

**Return of Organization Exempt From Income Tax**

**2005**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2005 calendar year, or tax year beginning **OCT 1, 2005** and ending **SEP 30, 2006**

**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.**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1015 LOCUST BUILDING 600**  
 City or town, state or country, and ZIP + 4  
**ST. LOUIS, MO 63101**

**D** Employer identification number  
**37-1227890**

**E** Telephone number  
**(314) 241-1600**

**F** Accounting method  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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

**G** Website: **WWW.NATIONALCHILDRENSCANCERSOCIETY.ORG**

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

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **37,549,530.**

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:					
	<b>a</b> Direct public support	<b>1a</b>	<b>35,585,545.</b>			
	<b>b</b> Indirect public support	<b>1b</b>	<b>441,965.</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>642,704.</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>12,350,484.</b> noncash \$ <b>24,319,730.</b> )	<b>1d</b>			<b>36,670,214.</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>415,331.</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>				
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>977.</b>	
	<b>5</b> Dividends and interest from securities	<b>5</b>			<b>10,178.</b>	
	<b>6 a</b> Gross rents	<b>6a</b>				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>				
<b>7</b> Other investment income (describe _____)	<b>7</b>					
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>	<b>313,783.</b>	(B) Other	<b>8a</b>	<b>135,032.</b>
	Less: cost or other basis and sales expenses	<b>8b</b>	<b>263,622.</b>		<b>8b</b>	<b>231,935.</b>
	Gain or (loss) (attach schedule)	<b>8c</b>	<b>50,161.</b>		<b>8c</b>	<b>&lt;96,903.&gt;</b>
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>	<b>STMT 1</b>	<b>STMT 2</b>		<b>&lt;46,742.&gt;</b>
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ <b>441,965.</b> of contributions reported on line 1a)	<b>9a</b>	<b>4,015.</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>155,969.</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	<b>SEE STATEMENT 3</b>			<b>&lt;151,954.&gt;</b>
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>				
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>					
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>				<b>36,898,004.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			<b>29,087,323.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			<b>372,152.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			<b>5,562,301.</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>				
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>				<b>35,021,776.</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			<b>1,876,228.</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			<b>834,743.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			<b>SEE STATEMENT 4</b>	<b>&lt;341.&gt;</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>				<b>2,710,630.</b>

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THE NATIONAL CHILDREN'S  
CANCER SOCIETY, INC.

Form 990 (2005)

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**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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>2,471,888</u> , noncash \$ <u>24,184,699</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 7	
	22 26,656,587.	26,656,587.	STATEMENT 8	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25 200,864.	120,518.	40,173.	40,173.
26 Other salaries and wages	26 720,069.	497,060.	56,893.	166,116.
27 Pension plan contributions	27 112,702.	75,578.	11,879.	25,245.
28 Other employee benefits	28			
29 Payroll taxes	29 83,709.	56,135.	8,823.	18,751.
30 Professional fundraising fees	30 5,983,382.	1,090,388.	167,843.	4,725,151.
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 20,045.	11,772.	4,341.	3,932.
34 Telephone	34 26,049.	17,468.	2,746.	5,835.
35 Postage and shipping	35 23,080.	15,477.	2,433.	5,170.
36 Occupancy	36 133,902.	89,795.	14,113.	29,994.
37 Equipment rental and maintenance	37 7,480.	5,016.	788.	1,676.
38 Printing and publications	38			
39 Travel	39 24,271.	16,276.	2,558.	5,437.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 84,696.	56,797.	8,927.	18,972.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g <b>SEE STATEMENT 5</b>	43g 944,940.	378,456.	50,635.	515,849.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 35,021,776.	29,087,323.	372,152.	5,562,301.

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 \$ 6,031,649.; (ii) the amount allocated to Program services \$ 1,109,080.; (iii) the amount allocated to Management and general \$ 168,240.; and (iv) the amount allocated to Fundraising \$ 4,754,329.

Form 990 (2005)

\*\* SEE STATEMENT 6

**Part III** Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ▶ <b>SEE STATEMENT 18</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <b>SEE STATEMENT 15</b>	
(Grants and allocations \$ 2,471,887. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	4,498,113.
<b>b</b> <b>SEE STATEMENT 16</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	404,512.
<b>c</b> <b>GLOBAL OUTREACH PROGRAM - DISTRIBUTES DONATED PHARMACEUTICALS AND MEDICAL SUPPLIES TO PEDIATRIC ONCOLOGY FACILITIES IN LESS PRIVILEGED COUNTRIES.</b>	
(Grants and allocations \$ 24,184,698. ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	24,184,698.
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	29,087,323.

THE NATIONAL CHILDREN'S  
CANCER SOCIETY, INC.

Form 990 (2005)

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**Part IV Balance Sheets** (See the instructions)

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	54,487.	87,079.
	46 Savings and temporary cash investments	436,746.	1,950,753.
	47 a Accounts receivable	26,056.	
	b Less: allowance for doubtful accounts		26,056.
	48 a Pledges receivable	963,856.	
	b Less: allowance for doubtful accounts	769,485.	194,371.
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	47,834.	45,439.
	53 Prepaid expenses and deferred charges	47,099.	15,520.
	54 Investments - securities <b>STMT 9 STMT 10</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	641,336.	581,252.
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	620,550.		
b Less: accumulated depreciation <i>STMT 19</i>	406,961.	213,589.	
58 Other assets (describe <b>▶ DEPOSITS</b> )	100.	100.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58	<b>1,837,736.</b>	<b>3,114,159.</b>	
Liabilities	60 Accounts payable and accrued expenses	1,002,993.	403,529.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe <b>▶</b> )		
<b>66 Total liabilities.</b> Add lines 60 through 65)	<b>1,002,993.</b>	<b>403,529.</b>	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	834,743.	2,710,630.
	68 Temporarily restricted		
	69 Permanently restricted		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	<b>834,743.</b>	<b>2,710,630.</b>
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	<b>1,837,736.</b>	<b>3,114,159.</b>

Form 990 (2005)





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

Form 990 (2005)

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<b>Part VI Other Information</b> (continued)		Yes	No
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<input checked="" type="checkbox"/>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	<input checked="" type="checkbox"/>
85	<i>501(c)(4), (5), or (6) organizations</i> a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
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	<i>501(c)(7) organizations.</i> 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	<i>501(c)(12) organizations.</i> 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	<input checked="" type="checkbox"/>
89 a	<i>501(c)(3) organizations.</i> 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	<i>501(c)(3) and 501(c)(4) organizations.</i> 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	<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
90 a	List the states with which a copy of this return is filed <b>SEE STATEMENT 17</b>		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	22
91 a	The books are in care of <b>THE ORGANIZATION</b> Telephone no. <b>(314) 241-1600</b> Located at <b>1015 LOCUST BUILDING, SUITE 600, ST. LOUIS, MO,</b> ZIP + 4 <b>63101</b>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c	<input checked="" type="checkbox"/>
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 <u>N/A</u>	92	<input type="checkbox"/>

Form 990 (2005)

THE NATIONAL CHILDREN'S  
CANCER SOCIETY, INC.

Form 990 (2005)

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**Part VII Analysis of Income-Producing Activities** (See 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 <b>LIST RENTAL INCOME</b>			15	415,331.	
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	977.	
96 Dividends and interest from securities			14	10,178.	
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	<46,742.>	
101 Net income or (loss) from special events					<151,954.>
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.		379,744.	<151,954.>
105 Total (add line 104, columns (B), (D), and (E))					227,790.

**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 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	<b>EVENTS HELD TO RAISE MONEY FOR PROGRAM SERVICES AND TO HELP PROMOTE THE NATIONAL CHILDREN'S CANCER SOCIETY.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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 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)

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here: *Carolyn L. Token* 2/14/07 Carolyn L. Token, CFO  
Signature of officer Date Type or print name and title.

Paid Preparer's Use Only: *Denise M. Puccio* 2/14/07  
Preparer's signature Date Check if self-employed  Preparer's SSN or PTIN P00560435

Firm's name (or yours if self-employed), address, and ZIP + 4: CBIZ ATA SERVICES, LLC  
ONE CITYPLACE DRIVE, SUITE 570  
ST. LOUIS, MO 63141

EIN: 36-4256931  
Phone no.: (314) 692-2249

**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 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

**2005**

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> <u>ST. LOUIS, MO 63101</u>	VP GLOBAL 40.00	85,726.	12,859.	
<u>J. KOMANTESKY</u> <u>ST. LOUIS, MO 63101</u>	VP PAT & FAM 40.00	74,456.	11,168.	
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A 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>STEVE CRAMM &amp; ASSOCIATES - DIRECT MAIL</u> <u>FAIRFAX, VA 22033</u>	FUNDRAISING/EDUCATION-PAT/FAM SERV	3,967,929.
<u>HERITAGE CORPORATION - TELEMARKETING</u> <u>N LITTLE ROCK, AR 72116</u>	FUNDRAISING/EDUCATION-PAT/FAM SERV	1,833,789.
<u>FTI - ASK YOUR NEIGHBOR CAMPAIGN</u> <u>DALLAS, TX 75251</u>	FUNDRAISING/EDUCATION-PAT/FAM SERV	181,664.
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 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-A, 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.) <i>5/1/20</i>	X	
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		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

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

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

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

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

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

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	38746966.	37886305.	35879594.	29801385.	142314250.
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	36,635.	26,084.	55,096.	86,510.	204,325.
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	9,617.	14,509.	25,505.	28,983.	78,614.
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	377,196.	465,854.	SEE STATEMENT 14	250,581.	1,434,356.
23 Total of lines 15 through 22	39170414.	38392752.	36300920.	30167459.	144031545.
24 Line 23 minus line 17	39133779.	38366668.	36245824.	30080949.	143827220.
25 Enter 1% of line 23	391,704.	383,928.	363,009.	301,675.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 2,876,544.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 58740250.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 143827220.
d Add: Amounts from column (e) for lines: 18 <u>78,614.</u> 19 _____ 22 <u>1,434,356.</u> 26b <u>58,740,250.</u>					26d 60,253,220.
e Public support (line 26c minus line 26d total)					26e 83,574,000.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 58.1072%
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					
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 11b, 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					
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 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**NONE**

**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.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		





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

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return <b>THE NATIONAL CHILDREN'S          CANCER SOCIETY, INC.</b>	Business or activity to which this form relates <b>FORM 990 PAGE 2</b>	Identifying number <b>37-1227890</b>
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**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 the instructions for a higher limit for certain businesses	1	105,000.
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	420,000.
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 2004 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 2006 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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	84,696.

**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 2005	17	
18 If you are electing 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 2005 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 2005 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	84,696.
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	

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

**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 the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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	
<b>25</b> Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use.									
		%							
		%							
		%							
<b>27</b> Property used 50% or less in a qualified business use:									
		%				S/L			
		%				S/L			
		%				S/L			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>		
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>	

**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
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32.												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> 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

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? <b>Note:</b> 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
<b>42</b> Amortization of costs that begins during your 2005 tax year.					
<b>43</b> Amortization of costs that began before your 2005 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

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

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<u>DESCRIPTION</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>NET GAIN OR (LOSS)</u>
TRADING SECURITIES	313,783.	263,622.	0.	50,161.
TO FORM 990, PART I, LINE 8	313,783.	263,622.	0.	50,161.

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
VEHICLE DONATION	VARIOUS	VARIOUS	PURCHASED		
	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	135,032.	231,935.	0.	0.	<96,903.>
TO FM 990, PART I, LN 8	135,032.	231,935.	0.	0.	<96,903.>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENTS	4,015.		4,015.	9,575.	<5,560.>
WALKATHON	55,929.	55,929.		11,500.	<11,500.>
HUMANITARIAN	279,398.	279,398.		123540.	<123,540.>
ILLINOIS CONCERT	14,799.	14,799.		3,031.	<3,031.>
MARTHAS MILES	12,509.	12,509.		3,363.	<3,363.>
ROLLING STONES EVENT	11,190.	11,190.		823.	<823.>
OTHER WALKS	50.	50.		556.	<556.>
THIRD PARTY EVENTS	31,130.	31,130.		3,581.	<3,581.>
BRITISH CAR RELIABILITY RUN	22,710.	22,710.			0.
WHEELS IN MOTION	8,000.	8,000.			0.
PHARMA BOWL	6,250.	6,250.			0.
TO FM 990, PART I, LINE 9	445,980.	441,965.	4,015.	155969.	<151,954.>

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

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENT ASSETS	<341.>
TOTAL TO FORM 990, PART I, LINE 20	<341.>

FORM 990

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
SHIPPING & PROCUREMENT	5,966.	5,966.		
INSURANCE	154,419.	103,553.	16,276.	34,590.
MISCELLANEOUS	73,275.	49,138.	7,723.	16,414.
FAMILY SERVICES AND EDUCATION	18,692.	18,692.		
PUBLIC RELATIONS	5,000.	3,750.	750.	500.
PROFESSIONAL FEES	241,832.	162,173.	25,489.	54,170.
IN-KIND EXPENSES	35,184.	35,184.		
PRODUCTION SERVICES CAUSE RELATED MARKETING	29,575.		397.	29,178.
	380,997.			380,997.
<b>TOTAL TO FM 990, LN 43</b>	<b>944,940.</b>	<b>378,456.</b>	<b>50,635.</b>	<b>515,849.</b>

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 6  
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARK STOLZE	200,864.	30,130.		230,994.
A. PROGRAM SERVICES	120,518.	18,078.		138,596.
B. MANAGEMENT AND GENERAL	40,173.	6,026.		46,199.
C. FUNDRAISING	40,173.	6,026.		46,199.
TOTAL PROGRAM SERVICES				138,596.
TOTAL MANAGEMENT AND GENERAL				46,199.
TOTAL FUNDRAISING				46,199.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				230,994.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CASH GRANTS	VARIOUS	VARIOUS	NONE	2,471,888.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				2,471,888.

FORM 990 NONCASH GRANTS AND ALLOCATIONS STATEMENT 8

CLASS OF ACTIVITY: IN-KIND CONTRIBUTIONS

DONEE'S NAME

DONEE'S ADDRESS

SEE ATTACHED STATEMENT 20

SEE ATTACHED STATEMENT 20

RELATIONSHIP OF DONEE	DESCRIPTION OF PROPERTY	DATE OF GIFT
NONE	CANCER FIGHTING MEDICATIONS & EQUIPMENT	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

FMV

METHOD USED TO DETERMINE FAIR MARKET VALUE	BOOK VALUE	AMOUNT GIVEN
	0.	24,184,699.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22		24,184,699.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES	FMV	448,495.			448,495.
TO FORM 990, LINE 54, COL B		448,495.			448,495.

FORM 990 GOVERNMENT SECURITIES STATEMENT 10

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US TREASURY NOTE	FMV	132,757.		132,757.
TOTAL TO FORM 990, LINE 54, COL B		132,757.		132,757.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
NET ACTIVITY FROM VEHICLE DONATION PROGRAM	96,903.
TOTAL TO FORM 990, PART IV-B	96,903.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
NET ACTIVITY FROM VEHICLE DONATION PROGRAM	<96,903.>
TOTAL TO FORM 990, PART IV-A	<96,903.>

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARK STOLZE 1015 LOCUST, SUITE 600 ST. LOUIS, MO 63101	PRESIDENT/CEO 40.00	200,864.	30,130.	0.
MARK SLOCOMB 1015 LOCUST, SUITE 600 ST. LOUIS, MO 63101	VICE CHAIRMAN 2.00	0.	0.	0.
CHERYL WROTH-STEIN 1015 LOCUST, SUITE 600 ST. LOUIS, MO 63101	BOARD MEMBER 2.00	0.	0.	0.
SUE ENGELHARDT 1015 LOCUST, SUITE 600 ST. LOUIS, MO 63101	SECRETARY/TREASURER 2.00	0.	0.	0.
ROBERT E. JONES 1015 LOCUST, SUITE 600 ST. LOUIS, MO 63101	CHAIRMAN 2.00	0.	0.	0.

THE NATIONAL CHILDREN'S CANCER SOCIETY,

37-1227890

ERIC S. STANGE 1015 LOCUST, SUITE 600 ST. LOUIS, MO 63101	BOARD MEMBER 2.00	0.	0.	0.
ANN MARR 1015 LOCUST, SUITE 600 ST. LOUIS, MO 63101	BOARD MEMBER 2.00	0.	0.	0.
TIMOTHY R MCFADDEN 1015 LOCUST, SUITE 600 ST. LOUIS, MO 63101	BOARD MEMBER 2.00	0.	0.	0.
MICHAEL F NEIDORFF 1015 LOCUST, SUITE 600 ST. LOUIS, MO 63101	BOARD MEMBER 2.00	0.	0.	0.
SCOTT MACLELLAN 1015 LOCUST, SUITE 600 ST. LOUIS, MO 63101	BOARD MEMBER 2.00	0.	0.	0.
AL WIMAN 1015 LOCUST, SUITE 600 ST. LOUIS, MO 63101	BOARD MEMBER 2.00	0.	0.	0.
CONRAD TUZA 1015 LOCUST, SUITE 600 ST. LOUIS, MO 63101	BOARD MEMBER 2.00	0.	0.	0.
HARRY MUELLER 1015 LOCUST, SUITE 600 ST. LOUIS, MO 63101	BOARD MEMBER 2.00	0.	0.	0.
MARIA TAXMAN 1015 LOCUST, SUITE 600 ST. LOUIS, MO 63101	BOARD MEMBER 2.00	0.	0.	0.
GERALD DANIELS 1015 LOCUST, SUITE 600 ST. LOUIS, MO 63101	BOARD MEMBER 2.00	0.	0.	0.
CHRIS BROWN 1015 LOCUST, SUITE 600 ST. LOUIS, MO 63101	BOARD MEMBER 2.00	0.	0.	0.
JEFF MICHALSKI, M.D. 1015 LOCUST, SUITE 600 ST. LOUIS, MO 63101	BOARD MEMBER 2.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

200,864.	30,130.	0.
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SCHEDULE A	OTHER INCOME			STATEMENT 14
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
LIST RENTAL INCOME	377,196.	465,854.	340,725.	250,581.
TOTAL TO SCHEDULE A, LINE 22	377,196.	465,854.	340,725.	250,581.

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

**Program Service I**

**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.

**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.**  
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**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.

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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

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**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.

**Education**

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

**Global Outreach Program**

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

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<b>(4) Property and equipment</b>	<b>9/30/06</b>
Property and equipment consists of the following at:	
Cost	
Furniture and fixtures	\$ 32,035
Equipment	289,271
Software	<u>299,244</u>
Total cost	620,550
Accumulated depreciation and amortization	<u>(406,961)</u>
Net property and equipment	\$ 213,589

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**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 18<sup>th</sup> birthday and treated before his/her 21<sup>st</sup> birthday to be considered. Adults who relapse after their 18<sup>th</sup> 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 1551 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.

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<u>FACILITY</u>	<u>FACILITY'S ADDRESS</u>	<u>DISCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>	<u>AMOUNT OF GIFT</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	2006	103,537.75
Guatemala	Fundacion Ayudame a Vivir 1 avenida 10-87 Zona 10 Edificio Torre Viva 9 nivel Guatemala Ci GUATEMALA	Cancer fighting resources	2006	2,707,127.40
Morocco	Hopita120 aout 1953 Service dVHematologiee t d'oncologie Pediatrique Casablanca, MOROCCO	Cancer fighting resources	2006	709,828.17
Lebanon	Renee' Moawad Foundation Clinic Jamiyat Al Mousaadat Al Ijlin-aiyah (Association for Social Assistance) Authorization No. 7543 Achrafieh. Alfred Naccache St. Beirul LEBANON	Cancer fighting resources	2006	652,492.16
Chile	Fundacion Nuestros Hoos Enrique Matte 1538 San Miguel Santiago CHILE	Cancer fighting resources	2006	3,182,366.78
Honduras	Nubia Mendoza de Zuniga Rene' Stefan. MD Fundacion Hondurena para el Nino con Cancer Boulevard Suyapa Edif-Suyapa #1 116 Cancer fighting resources Tegucigalpa HONDURAS	Cancer fighting resources	2006	1,663,780.61
Venezuela	Asociacion Venezolana de Padres de Ninos con Cancer Servicio de Oncologia Hospital de Ninos J.M. de 10s Rios Avenida Vollmer San Bernardino Caracas D.F. 1010 VENEZUELA	Cancer fighting resources	2006	450,462.81
Morocco	Unite d'HemabOncologie Pediatrique Hopital dSEnfantsd e Rabat Rabat, Maroc MOROCCO	Cancer fighting resources	2006	793,056.75
Bolivia	Instituto Oncologico del Oriente Boliviano Servicio de Pediatria del Hospital Oncologico Avenida Profesor Noel Kempff Mercado - 3er Anillo Interno Guapai - Zona Equipetrol Santa Cmz BOLIVIA	Cancer fighting resources	2006	710,486.35
Dominican Republic	Asociacion de Padres contra el Cancer en ninos Clinica Infantil Dr. Robert Reid Cabral" Cancer fighting resources Ave. Abraham Lincoln No. 6 La Fera Santo Domingo DOMINICAN REPUBLIC	Cancer fighting resources	2006	34,406.45

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Panama	Foundation for Kids with Leukemia and Cancer 1 Fundacion Amigos Hospital del Nino de Panama Avenida Balboa. Calle 34. Calidonia Panam City PANAMA	Cancer fighting resources	2006	454,785.27
Kyrgyzstan	National Center for Oncology clo Public Charity Foundation for Parents "Happiness for Children" 17a115 Skryabina St Bishkek, KYRGYZSTAN Republic	Cancer fighting resources	2006	2,199,441.07
India	Tata Memorial Hospital Dr. Ernest Borges Road; Parel Murnbai. Maharastra INDIA	Cancer fighting resources	2006	1,082,331.75
Philippines	Missionaries of the Poor Sisters 18 Solid Street, Dayandang Camarines Sur. 4400 PHILIPPINES	Cancer fighting resources	2006	7,888,956.25
Nepal	B.P. Koirala Memorial Cancer Hospital. Katmandu Branch Ram Shahapath Katmandu NEPAL	Cancer fighting resources	2006	3,584.59
Philippines	DMC for Pediatric Oncology and Blood Disease Davao Medical Center, Bajada Davao Ci, Davao del Sur 8000 PHILIPPINES	Cancer fighting resources	2006	792,600.61
Brazil	Hospital Sarina Rolim Caracante - GPACI 45 CEP 18030-330 Sorocaba. Sao Paulo BRAZIL	Cancer fighting resources	2006	478,000.25
Ecuador	Instituto Del Cancer (SOLCA-Cuenca) Agustin Landivar sin (sector el Paraiso) Cancer fighting resources Cuenca Azuay ECUADOR	Cancer fighting resources	2006	277,453.07

24,184,698.09