEE ATTACHED STATEMENT 21

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	CANCER FIGHTING MEDICATIONS & EQUIPMENT	

METHOD USED TO DETERMINE BOOK VALUE

FMV

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
	0.	23,709,571.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22	<u>23,709,571.</u>
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FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 10

<u>SECURITY DESCRIPTION</u>	<u>CORPORATE STOCKS</u>	<u>CORPORATE BONDS</u>	<u>OTHER PUBLICLY TRADED SECURITIES</u>	<u>OTHER SECURITIES</u>	<u>TOTAL NON-GOV'T SECURITIES</u>
EQUITY SECURITIES	438,724.				438,724.
TO 990, LN 54 COL B	<u>438,724.</u>				<u>438,724.</u>

FORM 990 GOVERNMENT SECURITIES STATEMENT 11

<u>DESCRIPTION</u>	<u>U.S. GOVERNMENT</u>	<u>STATE AND LOCAL GOV'T</u>	<u>TOTAL GOV'T SECURITIES</u>
US TREASURY NOTE	391,748.		391,748.
TOTAL TO FORM 990, LINE 54, COL B	<u>391,748.</u>		<u>391,748.</u>

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	12
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DESCRIPTION	AMOUNT
GROSS SALES VEHICLE DONATION PROGRAM	1,171,945.
TOTAL TO FORM 990, PART IV-A	1,171,945.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	13
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DESCRIPTION	AMOUNT
VEHICLE DONATION PROGRAM EXPENSE	978,208.
TOTAL TO FORM 990, PART IV-B	978,208.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	14
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DESCRIPTION	AMOUNT
NET SALES VEHICLE DONATION PROGRAM	193,737.
TOTAL TO FORM 990, PART IV-A	193,737.

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	157,871.	23,681.	0.
MARK SLOCOMB ST. LOUIS, MO 63105	SECRETARY/TREASURER 1-2 PER WEEK	0.	0.	0.
CHERYL WROTH-STEIN ST. LOUIS, MO 63105	BOARD MEMBER 1-2 PER WEEK	0.	0.	0.
SCOTT STRINGER ST. LOUIS, MO 63143	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 WACO, TX 76712	BOARD MEMBER 1-2 PER WEEK	0.	0.	0.
CHARLES ANTON PETERSBURG, VA 23805	BOARD MEMBER 1-2 PER WEEK	0.	0.	0.
DAVID BERRY PARSIPPANY, NJ 07054	BOARD MEMBER 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	VICE CHAIRMAN 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				
ANN MARR	BOARD MEMBER 1-2 PER WEEK	0.	0.	0.
ST. LOUIS, MO 63043				
TIMOTHY R MCFADDEN	BOARD MEMBER 1-2 PER WEEK	0.	0.	0.
ST. LOUIS, MO 63102				
MICHAEL F NEIDORFF	BOARD MEMBER 1-2 PER WEEK	0.	0.	0.
CLAYTON, MO 63105				

TOTALS INCLUDED ON FORM 990, PART V

157,871.	23,681.	0.
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SCHEDULE A OTHER INCOME STATEMENT 16

DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
LIST RENTAL INCOME	250,581.	219,555.	376,171.	177,137.
TOTAL TO SCHEDULE A, LINE 22	250,581.	219,555.	376,171.	177,137.

The National Children's Cancer Society, Inc
STATEMENT 17

LIST OF STATES WHERE 990 IS FILED

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Florida
Georgia
Illinois
Indiana
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
New Hampshire
New Jersey
New Mexico
New York
North Carolina
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Utah
Virginia
Washington
West Virginia
Wisconsin

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 14- Schedule of Fixed Assets

Fiscal Year Ended 9/30/03

<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	3,979 00
2002 Equipment	<u>121,258 00</u>
	325,998 00
A/D	<u>(190,144 00)</u>
Net Fixed Assets	<u>\$ 135,854 00</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

STATEMENT 2] NONCASH GRANTS AND ALLOCATIONS
 FISCAL YEAR ENDED 9/30/03

FACILITY	FACILITY'S ADDRESS	DISCRIPTION OF PROPERTY	DATE OF GIFT	
Brazil	Nucleo de Apoio a Crianca com Cancer - NACC Rua do Futuro 855 Afritos CEP 52 050-010 Recife - Pernambuco BRAZIL CGC ~ 105540426/0001-40	Cancer fighting resources	2003	<u>1,352,721 57</u>
El Salvador	Liga Feminina de Combate ao Cancer Rua Floriano Peixoto 159 (Fundos) Ijuí, RS 98700-000 BRAZIL	Cancer fighting resources	2003	<u>148,936 45</u>
Guatemala	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	2003	<u>350,823 57</u>
Paraguay	Fundacion ASOLEU Jovenes Por La Democracia y Calle 1 San Lorenzo PARAGUAY	Cancer fighting resources	2003	<u>6,044 68</u>
Romania - Cluj	Romanian Society of Genito Urinary Disease 4-6 Clinicilor St Cluj-Napoca ROMANIA	Cancer fighting resources	2003	<u>3,423 80</u>
Morocco	Hopital 20 aout 1953 Service d'Hematologie et d'Oncologie Pediatrique Casablanca, MOROCCO	Cancer fighting resources	2003	<u>2,793,278 99</u>
Romania - Curie	Mana Sklodowska - Curie Children's Hospital 20 Constantin Brincoveanu Avenue	Cancer fighting		

FACILITY	FACILITY'S ADDRESS	DISCRPTION OF PROPERTY	DATE OF GIFT	PROPERTY
Xalapa	Bucharest ROMANIA AHTECA A C (Ayudame Hermano, Tengo Cancer) Calle Aguascalientes 123 Colonia Aguacatal CP 91130 Xalapa, Veracruz MEXICO	resources	2003	<u>198,760 76</u>
Uganda	Mbarara University Department of Pediatrics PO Box 1410 Mbarara UGANDA	Cancer fighting resources	2003	<u>11,144 95</u>
Chile	Fundacion Nuestros Hijos Enrique Matte 1538 San Miguel Santiago CHILE	Cancer fighting resources	2003	<u>131,417 04</u>
Honduras	Nubia Mendoza de Zuniga Rene' Stefan, MD Fundacion Hondurena para el Nino con Cancer Boulevard Suyapa Edif-Suyapa #1116 Tegucigalpa HONDURAS	Cancer fighting resources	2003	<u>1,423,691 81</u>
Venezuela	Asociacion Venezolana de Padres de Ninos con Cancer Servicio de Oncologia Hospital de Ninos J M de los Rios Avenida Vollmer San Bernardino Caracas D F 1010 VENEZUELA	Cancer fighting resources	2003	<u>829,639 64</u>
Jordan	King Hussein Cancer Center POBox 1269, Al-Jubeiha Amman 11941, Jordan	Cancer fighting resources	2003	<u>797,141 37</u>
Serbia	Mother & Child Healthcare Institute of Serbia 8 Radoja Dakica Street	Cancer fighting resources	2003	<u>157,408 61</u>

FACILITY	FACILITY'S ADDRESS	DISCRPTION OF PROPERTY	DATE OF GIFT	
Morocco	11070 Belgrade, Serbia Fr Yugoslavia	Unite d'Hemato-Oncologie Hopital d'Enfants de Rabat Rabat, Maroc Morocco	2003	<u>38,871 45</u>
Boliva	Instituto Oncologico del Oriente Boliviano Servicio de Pediatria del Hospital Oncologico Avenida Profesor Noel Kempff Mercado - 3er Anillo Interno Guapai - Zona Equipetroi Santa Cruz BOLIVIA	Cancer fighting resources	2003	<u>237,849 89</u>
Dominican Republic	"Asociacion de Padres contra el Cancer en ninos Clinica Infantil "Dr Robert Reid Cabral" Ave Abraham Lincoln No 6 La Feria Santo Domingo DOMINICAN REPUBLIC	Cancer fighting resources	2003	<u>6,044 68</u>
Mexico-Yucatan	Asociacion Mexicana de Ayuda a Ninos con Cancer AMANC (A C) Calle 1-B #273 loc 28-A Campestre Merida Yucatan Mexico	Cancer fighting resources	2003	<u>510,604 60</u>
Costa Rica	Hospital Nacional de Ninos Paseo Colon San Jose COSTA RICA	Cancer fighting resources	2003	<u>22,289 90</u>
Panama	Foundation for Kids with Leukemia and Cancer / Fundacion Amigos Hospital del Nino de Panama Avenida Balboa, Calle 34, Calidonia Panama City PANAMA	Cancer fighting resources	2003	<u>3,714 98</u>
Colombia	Organization Padres Ninos Cancer/OPNICER-COLOMBIA Calle 141 15-30 310 Bogota DC COLOMBIA	Cancer fighting resources	2003	<u>11,431 40</u>

FACILITY	FACILITY'S ADDRESS	DISCRPTION OF PROPERTY	DATE OF GIFT	
Kyrgystan	National Center for Oncology c/o Public Charity Foundation for Parents "Happiness for Children" 17a/15 Skryabina St Bishkek, KYRGYZSTAN Republic	Cancer fighting resources	2003	<u>3,390,140.49</u>
Nicaragua	Comision Nicaraguense de Ayuda al Nino con Cancer Hospital Infantil Manuel de Jesus Rivera Plaza Altamira Modulo IV Managua NICARAGUA	Cancer fighting resources	2003	<u>377,270.70</u>
India	Tata Memorial Hospital Dr Ernest Borges Road, Parel Mumbai, Maharashtra INDIA	Cancer fighting resources	2003	<u>1,501,250.39</u>
Armenia	The Society to Help Children with Cancer (SHCC) 43 Pushkin Str, apt 62 Yerevan 375002 REPUBLIC OF ARMENIA	Cancer fighting resources	2003	<u>37,149.84</u>
Phillipines	Missionaries of the Poor, Sisters C/O Regina Coeli Formation Center 18 Solid Street, Dayandang Naga City, 4400 PHILIPPINES	Cancer fighting resources	2003	<u>8,910,519.54</u>
TOTAL				23,709,571.11