

**Return of Organization Exempt From Income Tax**

**2006**

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 2006 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization: **ALEX'S LEMONADE STAND FOUNDATION**

**D** Employer identification number: **56-2496146**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**333 E. LANCASTER AVENUE #414**

City or town, state or country, and ZIP + 4  
**WYNNEWOOD, PA 19096**

**E** Telephone number: **610-649-3034**

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

**G** Website: **WWW.ALEXSLEMONADE.ORG**

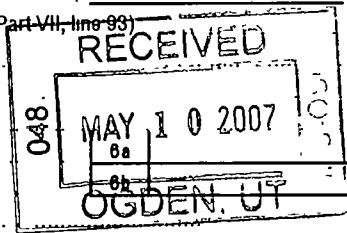
**J** Organization type (check only one):  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **5,051,997.**

**H** and **I** are not applicable to section 527 organizations  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number: **N/A**  
**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			
Revenue	1 Contributions, gifts, grants, and similar amounts received:		
	a Contributions to donor advised funds	1a	
	b Direct public support (not included on line 1a)	1b	4,281,482.
	c Indirect public support (not included on line 1a)	1c	
	d Government contributions (grants) (not included on line 1a)	1d	
	e Total (add lines 1a through 1d) (cash \$ 4,281,482. noncash \$ )	1e	4,281,482.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	156,441.
	5 Dividends and interest from securities	5	13.
	6 a Gross rents	6a	
	b Less: rental expenses	6b	
c Net rental income or (loss). Subtract line 6b from line 6a	6c		
7 Other investment income (describe: <b>LICENSES AND ROYALTIES</b> )	7	465,091.	
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	
b Less: cost or other basis and sales expenses	8b		
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	92.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ of contributions reported on line 1b)	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10 a Gross sales of inventory, less returns and allowances	10a	142,887.	
b Less: cost of goods sold	10b	57,871.	
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	85,016.	
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	4,988,135.	
Expenses	13 Program services (from line 44, column (B))	13	2,478,605.
	14 Management and general (from line 44, column (C))	14	309,601.
	15 Fundraising (from line 44, column (D))	15	182,757.
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses. Add lines 16 and 44, column (A)	17	2,970,963.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	2,017,172.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,129,486.
	20 Other changes in net assets or fund balances (attach explanation)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	5,146,658.



SCANNED JUN 14 2007

**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>2342294</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>	2,342,294.	2,342,294.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 5</b>	157,578.	36,158.	65,844.	55,576.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	179,516.	73,840.	69,306.	36,370.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	17,953.	7,167.	6,869.	3,917.
29 Payroll taxes	27,761.	9,161.	11,105.	7,495.
30 Professional fundraising fees				
31 Accounting fees	34,714.		34,714.	
32 Legal fees	7,481.		7,481.	
33 Supplies	27,940.		27,940.	
34 Telephone	4,445.		4,445.	
35 Postage and shipping	30,479.		3,048.	27,431.
36 Occupancy	24,000.		24,000.	
37 Equipment rental and maintenance	5,401.		5,401.	
38 Printing and publications	22,196.		4,335.	17,861.
39 Travel	8,991.	5,698.		3,293.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc (attach schedule) <b>STMT 5A</b>	4,586.		4,586.	
43 Other expenses not covered above (itemize)				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g <b>SEE STATEMENT 4</b>	75,628.	4,287.	40,527.	30,814.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,970,963.	2,478,605.	309,601.	182,757.

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 \$ 6,053. ; (ii) the amount allocated to Program services \$ 3,087. ;  
 (iii) the amount allocated to Management and general \$ 847. ; and (iv) the amount allocated to Fundraising \$ 2,119.

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? ► SEE STATEMENT 7	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 PEDIATRIC CANCER RESEARCH GRANT-MAKING PROGRAM</b>	
(Grants and allocations \$ 2,343,494.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,343,494.
<b>b PUBLIC AWARENESS AND EDUCATION</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	135,111.
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>2,478,605.</b>

Form 990 (2006)

**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	306,797.	45	1,290,348.	
	46 Savings and temporary cash investments	2,917,093.	46	3,860,606.	
	47 a Accounts receivable	47a 1,414.			
	b Less: allowance for doubtful accounts	47b	47c	1,414.	
	48 a Pledges receivable	48a 162,854.			
	b Less: allowance for doubtful accounts	48b	48c	162,854.	
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	51 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use	15,688.	52	16,298.	
	53 Prepaid expenses and deferred charges	5,477.	53	15,190.	
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a		
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b		
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 <i>Stmnt SA</i>	57a 26,886.				
b Less: accumulated depreciation	57b 6,484.	17,078.	57c	20,402.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> SECURITY DEPOSIT)			58	9,250.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		3,293,129.	59	5,376,362.	
Liabilities	60 Accounts payable and accrued expenses	10,877.	60	11,066.	
	61 Grants payable		61	25,000.	
	62 Deferred revenue		62	193,638.	
	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 <input type="checkbox"/> DUE TO OTHER ORGANIZATIONS)	152,766.	65	0.	
66 <b>Total liabilities.</b> Add lines 60 through 65		163,643.	66	229,704.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
	67 Unrestricted	2,869,486.	67	5,046,658.	
	68 Temporarily restricted	260,000.	68	100,000.	
	69 Permanently restricted		69		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		3,129,486.	73	5,146,658.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		3,293,129.	74	5,376,362.





<b>Part VI Other Information</b> (continued)		Yes	No
<b>82 a</b> 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?	<b>82a</b>	<b>X</b>	
<b>b</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)	<b>82b</b>		
	78,760.		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	<b>X</b>	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	<b>X</b>	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		
	N/A		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>		
	N/A		
<b>85 501(c)(4), (5), or (6) organizations a</b> Were substantially all dues nondeductible by members?	<b>85a</b>		
	N/A		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>85b</b>		
	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.			
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>		
	N/A		
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>		
	N/A		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>		
	N/A		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>		
	N/A		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>		
	N/A		
<b>h</b> 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?	<b>85h</b>		
	N/A		
<b>86 501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>		
	N/A		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>		
	N/A		
<b>87 501(c)(12) organizations.</b> Enter <b>a</b> Gross income from members or shareholders	<b>87a</b>		
	N/A		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b>		
	N/A		
<b>88 a</b> 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	<b>88a</b>		<b>X</b>
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<b>88b</b>		<b>X</b>
<b>89 a 501(c)(3) organizations.</b> 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>b 501(c)(3) and 501(c)(4) organizations.</b> 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	<b>89b</b>		<b>X</b>
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>			
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
<b>e All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>		<b>X</b>
<b>f All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>		<b>X</b>
<b>g For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>		<b>X</b>
<b>90 a</b> List the states with which a copy of this return is filed <b>SEE STATEMENT 10</b>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2006	<b>90b</b>		<b>7</b>
<b>91 a</b> The books are in care of <b>THE ORGANIZATION</b> Telephone no. <b>610-649-3034</b> Located at <b>308 E. LANCASTER AVE. SUITE 140, WYNNEWOOD, PA</b> ZIP + 4 <b>19096</b>			
<b>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 <b>N/A</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	<b>91b</b>		<b>X</b>

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No X

If "Yes," enter the name of the foreign country N/A

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

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, 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.)

Table with 2 columns: 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). Row 102: EDUCATES AND RAISES PUBLIC AWARENESS ABOUT PEDIATRIC CANCER

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

Table with 5 columns: (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. Row 1: 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 X
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No X

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

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
<b>Totals</b>					

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
<b>Totals</b>					

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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: *[Signature]* Date: 5/4/2007  
 Signature of officer: *Steven Scott*  
 Type or print name and title: *Executive Director*

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 5/1/2007 Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. X):  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **RSM MCGLADREY, INC.**  
**512 TOWNSHIP LN RD, 1 VALLEY SQ, STE 250**  
**BLUE BELL, PA 19422-2700** EIN: Phone no.: **215-641-8600**

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 <b>ALEX'S LEMONADE STAND FOUNDATION</b>	Employer identification number <b>56 2496146</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 2 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
NONE				
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
NONE		
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
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
<b>1</b>	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 <b>▶</b> \$ _____ \$ _____ (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.		<b>X</b>
<b>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	<b>2d</b>	<b>X</b>
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3</b>	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	<b>3a</b>	<b>X</b>
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>	<b>X</b>
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	<b>3c</b>	<b>X</b>
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>	<b>X</b>
<b>4</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	<b>4a</b>	<b>X</b>
<b>b</b>	Did the organization make any taxable distributions under section 4966?	<b>4b</b>	<b>X</b>
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>	<b>X</b>
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year <b>▶</b>		<b>0</b>
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year <b>▶</b>		<b>0.</b>
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts <b>▶</b>		<b>0.</b>
<b>g</b>	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year <b>▶</b>		<b>0.</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,291,641.				3,291,641.
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	341,293.				341,293.
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	356,932.				356,932.
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					
23 Total of lines 15 through 22	3,989,866.	0.	0.	0.	3,989,866.
24 Line 23 minus line 17	3,648,573.				3,648,573.
25 Enter 1% of line 23	39,899.				

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	72,971.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	171,141.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	3,648,573.
d Add: Amounts from column (e) for lines: 18 <u>356,932.</u> 19 _____	26d	528,073.
22 _____ 26b <u>171,141.</u>	26e	3,120,500.
e Public support (line 26c minus line 26d total)	26f	85.5266%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		

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	(2005)	(2004)	(2003)	(2002)	
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	(2005)	(2004)	(2003)	(2002)	
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 2002 through 2005, 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 9 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?	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	
_____			
_____			
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	
_____			
_____			
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 10 of the instructions.)

N/A

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

Check  a  if the organization belongs to an affiliated group. Check  b  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations												
		<b>N/A</b>													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	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	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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.



Alex's Lemonade Stand Foundation EIN. 56-2496146

<u>Donors' Name</u>	<u>Donors' Address</u>	<u>City</u>	<u>State</u> <u>Zip Code</u>	<u>Donation</u>
				\$5,000 00
				\$5,000 00
				\$5,000 00
				\$5,000 00
				\$5,000 00
				\$5,000 00
				\$5,000 00
				\$5,000 00
				\$5,000 00
				\$5,000 00
				\$5,000 00
				\$5,002 00
				\$5,007 00
				\$5,169 00
				\$5,421 00
				\$5,460 00
				\$5,585 39
				\$5,653 00
				\$5,750 00
				\$6,000 00
				\$6,000 00
				\$6,044 00
				\$6,160 14
				\$6,168 00
				\$6,194 00
				\$6,239 00
				\$6,262 00
				\$6,799 50
				\$6,835 00
				\$6,887 70
				\$7,631 00
				\$8,026 00
				\$8,309 79
				\$8,500 00
				\$8,735 00
				\$9,000 00
				\$9,300 00
				\$10,000 00
				\$10,000 00
				\$10,000 00
				\$10,000 00
				\$10,000 00
				\$10,148 19
				\$10,320 00
				\$10,346 00
				\$10,655 00
				\$11,000 00
				\$11,013 87
				\$12,500 00
				\$13,000 00
				\$13,476 50
				\$13,805 75
				\$13,865 64
				\$14,481 59
				\$15,000 00
				\$15,000 00
				\$15,000 00
				\$15,000 00
				\$15,000 00
				\$17,076 55
				\$17,500 00
				\$18,000 00
				\$18,792 55
				\$22,000 00

\$23,112 99  
\$24,976 86  
\$25,000 00  
\$25,000 00  
\$28,361 30  
\$36,251 00  
\$44,847 31  
\$45,000 00  
\$45,373 49  
\$50,000 00  
\$75,000 00  
\$100,000 00  
\$100,000 00  
\$111,338 11  
\$125,604 64  
\$227,914 00  
\$1,687,899 86

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
30 SHS RAYMOND JAMES FINL INC.	1,171.	1,130.	20.	21.	
40 SHS STRYKER CORP.	1,961.	1,882.	20.	59.	
36 SHS STRYKER CORP.	1,823.	1,796.	20.	7.	
35 SHS. RAYMOND JAMES FINL INC.	1,128.	1,103.	20.	5.	
TO FORM 990, PART I, LINE 8	6,083.	5,911.	80.	92.	

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 2

## INCOME

1. GROSS RECEIPTS . . . . .	142,887	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		142,887
4. COST OF GOODS SOLD (LINE 13) . . . . .	57,871	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		85,016

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	15,688	
7. MERCHANDISE PURCHASED . . . . .	57,633	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .	848	
11. ADD LINES 6 THROUGH 10 . . . . .		74,169
12. INVENTORY AT END OF YEAR . . . . .	16,298	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		57,871



FORM 990

OTHER EXPENSES

STATEMENT

4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
LICENSES AND FEES	13,031.		13,031.	
MEDICAL ADVISORY BOARD HONORARIUM	1,200.	1,200.		
INSURANCE	14,703.		14,703.	
WEBSITE HOSTING SERVICES	6,053.	3,087.	847.	2,119.
MISCELLANEOUS PROMOTIONAL MATERIALS	5,032.		5,032.	
UTILITIES	28,695.		6,914.	28,695.
TOTAL TO FM 990, LN 43	75,628.	4,287.	40,527.	30,814.

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25A

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JAY SCOTT	85,000.	7,853.		92,853.
A. PROGRAM SERVICES	21,250.	1,963.		23,213.
B. MANAGEMENT AND GENERAL	42,500.	3,927.		46,427.
C. FUNDRAISING	21,250.	1,963.		23,213.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ELIZABETH SCOTT	60,000.	4,725.		64,725.
A. PROGRAM SERVICES	12,000.	945.		12,945.
B. MANAGEMENT AND GENERAL	18,000.	1,418.		19,418.
C. FUNDRAISING	30,000.	2,362.		32,362.

TOTAL PROGRAM SERVICES				36,158.
TOTAL MANAGEMENT AND GENERAL				65,845.
TOTAL FUNDRAISING				55,575.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				<u>157,578.</u>

**ALEX'S LEMONADE STAND FOUNDATION**

**FORM 990**

**12/31/2006**

**EIN: 56-2496146**

PART II, LINE 42 - DEPRECIATION EXPENSE  
PART IV, LINE 57- LAND, BUILDINGS AND EQUIPMENT

DESCRIPTION

OFFICE EQUIPMENT	<u>26,886</u>
SUBTOTAL FIXED ASSETS	<u>26,886</u>
LESS ACCUMULATED DEPRECIATION	<u>(6,484)</u>
NET FIXED ASSETS	<u><u>20,402</u></u>

DEPRECIATION EXPENSE FOR 12/31/06 WAS \$4,586

FORM 990

CASH GRANTS AND ALLOCATIONS  
TO OTHERS

STATEMENT 6

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
CANCER RESEARCH YORK HEALTH FOUNDATION 45 MONUMENT RD., SUITE 400 YORK, PA 17403	247.
CANCER RESEARCH VANNIE D. COOK JR. CHILD CANCER CLINIC C/O BAYLOR COLLEGE OF MEDICINE 101 W EXPRESSWAY 83 MCALLEN, TX 78503-9967	1,000.
CANCER RESEARCH VANDERBILT UNIVERSITY MEDICAL 2220 PIERCE AVE., 397 PRB NASHVILLE, TN 37232-6310	100,000.
CANCER RESEARCH VANDERBILT UNIVERSITY MEDICAL 2220 PIERCE AVE., 397 PRB NASHVILLE, TN 37232-6310	30,000.
CANCER RESEARCH UNIVERSITY OF TEXAS SCIENCE CENTER MAIL CODE 7784, 7703 FLOYD CURL DR. SAN ANTONIO, TX 78229-3900	30,000.
CANCER RESEARCH DANA FARBER CANCER INSTITUTE RESEARCH DEPT., BP431, 44 BINNEY ST. BOSTON, MA 02115	100,000.
CANCER RESEARCH DUKE UNIVERSITY MEDICAL CENTER 2424 ERWIN RD., SUITE 1103 DURHAM, NC 27705	100,000.
CANCER RESEARCH JOHN HOPKINS UNIVERSITY SCHOOL OF MEDICINE 1650 ORLEANS ST., ROOM 2M51 BALTIMORE, MD 21231	100,000.
CANCER RESEARCH BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA - NABS OW200 HOUSTON, TX 77030	100,000.

ALEX'S LEMONADE STAND FOUNDATION

56-2496146

CANCER RESEARCH DUKE UNIVERSITY 324 BLACKWELL ST., SUITE 850 WASHINGTON BLDG. DURHAM, NC 27708	80,000.
CANCER RESEARCH DANA FARBER CANCER INSTITUTE RESEARCH DEPT., BP431, 44 BINNEY ST. BOSTON, MA 02115	80,000.
CANCER RESEARCH CHILDREN HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD., MS29 LOS ANGELES, CA 90027	122,492.
CANCER RESEARCH BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA - NABS OW200 HOUSTON, TX 77030	100,000.
CANCER RESEARCH CHILDREN'S HOSPITAL & REGIONAL MED. 4800 SAND PARK WAY NE, B-6553 SEATTLE, WA 98105	100,000.
CANCER RESEARCH THE CHILDREN'S HOSPITAL 1056 EAST 19TH AVE. DENVER, CO 80218	50,000.
CANCER RESEARCH CHILDREN'S HEALTHCARE OF ATLANTA 1711 TULLIE CIRCLE ATLANTA, GA 30329	50,000.
CANCER RESEARCH STANFORD UNIVERSITY 1215 WELCH RD., MODULAR A STANFORD, CA, 94305-5401	29,555.
CANCER RESEARCH CHILDRENS HOSPITAL OF PHILADELPHIA 34TH & CIVIC CENTER BLVD. PHILADELPHIA, PA 19104	30,000.
CANCER RESEARCH DUKE UNIVERSITY MEDICAL CENTER 2424 ERWIN RD., SUITE 1103 DURHAM, NC 27705	30,000.

CANCER RESEARCH CHILDREN HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD., MS29 LOS ANGELES, CA 90027	30,000.
CANCER RESEARCH CHILDREN'S RESEARCH INSTITUTE 700 CHILDREN'S DRIVE COLUMBUS, OHIO 43205	30,000.
CANCER RESEARCH MEMORIAL SLOAN-KETTERING CANCER CENTER 633 THIRD AVE., 28TH FLOOR NEW YORK, NY 10017	30,000.
CANCER RESEARCH REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S. STATE ST., RM. 1054 ANN ARBOR, MI 48109-1274	30,000.
CANCER RESEARCH BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA - NABS OW200 HOUSTON, TX 77230	30,000.
CANCER RESEARCH CHILDS HOSPITAL LOS ANGELES 4650 SUNSET BLVD., MS29 LOS ANGELES, CA 90027	25,000.
CANCER RESEARCH JACKIE LANDY FOUNDATION GIVING 4650 SUNSET BLVD., MS29 LOS ANGELES, CA 90027	12,000.
CANCER RESEARCH TEXAS CHILDREN'S HOSPITALS 1 SOUTH BRAESWOOD MC 4-4483 HOUSTON, TX 77230	55,000.
CANCER RESEARCH VHL FAMILY ALLIANCE 2001 BEACON ST., SUITE 208 BOSTON, MA 02135-7787	20,000.
CANCER RESEARCH THE PENN STATE UNIVERSITY P.O. BOX 850 HERSHEY, PA 17033	100,000.

ALEX'S LEMONADE STAND FOUNDATION

56-2496146

CANCER RESEARCH THE CHILDREN'S HOSPITAL FOUNDATION - CHOP 34TH & CIVIC CENTER BLVD. PHILADELPHIA, PA 19104	400,000.
CANCER RESEARCH UCSF CHILDREN'S HOSPITAL BOX 0248 SAN FRANCISCO, CA 94143-0248	70,000.
CANCER RESEARCH JOHN HOPKINS UNIVERSITY SCHOOL OF MEDICINE 1650 ORLEANS ST., ROOM 2M51 BALTIMORE, MD 21231	70,000.
CANCER RESEARCH CHILDREN'S NEUROBLASTOMA CANCER FOUNDATION P.O. BOX 6635 BLOOMINGDALE, IL 60108	25,000.
CANCER RESEARCH UNIVERSITY OF MICHIGAN 1500 E. MEDICAL CENTER DRIVE, D3105 MPB ANN ARBOR, MI 48109-0718	70,000.
CANCER RESEARCH CHILDREN'S MEMORIAL HOSPITAL 2300 CHILDREN'S PLAZA, NO. 4 CHICAGO, IL 60614	52,000.
CANCER RESEARCH HOPE STREET KIDS 1600 DUKE ST., SUITE 500 ALEXANDRIA, VA 22314	35,000.
CANCER RESEARCH UNIVERSITY OF CHICAGO 5841 MARYLAND AVE., MC4060, RM N114 CHICAGO, IL 60637	25,000.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

2,342,294.

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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      7  
PART III

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EXPLANATION

TO RAISE FUNDS FOR PEDIATRIC CANCER CARE, TREATMENT AND RESEARCH (INCLUDING RESEARCH FOCUSED ON NEW CURES AND TREATMENTS); TO RAISE PUBLIC AWARENESS ABOUT PEDIATRIC CANCER; AND TO ENCOURAGE AND EDUCATE OTHERS (ESPECIALLY CHILDREN) TO RAISE FUNDS FOR SUCH PURPOSES.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAY SCOTT 333 E. LANCASTER AVENUE, #414 WYNNEWOOD, PA 19096	EXECUTIVE DIRECTOR 40.00	85,000.	7,853.	0.
ELIZABETH SCOTT 333 E. LANCASTER AVENUE, #414 WYNNEWOOD, PA 19096	DIRECTOR OF DEVELOPMENT 30.00	60,000.	4,725.	0.
ERIN FLYNN BLAIR 29 WINTER STREET BOSTON, MA 02108	TREASURER 1.00	0.	0.	0.
JOCELYN HILLMAN 333 E. LANCASTER AVENUE, #414 WYNNEWOOD, PA 19096	SECRETARY 1.00	0.	0.	0.
SOREN JOHANSSON ONE PREMIER PLACE IRVINE, CA 92618	DIRECTOR 1.00	0.	0.	0.
MARK JULIANO 1000 BOARDWALK ATLANTIC CITY, NJ 08401	DIRECTOR 1.00	0.	0.	0.
GAVIN KERR 34TH STREET AND CIVIC CENTER BLVD. PHILADELPHIA, PA 19104	VICE CHAIRMAN 1.00	0.	0.	0.
BILLY KING 3601 S. BROAD STREET PHILADELPHIA, PA 19148	DIRECTOR 1.00	0.	0.	0.
JEREMY NOWAK 718 ARCH STREET, SUITE 3N PHILADELPHIA, PA 19106	CHAIRMAN 2.00	0.	0.	0.
CORRINE D. SYLVIA 333 LANCASTER AVENUE, #414 WYNNEWOOD, PA 19096	DIRECTOR 1.00	0.	0.	0.
MARY AUSTEN 200 SOUTH BROAD ST., 10TH FLOOR PHILADELPHIA, PA 19102	DIRECTOR 1.00	0.	0.	0.

ALEX'S LEMONADE STAND FOUNDATION

56-2496146

STEPHEN COHN 300 BARR HARBOR DR. STE. 200 WEST CONSHOHOCKEN, PA 19428	DIRECTOR 1.00	0.	0.	0.
VIC DOOLAN 333 LANCASTER AVENUE, #414 WYNNEWOOD, PA 19096	DIRECTOR 1.00	0.	0.	0.
JOHN MARIS 3615 CIVIC CTR BLVD PHILADELPHIA, PA 19104	DIRECTOR 1.00	0.	0.	0.
JIM RUDOLPH 1525 FORD RD BENSALEM, PA 19020	DIRECTOR 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

<u>145,000.</u>	<u>12,578.</u>	<u>0.</u>
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FORM 990

EXPLANATION OF RELATIONSHIP  
PART V-A, LINE 75B

STATEMENT 9

INDIVIDUAL'S NAME

TITLE OR ROLE

JAY SCOTT

EXECUTIVE DIRECTOR

INDIVIDUAL'S NAME

TITLE OR ROLE

ELIZABETH SCOTT

DIRECTOR OF DEVELOPMENT

EXPLANATION OF RELATIONSHIP

HUSBAND/WIFE

INDIVIDUAL'S NAME

TITLE OR ROLE

ELIZABETH SCOTT

DIRECTOR OF DEVELOPMENT

INDIVIDUAL'S NAME

TITLE OR ROLE

ERIN FLYNN

TREASURER

EXPLANATION OF RELATIONSHIP

SISTERS

FORM 990

LIST OF STATES RECEIVING COPY OF RETURN  
PART VI, LINE 90

STATEMENT 10

STATES

AL, AK, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH  
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI