

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)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning OCT 1, 2004 and ending SEP 30, 2005

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: THE NATIONAL CHILDREN'S CANCER SOCIETY, INC. D Employer identification number: 37-1227890. E Telephone number: (314) 241-1600. F Accounting method: Accrual.

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

G Website: WWW.NATIONALCHILDRENCANCERSOCIETY.COM

J Organization type: 501(c)(3)

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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 39,930,398.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? N/A. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, 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 on securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income; 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9a Gross revenue from special events; 9b Less: direct expenses; 9c Net income from special events; 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 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); 19 Net assets at beginning; 20 Other changes; 21 Net assets at end.

13-16

**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. Page 2

| 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 \$ 3428930. noncash \$ 26163481.) | 29,592,411. | 29,592,411. | STATEMENT 6 | STATEMENT 7 |
| 23 | Specific assistance to individuals (attach schedule) | | | | |
| 24 | Benefits paid to or for members (attach schedule) | | | | |
| 25 | Compensation of officers, directors, etc. | 189,164. | 113,498. | 37,833. | 37,833. |
| 26 | Other salaries and wages | 834,433. | 547,541. | 59,716. | 227,176. |
| 27 | Pension plan contributions | 61,316. | 39,598. | 5,843. | 15,875. |
| 28 | Other employee benefits | | | | |
| 29 | Payroll taxes | 71,079. | 45,903. | 6,774. | 18,402. |
| 30 | Professional fundraising fees | | | | |
| 31 | Accounting fees | | | | |
| 32 | Legal fees | | | | |
| 33 | Supplies | 26,167. | 15,203. | 4,869. | 6,095. |
| 34 | Telephone | 29,854. | 19,280. | 2,845. | 7,729. |
| 35 | Postage and shipping | 44,353. | 28,643. | 4,227. | 11,483. |
| 36 | Occupancy | 131,012. | 84,608. | 12,485. | 33,919. |
| 37 | Equipment rental and maintenance | 13,639. | 8,808. | 1,300. | 3,531. |
| 38 | Printing and publications | | | | |
| 39 | Travel | | | | |
| 40 | Conferences, conventions, and meetings | 33,018. | 21,323. | 3,147. | 8,548. |
| 41 | Interest | | | | |
| 42 | Depreciation, depletion, etc. (attach schedule) | 74,878. | 48,356. | 7,136. | 19,386. |
| 43 | Other expenses not covered above (itemize): | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | SEE STATEMENT 5 | 8,086,950. | 1,769,451. | 309,538. | 6,007,961. |
| 44 | Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15. | 39,188,274. | 32,334,623. | 455,713. | 6,397,938. |

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 \$ **7,085,740.**; (ii) the amount allocated to Program services \$ **1,240,236.**; (iii) the amount allocated to Management and general \$ **253,952.**; and (iv) the amount allocated to Fundraising \$ **5,591,552.**

Part III Statement of Program Service Accomplishments

| What is the organization's primary exempt purpose? ▶ | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others) |
|--|--|
| SEE STATEMENT 17 | |
| a SEE STATEMENT 14 | |
| (Grants and allocations \$ 3,428,930.) | 5,677,635. |
| b SEE STATEMENT 15 | |
| (Grants and allocations \$) | 493,507. |
| c GLOBAL OUTREACH PROGRAM - DISTRIBUTES DONATED PHARMACEUTICALS AND MEDICAL SUPPLIES TO PEDIATRIC ONCOLOGY FACILITIES IN LESS PRIVILEGED COUNTRIES. | |
| (Grants and allocations \$ 26,163,481.) | 26,163,481. |
| 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) | 32,334,623. |

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 54,487. |
| | 46 Savings and temporary cash investments | 304,068. | 46 436,746. |
| | 47 a Accounts receivable | 47a 339,858. | |
| | b Less: allowance for doubtful accounts | 47b | 47c 339,858. |
| | 48 a Pledges receivable | 48a 616,008. | |
| | b Less: allowance for doubtful accounts | 48b 477,018. | 48c 138,990. |
| | 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 | 63,513. | 52 47,834. |
| | 53 Prepaid expenses and deferred charges | 12,110. | 53 47,099. |
| | 54 Investments - securities STMT 8 STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 800,698. | 54 641,336. |
| | 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 18 | 57a 453,551. | | |
| b Less: accumulated depreciation | 57b 322,265. | 57c 131,286. | |
| 58 Other assets (describe ▶ DEPOSITS) | 100. | 58 100. | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | 1,938,624. | 59 1,837,736. | |
| Liabilities | 60 Accounts payable and accrued expenses | 720,972. | 60 1,002,993. |
| | 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 ▶ UNEARNED ROYALTY INCOME) | 27,856. | 65 0. |
| 66 Total liabilities (add lines 60 through 65) | 748,828. | 66 1,002,993. | |
| 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 | 1,188,281. | 67 834,743. |
| | 68 Temporarily restricted | 1,515. | 68 0. |
| | 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) | 1,189,796. | 73 834,743. |
| | 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | 1,938,624. | 74 1,837,736. |

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

| Part VI Other Information | | 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 <input type="checkbox"/> 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 If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | 85b | |
| c | Dues, assessments, and similar amounts from members 85c N/A | | |
| d | Section 162(e) lobbying and political expenditures 85d N/A | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A | 85g | |
| 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? N/A | 85h | |
| 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 <input type="text" value="0."/> ; section 4912 <input type="text" value="0."/> ; section 4955 <input type="text" value="0."/> | | |
| 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 <input type="text" value="SEE STATEMENT 16"/> | | |
| b | Number of employees employed in the pay period that includes March 12, 2004 90b 19 | | |
| 91 | The books are in care of <input type="text" value="THE ORGANIZATION"/> Telephone no. <input type="text" value="(314) 241-1600"/> | | |

Located at ZIP + 4

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 N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclu- sion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a LIST RENTAL INCOME | | | 15 | 377,196. | |
| 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 | 942. | |
| 96 Dividends and interest from securities | | | 14 | 8,675. | |
| 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 | -148,553. | |
| 101 Net income or (loss) from special events | | | | | -179,328. |
| 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. | | 238,260. | -179,328. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 58,932. |

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 34 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 34 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 34 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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 3/16/06 Type or print name and title: Mark Solze President

Paid Preparer's Use Only: Preparer's signature: *Melanie K Sucke* Date: 3.16.06 Check if self-employed: Preparer's SSN or PTIN: P00137199

Firm's name (or yours if self-employed), address, and ZIP + 4: CBIZ ACCOUNTING, TAX & ADVISORY SERVICES 11440 TOMAHAWK CREEK PARKWAY LEAWOOD, KANSAS 66211 EIN: 34-1874260 Phone no.: (913) 234-1000

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

2004

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 |
|---|--|------------------|---|--|
| <u>M. SCHERPENBERG</u> ----- ST. LOUIS, MO 63101 | VP GLOBAL 40 | 77,019. | 11,553. | 0. |
| <u>J. KOMANTESKY</u> ----- ST. LOUIS, MO 63101 | VP PAT & FAM 40 | 66,072. | 9,911. | 0. |
| <u>P. VIVEROS</u> ----- ST. LOUIS, MO 63101 | VP DEVELMNT 40 | 67,310. | 0. | 0. |
| <u>T. BROWNE</u> ----- ST. LOUIS, MO 63101 | SPECIAL EVNTS 40 | 54,990. | 0. | 0. |
| ----- ----- | | | | |
| Total number of other employees paid over \$50,000 ▶ | 0 | | | |

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

(See 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 |
|---|--|------------------|
| <u>FTI - ASK YOUR NEIGHBOR CAMPAIGN</u> ----- DALLAS, TX 75251 | FUNDRAISING/EDUCA TION-PAT/FAM SERV | 244,837. |
| <u>STEVE CRAMM & ASSOCIATES - DIRECT MAIL</u> ----- FAIRFAX, VA 22033 | FUNDRAISING/EDUCA TION-PAT/FAM SERV | 4853696. |
| <u>HERITAGE CORPORATION - TELEMARKETING</u> ----- N LITTLE ROCK, AR 72116 | FUNDRAISING/EDUCA TION-PAT/FAM SERV | 1905218. |
| ----- ----- | | |
| 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 \blacktriangleright \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i 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 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) | X | |
| b Do you have a section 403(b) annuity plan for your employees? | | X |
| 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | | X |
| b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? | | X |

STMT 19

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 \blacktriangleright _____
- 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

| 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) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | (e) Total |
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 37,886,305. | 35,879,594. | 29,801,385. | 37,400,484. | 140,967,768. |
| 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 | 26,084. | 55,096. | 86,510. | 86,830. | 254,520. |
| 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 | 14,509. | 25,505. | 28,983. | 33,764. | 102,761. |
| 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 | 465,854. | 340,725. | SEE STATEMENT 13 250,581. | 219,555. | 1,276,715. |
| 23 Total of lines 15 through 22 | 38,392,752. | 36,300,920. | 30,167,459. | 37,740,633. | 142,601,764. |
| 24 Line 23 minus line 17 | 38,366,668. | 36,245,824. | 30,080,949. | 37,653,803. | 142,347,244. |
| 25 Enter 1% of line 23 | 383,928. | 363,009. | 301,675. | 377,406. | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | | | | | 26a 2,846,945. |
| 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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b 40,398,688. |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c 142,347,244. |
| d Add: Amounts from column (e) for lines: 18 102,761. 19 _____ 22 1,276,715. 26b 40,398,688. | | | | | 26d 41,778,164. |
| e Public support (line 26c minus line 26d total) | | | | | 26e 100,569,080. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 70.6505% |
| 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 (2003) (2002) (2001) (2000) | | | | | |
| 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 (2003) (2002) (2001) (2000) | | | | | |
| 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 2000 through 2003, 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. | | | | | |

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/> <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/> <hr/> <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/> <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 | |

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) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | |
| 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 11 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:

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

| Yes | No | Amount |
|-----|----|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 0. |

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

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 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 | 102,000. |
| 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 | 410,000. |
| 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 the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2003 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 2005. 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 | 74,878. |

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 2004 | 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 2004 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 2004 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 | 74,878. |
| 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.

| | | |
|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 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 2004 tax year. | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2004 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See instructions for where to report | | | | | 44 |

| DESCRIPTION | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | NET GAIN OR (LOSS) |
|-----------------------------|----------------------|------------------------|--------------------|-----------------------|
| TRADING SECURITIES | 483,967. | 435,785. | 0. | 48,182. |
| TO FORM 990, PART I, LINE 8 | 483,967. | 435,785. | 0. | 48,182. |

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

| DESCRIPTION | DATE | DATE | METHOD | NET GAIN OR (LOSS) |
|-------------------------|-------------|-------------|----------|-----------------------|
| | ACQUIRED | SOLD | ACQUIRED | |
| VEHICLE DONATION | VARIOUS | VARIOUS | DONATED | |
| | GROSS | COST OR | EXPENSE | |
| NAME OF BUYER | SALES PRICE | OTHER BASIS | OF SALE | DEPREC |
| | 276,017. | 472,752. | 0. | 0. |
| TO FM 990, PART I, LN 8 | 276,017. | 472,752. | 0. | 0. |

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

| DESCRIPTION OF EVENT | GROSS RECEIPTS | CONTRIBUT. INCLUDED | GROSS REVENUE | DIRECT EXPENSES | NET INCOME |
|---------------------------|-------------------|------------------------|------------------|--------------------|---------------|
| GOLF TOURNAMENTS | 166,439. | 129,804. | 36,635. | 99,274. | -62,639. |
| DUCK DASH | 41,767. | 41,767. | | 19,528. | -19,528. |
| MISCELLANEOUS | 46,867. | 46,867. | | 9,511. | -9,511. |
| RAINBOW GIRLS | 57,207. | 57,207. | | | 0. |
| WALKATHON | 27,564. | 27,564. | | 14,523. | -14,523. |
| HUMANITARIAN | 304,750. | 304,750. | | 65,783. | -65,783. |
| ARKANSAS WALK | 3,664. | 3,664. | | 3,295. | -3,295. |
| ILLINOIS CONCERT | 11,547. | 11,547. | | 2,913. | -2,913. |
| PENN SCHOOL DISTRICT | 91,422. | 91,422. | | | 0. |
| MARTHAS MILES | 11,698. | 11,698. | | 1,136. | -1,136. |
| TO FM 990, PART I, LINE 9 | 762,925. | 726,290. | 36,635. | 215,963. | -179,328. |

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

| DESCRIPTION | AMOUNT |
|--------------------------------------|---------|
| UNREALIZED GAIN ON INVESTMENT ASSETS | 27,323. |
| TOTAL TO FORM 990, PART I, LINE 20 | 27,323. |

FORM 990 **OTHER EXPENSES** **STATEMENT 5**

| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
|----------------------------------|-------------------|----------------------------|----------------------------------|--------------------|
| SHIPPING & PROCUREMENT | 10,207. | 10,207. | | |
| INSURANCE | 109,604. | 70,782. | 10,445. | 28,377. |
| MISCELLANEOUS | 56,565. | 36,590. | 5,422. | 14,553. |
| FAMILY SERVICES AND EDUCATION | 1,240,235. | 1,240,235. | | |
| PUBLIC RELATIONS | 5,000. | 3,750. | 750. | 500. |
| PROFESSIONAL FEES | 408,905. | 264,071. | 38,969. | 105,865. |
| IN-KIND EXPENSES | 143,816. | 143,816. | | |
| PRODUCTION SERVICES | 5,845,505. | | 253,952. | 5,591,553. |
| CAUSE RELATED MARKETING | 267,113. | | | 267,113. |
| TOTAL TO FM 990, LN 43 | 8,086,950. | 1,769,451. | 309,538. | 6,007,961. |

FORM 990 **CASH GRANTS AND ALLOCATIONS** **STATEMENT 6**

| CLASSIFICATION | DONEE'S NAME | DONEE'S ADDRESS | DONEE'S RELATIONSHIP | AMOUNT |
|---|--------------|-----------------|-------------------------|-----------------|
| CASH GRANTS | VARIOUS | VARIOUS | NONE | 3428930. |
| TOTAL INCLUDED ON FORM 990, PART II, LINE 22 | | | | 3428930. |

FORM 990 NONCASH GRANTS AND ALLOCATIONS STATEMENT 7

| | | |
|--------------------------|---------------------------|---------------------------|
| <u>CLASS OF ACTIVITY</u> | <u>DONEE'S NAME</u> | <u>DONEE'S ADDRESS</u> |
| IN-KIND CONTRIBUTIONS | SEE ATTACHED STATEMENT 20 | SEE ATTACHED STATEMENT 20 |

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

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. | 26,163,481. |

| | |
|--|-------------|
| TOTAL INCLUDED ON FORM 990, PART II, LINE 22 | 26,163,481. |
|--|-------------|

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

| <u>SECURITY DESCRIPTION</u> | <u>COST/FMV</u> | <u>CORPORATE STOCKS</u> | <u>CORPORATE BONDS</u> | <u>OTHER PUBLICLY TRADED SECURITIES</u> | <u>TOTAL NON-GOV'T SECURITIES</u> |
|-----------------------------|-----------------|-------------------------|------------------------|---|-----------------------------------|
| EQUITY SECURITIES | FMV | 507,496. | | | 507,496. |
| TO FORM 990, LINE 54, COL B | | 507,496. | | | 507,496. |

FORM 990 GOVERNMENT SECURITIES STATEMENT 9

| <u>DESCRIPTION</u> | <u>COST/FMV</u> | <u>U.S. GOVERNMENT</u> | <u>STATE AND LOCAL GOV'T</u> | <u>TOTAL GOV'T SECURITIES</u> |
|-----------------------------------|-----------------|------------------------|------------------------------|-------------------------------|
| US TREASURY NOTE | FMV | 133,840. | | 133,840. |
| TOTAL TO FORM 990, LINE 54, COL B | | 133,840. | | 133,840. |

| | | |
|----------|---|--------------|
| FORM 990 | OTHER EXPENSES NOT INCLUDED ON FORM 990 | STATEMENT 10 |
|----------|---|--------------|

| DESCRIPTION | AMOUNT |
|--|----------|
| NET ACTIVITY FROM VEHICLE DONATION PROGRAM | 196,735. |
| TOTAL TO FORM 990, PART IV-B | 196,735. |

| | | |
|----------|------------------------------------|--------------|
| FORM 990 | OTHER REVENUE INCLUDED ON FORM 990 | STATEMENT 11 |
|----------|------------------------------------|--------------|

| DESCRIPTION | AMOUNT |
|--|-----------|
| NET ACTIVITY FROM VEHICLE DONATION PROGRAM | -196,735. |
| TOTAL TO FORM 990, PART IV-A | -196,735. |

| | | |
|----------|---|--------------|
| FORM 990 | PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES | STATEMENT 12 |
|----------|---|--------------|

| 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 | 189,164. | 28,375. | 0. |
| MARK SLOCOMB ST. LOUIS, MO 63105 | VICE CHAIRMAN 1-2 PER WEEK | 0. | 0. | 0. |
| CHERYL WROTH-STEIN ST. LOUIS, MO 63105 | BOARD MEMBER 1-2 PER WEEK | 0. | 0. | 0. |
| CHARLES ANTON RICHMOND, VA 23236 | BOARD MEMBER 1-2 PER WEEK | 0. | 0. | 0. |
| SUE ENGELHARDT ST. LOUIS, MO 63124 | SECRETARY/TREASURER 1-2 PER WEEK | 0. | 0. | 0. |

| | | | | |
|-------------------------------------|--------------|-----------------|----------------|-----------|
| ROBERT E. JONES | CHAIRMAN | | | |
| ST. LOUIS, MO 63101 | 1-2 PER WEEK | 0. | 0. | 0. |
| ERIC S. STANGE | BOARD MEMBER | | | |
| ST. LOUIS, MO 63101 | 1-2 PER WEEK | 0. | 0. | 0. |
| ANN MARR | BOARD MEMBER | | | |
| ST. LOUIS, MO 63043 | 1-2 PER WEEK | 0. | 0. | 0. |
| TIMOTHY R MCFADDEN | BOARD MEMBER | | | |
| ST. LOUIS, MO 63102 | 1-2 PER WEEK | 0. | 0. | 0. |
| MICHAEL F NEIDORFF | BOARD MEMBER | | | |
| CLAYTON, MO 63105 | 1-2 PER WEEK | 0. | 0. | 0. |
| SCOTT MACLELLAN | BOARD MEMBER | | | |
| ATLANTA, GA 30342 | 1-2 PER WEEK | 0. | 0. | 0. |
| LAURA H. REEVES | BOARD MEMBER | | | |
| ST. LOUIS, MO 63118 | 1-2 PER WEEK | 0. | 0. | 0. |
| AL WIMAN | BOARD MEMBER | | | |
| ST. LOUIS, MO 63103 | 1-2 PER WEEK | 0. | 0. | 0. |
| CONRAD TUZA | BOARD MEMBER | | | |
| CHARLESTON, SC 29407 | 1-2 PER WEEK | 0. | 0. | 0. |
| HARRY MUELLER | BOARD MEMBER | | | |
| ST. LOUIS, MO 63144 | 1-2 PER WEEK | 0. | 0. | 0. |
| MARIA TAXMAN | BOARD MEMBER | | | |
| ST. LOUIS, MO 63105 | 1-2 PER WEEK | 0. | 0. | 0. |
| GERALD DANIELS | BOARD MEMBER | | | |
| CHESTERFIELD, MO 63005 | 1-2 PER WEEK | 0. | 0. | 0. |
| TOTALS INCLUDED ON FORM 990, PART V | | <u>189,164.</u> | <u>28,375.</u> | <u>0.</u> |

| SCHEDULE A | OTHER INCOME | | | STATEMENT 13 |
|------------------------------|----------------|----------------|----------------|----------------|
| DESCRIPTION | 2003 AMOUNT | 2002 AMOUNT | 2001 AMOUNT | 2000 AMOUNT |
| LIST RENTAL INCOME | 465,854. | 340,725. | 250,581. | 219,555. |
| TOTAL TO SCHEDULE A, LINE 22 | 465,854. | 340,725. | 250,581. | 219,555. |

Program Service 1
Patient and Family Services

The National Children's Cancer Society, through its Patient and Family Services division, offers programs that provide a range of services responsive to the needs of children with cancer and their families.

The Pediatric Oncology Program: building bridges to children's health

The goal of the Pediatric Oncology Program is to help every child with cancer in need of assistance. We accomplish this by providing financial assistance, emotional support, advocacy, and education. The Pediatric Oncology Program truly bridges the gap in services for our families so they can focus where they should—on their children.

Beyond the Cure: life after diagnosis

An individual is considered a cancer survivor from the time of diagnosis through the balance of his or her life. The goal of the Beyond the Cure Program is to help childhood cancer survivors integrate the cancer experience into their new lives as survivors, to educate survivors and their families about the late effects related to diagnosis and treatment, and to celebrate survivorship.

The Letting Kids Be Kids Program: keeping kids connected

The goal of Letting Kids Be Kids is to meet the psychosocial needs of children with cancer. At The National Children's Cancer Society, we meet this goal by fostering supportive environments; offering entertaining and educational activities, and promoting a sense of normalcy in the lives of our children battling cancer.

Care to Share Cancer Connection: let your fingers do the talking

The Care to Share Cancer Connection provides an on-line community that is accessible 24 hours a day to caregivers of children with cancer in the comfort of their home and fosters open discussions with individuals touched by cancer from all over the nation. This free Internet peer support service is a safe and compassionate environment for families to share their experiences, offer encouragement, and learn from each other. Also, families can create web sites to share their child's story and photographs.

THE NATIONAL CHILDREN'S CANCER SOCIETY, INC.
37-1227890
STATEMENT 15

Program Service 2

Public Information and Education

The National Children's Cancer Society provides information to the general public to educate them about cancer's youngest victims, children, and to educate the public about the services offered by The National Children's Cancer Society to benefit children with cancer. The National Children's Cancer Society also provides informational brochures to educate the public on how they can help children with cancer by donating blood for needed transfusions and by volunteering to donate marrow or cord blood for potentially life-saving transplants.

The National Children's Cancer Society, Inc.
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LIST OF STATES WHERE 990 IS FILED:

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
District of Columbia
Florida
Georgia
Illinois
Indiana
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
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

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.

Global Outreach Program

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

**National Children's Cancer Society
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(4) Property and equipment

| | <u>September 30</u> <u>2005</u> |
|--|------------------------------------|
| Property and equipment consists of the following at: | |
| Cost | |
| Furniture and fixtures | \$ 30,796 |
| Equipment | 255,258 |
| Software | 167,497 |
| Total cost | 453,551 |
| Accumulated depreciation and amortization | <u>(322,265)</u> |
| Net property and equipment | <u>\$ 131,286</u> |

The National Children's Cancer Society Guidelines for Financial Assistance

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.

THE NATIONAL CHILDREN'S CANCER SOCIETY
STATEMENT 20 - NONCASH GRANTS AND ALLOCATIONS
37-1227890

| FACILITY | FACILITY'S ADDRESS | DISCRPTION OF PROPERTY | DATE OF GIFT |
|----------------------|--|---------------------------|-----------------------------|
| Brazil | Hospital Sarina Rolim Caracante - GPACI 45 CEP 18030-330 Sorocaba, Sao Paulo BRAZIL | Cancer fighting resources | 2005 <u>292,908 06</u> |
| El Salvador | 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 | 2005 <u>756,333 14</u> |
| Guatemala | Fundacion Ayudame a Vivir 1 avenida 10-87 Zona 10 Edificio Torre Viva 9 nivel Guatemala City GUATEMALA | Cancer fighting resources | 2005 <u>3,643,304 14</u> |
| Paraguay | Fundacion ASOLEU Jovenes Por La Democracia y Calle 1 San Lorenzo PARAGUAY | Cancer fighting resources | 2005 <u>269,560 79</u> |
| Morocco - Casablanca | Hopital 20 aout 1953 Service d'Hematologie et d'Oncologie Peditnque Casablanca, MOROCCO | Cancer fighting resources | 2005 <u>1,405,213 50</u> |
| Mexico - Xalapa | AHTECA A C (Ayudame Hermano, Tengo Cancer) Calle Aguascalientes 123 Colonia Aguacatal CP 91130 Xalapa, Veracruz MEXICO | Cancer fighting resources | 2005 <u>274,817 06</u> |
| Bangladesh | ASHIC Foundation for Childhood Cancer House #52, Road #3/A Dhanmondi R/A Dhaka -- 1209 BANGLADESH | Cancer fighting resources | 2005 <u>182,433 12</u> |
| Uganda | Mbarara Universty Department of Peditncs PO Box 1410 Mbarara UGANDA | Cancer fighting resources | 2005 <u>670,751 17</u> |
| Chile | Fundacion Nuestros Hijos Ennque Matte 1538 San Miguel Santiago CHILE | Cancer fighting resources | 2005 <u>1,066,457 02</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 | 2005 <u>1,732,348 51</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 | 2005 <u>1,203,440 37</u> |

THE NATIONAL CHILDREN'S CANCER SOCIETY
STATEMENT 20 - NONCASH GRANTS AND ALLOCATIONS
37-1227890

| | | | | |
|------------------------|---|------------------------------|------|---------------------|
| Morocco - Rabat | Unite d'Hemato-Oncologie Pediatrique Hopital d'Enfants de Rabat Rabat, Maroc MOROCCO | Cancer fighting resources | 2005 | <u>428,995 06</u> |
| Boliva | Instituto Oncologico del Oriente Boliviano Servicio de Pediatria del Hospital Oncologico Avenida Profesor Noel Kempff Mercado - 3er Anillo Interno Guapai - Zona Equipetrol Santa Cruz BOLIVIA | Cancer fighting resources | 2005 | <u>672,532 81</u> |
| Mexico - Menda Yucatan | Asociacion Mexicana de Ayuda a Ninos con Cancer AMANC (A C) Calle 1-B #273 loc 28-A Campestre Menda Yucatan Mexico | Cancer fighting resources | 2005 | <u>408,710 90</u> |
| Kyrgystan | National Center for Oncology c/o Public Chanty Foundation for Parents "Happiness for Children" 17a/15 Skryabina St. Bishkek, KYRGYZSTAN Republic | Cancer fighting resources | 2005 | <u>2,116,921 25</u> |
| Nepal | B P Koirala Memorial Cancer Hospital, Katmandu Branch Ram Shahapath Katmandu NEPAL | Cancer fighting resources | 2005 | <u>1,380,732 82</u> |
| India | Tata Memorial Hospital Dr Ernest Borges Road, Parel Mumbai, Maharashtra INDIA | Cancer fighting resources | 2005 | <u>974,706 05</u> |
| Armenia | The Society to Help Children with Cancer (SHCC) 43 Pushkin Str, apt 62 Yerevan 375002 REPUBLIC OF ARMENIA | Cancer fighting resources | 2005 | <u>393 60</u> |
| Phillipines | Missionaries of the Poor Sisters 18 Solid Street, Dayandang Camarnes Sur, 4400 PHILIPPINES | Cancer fighting resources | 2005 | <u>3,387,285 76</u> |
| | DMC for Pediatric Oncology and Blood Disease Davao Medical Center, Bajada Davao City, Davao del Sur 8000 PHILIPPINES | Cancer fighting resources | 2005 | <u>1,348,229 48</u> |
| Costa Rica | Hospital Nacional de Ninos Paseo Colon San Jose COSTA RICA | Cancer fighting resources | 2005 | <u>7,912 20</u> |
| Dominican Republic | *Asociacion de Padres contra el Cancer en ninos Clinica Infantil "Dr Robert Reid Cabral" Ave Abraham Lincoln No 6 La Fena Santo Domingo DOMINICAN REPUBLIC | Cancer fighting resources | 2005 | <u>151,111 03</u> |
| Ecuador | Fundacion Mana Gracia Calle Primera 403 y Datiles (Urdesa) Guayaquil, Guayas ECUADOR | Cancer fighting resources | 2005 | <u>836,078 49</u> |
| Ecuador | Instituto Del Cancer (SOLCA-Cuenca) Agustin Landivar s/n (sector el Paraiso) Cuenca Azuay ECUADOR | Cancer fighting resources | 2005 | <u>190,282 92</u> |
| Jordan | King Hussein Cancer Center POBox 1269, Al-Jubeiha Amman 11941 JORDAN | Cancer fighting resources | 2005 | <u>325,975.78</u> |
| Lebanon | Renee' Moawad Foundation Clinic Jamiyat Al Mousaadat Al Ijtimaiah (Association for Social Assistance) Authorization No 7543 Achrafieh, Alfred Naccache St | Cancer fighting resources | 2005 | <u>2,200,504 50</u> |


 THE NATIONAL CHILDREN'S CANCER SOCIETY
 STATEMENT 20 - NONCASH GRANTS AND ALLOCATIONS
 37-1227890

Beirut
LEBANON

| | | | |
|---------------|--|------------------------------|------------------------|
| 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 | 2005 <u>218,982.14</u> |
| Mexico-Puebla | Una Nueva Esperanza A B P Calle 19 #29-1 San Jose Vista Hermosa Puebla, Puebla MEXICO | Cancer fighting resources | 2005 <u>16,558.99</u> |
| | | TOTAL | 26,163,480.66 |

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

| | | |
|---|--|---|
| Type or print | Name of Exempt Organization THE NATIONAL CHILDREN'S CANCER SOCIETY, INC. | Employer identification number 37-1227890 |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P.O. box, see instructions. 1015 LOCUST BUILDING, NO. 600 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS, MO 63101 | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **THE ORGANIZATION**
 Telephone No. ▶ **(314) 241-1600** FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **MAY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ calendar year _____ or
- ▶ tax year beginning **OCT 1, 2004**, and ending **SEP 30, 2005**.
- 2** If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.