

NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit <http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx>



Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2008

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: The National Children's Cancer Society Inc. Doing Business As: ... Number and street (or P.O. box if mail is not delivered to street address): One South Memorial Drive ... City or town, state or country, and ZIP + 4: St Louis, MO 63102

D Employer identification number: 37-1227890. E Telephone number: (314) 241-1600. G Gross receipts \$ 29,239,759

F Name and address of Principal Officer

H(a) Is this a group return for affiliates? Yes No

I Tax-exempt status: 501(c)(3)

H(b) Are all affiliates included? Yes No

J Web site: www.nationalchildrenscancersociety.org

H(c) Group Exemption Number

K Type of organization: Corporation

L Year of Formation: 1987

M State of legal domicile: MO

Part I Summary

Table with 3 columns: Category (Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances), Description, and Amount. Rows include mission statement, revenue breakdown, expenses, and net assets.

Part II Signature Block

Signature block containing declaration of preparer, signature of officer (GAIL CRAWFORD CFO), and date (2010-02-15).

Paid Preparer's Use Only section with fields for preparer's signature (Terry Gloriod), firm's name (CBIZ MHM LLC), address, EIN, and phone number.

May the IRS discuss this return with the preparer shown above? Yes No

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

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 4,954,195 including grants of \$) (Revenue \$)

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 encouragement, and learn from each other Also, families can create web sites to share their child's story and photographs

4b (Code) (Expenses \$ 477,558 including grants of \$) (Revenue \$)

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



















4c (Code) (Expenses \$ 16,203,838 including grants of \$) (Revenue \$)

Global Outreach Program - Distributes donated pharmaceuticals and medical supplies to pediatric oncology facilities in less privileged countries

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 21,635,591 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10	No
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> 	11 Yes	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	12 Yes	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the U S ?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i> 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> 	16	No
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> 	17 Yes	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	18 Yes	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 	19	No
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	No
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21 Yes	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22 Yes	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> 	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 4		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 28		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	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)?		No
4a			
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5b			
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		No
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		No
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	Yes	
7h			
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
8			
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		No
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
9b			
10	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. GAIL K CRAWFORD ONE SOUTH MEMORIAL DRIVE SUITE 800 St Louis, MO 63102 (314) 241-1600	

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . 1a						
	b	Membership dues						
	c	Fundraising events 1b						
	d	Related organizations . . . 1c						
	e	Government grants (contributions) 1d						
	f	All other contributions, gifts, grants, and similar amounts not included above 1e	27,156,136					
	g	Noncash contributions included in lines 1a-1f \$ 1f	16,252,274					
	h	Total (Add lines 1a-1f)	27,156,136					
Program Service Revenue	2a	LIST RENTAL INCOME	274,875			274,875		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f	\$ 274,875					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)	60,292			60,292		
	4	Income from investment of tax-exempt bond proceeds	0					
	5	Royalties	0					
	6a	Gross Rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	1,317,196	48,435			
			(ii) Other					
			b	Less cost or other basis and sales expenses	1,575,958	83,898		
			c	Gain or (loss)	-258,762	-35,463		
	d	Net gain or (loss)	-294,225					
	8a	Gross income from fundraising events (not including \$ 382,825 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a						
b	Less direct expenses . . . b	208,173						
c	Net income or (loss) from fundraising events	174,652						
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a							
b	Less direct expenses . . . b							
c	Net income or (loss) from gaming activities	0						
10a	Gross sales of inventory, less returns and allowances . . . a							
b	Less cost of goods sold . . . b							
c	Net income or (loss) from sales of inventory	0						
11a	Miscellaneous Revenue							
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d \$	0						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	27,371,730			335,167			

Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	135,887	135,887		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	2,887,660	2,887,660		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	16,203,839	16,203,839		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	297,691	138,220	113,397	46,074
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	909,790	646,153		237,681
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	71,212	50,357	2,199	18,656
9	Other employee benefits	0			
10	Payroll taxes	90,550	59,111	10,024	21,415
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	4,483,278			4,483,278
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	130,846	85,416	14,485	30,945
17	Travel	28,392	18,534	3,143	6,715
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	54,839	35,799	6,071	12,969
23	Insurance	235,181	153,527	26,034	55,620
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	POSTAGE & SHIPPING	23,726	15,489	2,626	5,611
b	SUPPLIES	19,535	11,173	4,315	4,047
c	TELEPHONE	30,066	19,627	3,328	7,111
d	EQUIPMENT	5,104	3,332	565	1,207
e	SHIPPING & PROCUREMENT	7,993	7,993		
f	All other expenses	1,933,290	1,163,474	204,812	565,004
25	Total functional expenses. Add lines 1 through 24f	27,548,879	21,635,591	416,955	5,496,333
26	Joint Costs. Check <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	35,543	1	77,642
	2 Savings and temporary cash investments	2,457,410	2	1,584,583
	3 Pledges and grants receivable, net	95,671	3	74,170
	4 Accounts receivable, net	148,688	4	407,310
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	42,433	8	52,741
	9 Prepaid expenses and deferred charges	37,755	9	31,986
	10a Land, buildings, and equipment cost basis			
		10a 688,456		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>			
		10b 609,756	124,873	10c 78,700
	11 Investments—publicly traded securities	1,345,517	11	2,517,752
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	250,000	12	0
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
14 Intangible assets		14		
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	100	15	100	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,537,990	16	4,824,984	
Liabilities	17 Accounts payable and accrued expenses	831,462	17	799,027
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>		25	
	26 Total liabilities. Add lines 17 through 25	831,462	26	799,027
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,127,981	27	3,455,085
	28 Temporarily restricted net assets	578,547	28	570,872
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,706,528	33	4,025,957	
34 Total liabilities and net assets/fund balances	4,537,990	34	4,824,984	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization
The National Children's Cancer Society Inc

Employer identification number
37-1227890

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2 A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 exempt 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)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	38,746,966	36,670,214	33,778,556	35,538,945	27,156,136	171,890,817
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3	38,746,966	36,670,214	33,778,556	35,538,945	27,156,136	171,890,817
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						171,890,817

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	38,746,966	11,155	33,778,556	35,538,945	27,156,136	171,890,817
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,617	11,155	97,249	85,574	60,292	263,887
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	377,196	415,331	300,603	333,891	274,875	1,701,896
11 Total Support (Add lines 7 through 10)						173,856,600
12 Gross receipts from related activities, etc (See instructions)					12	57,670
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	98.869 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	52.545 %
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization The National Children's Cancer Society Inc

Employer identification number 37-1227890

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose of easements, number of easements, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings	46,622		35,156	11,466
c Leasehold improvements	6,170		1,113	5,057
d Equipment	330,618		271,606	59,012
e Other	305,046		301,881	3,165
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				78,700

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other CERTIFICATES OF DEPOSIT	0	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DEPOSITS	100
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	27,371,730
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,548,879
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-177,149
4	Net unrealized gains (losses) on investments	4	496,578
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	496,578
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	319,429

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	27,903,771
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	496,578
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	496,578
3	Subtract line 2e from line 1	3	27,407,193
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-35,463
c	Add lines 4a and 4b	4c	-35,463
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	27,371,730

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	27,584,342
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	35,463
e	Add lines 2a through 2d	2e	35,463
3	Subtract line 2e from line 1	3	27,548,879
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	27,548,879

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
FINANCIAL STATEMENT RECONCILING ITEMS	SCHEDULE D, PART XII & XIII	UNREALIZED GAINS OF \$496,578 WERE REMOVED FROM REVENUE LOSS OF \$35,463 ON VEHICLE DISPOSITION WAS RECLASSIFIED FROM EXPENSE TO REVENUE

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2008

Open to Public Inspection

Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Department of the Treasury Internal Revenue Service

Name of the organization The National Children's Cancer Society Inc

Employer identification number 37-1227890

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance [X] Yes [] No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures in region. Rows include South America, Sub-Saharan Africa, East Asia and the Pacific, and a Totals row.

Software ID:
Software Version:
EIN: 37-1227890
Name: The National Children's Cancer Society Inc

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	MEDICAL AID			1,111,708	MED SUPPLIES	FMV
		South America	MEDICAL AID			19,307	MED SUPPLIES	FMV
		South America	MEDICAL AID			56,888	MED SUPPLIES	FMV
		Sub-Saharan Africa	MEDICAL AID			528,687	MED SUPPLIES	FMV
		Cent America/Caribbean	MEDICAL SUPPLIES			36,573	MED SUPPLIES	FMV
		South Asia	MEDICAL AID			646,234	MED SUPPLIES	FMV
		South America	MEDICAL AID			508,658	MED SUPPLIES	FMV
		South America	MEDICAL AID			292,056	MED SUPPLIES	FMV
		Sub-Saharan Africa	MEDICAL AID			199,834	MED SUPPLIES	FMV
		Cent America/Caribbean	MEDICAL AID			197,338	MED SUPPLIES	FMV
		South America	MEDICAL AID			213,136	MED SUPPLIES	FMV
		South Asia	MEDICAL AID			105,511	MED SUPPLIES	FMV
		South Asia	MEDICAL AID			44,829	MED SUPPLIES	FMV
		South Asia	MEDICAL AID			6,765,255	MED SUPPLIES	FMV
		Sub-Saharan Africa	MEDICAL AID			5,386,230	MED SUPPLIES	FMV
		South America	MEDICAL AID			84,782	MED SUPPLIES	FMV
		South Asia	MEDICAL AID			6,813	MED SUPPLIES	FMV

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization
The National Children's Cancer Society Inc

Employer identification number
37-1227890

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SCA DIRECT	MAIL SOLICITING		No	5,570,538	3,788,851	1,781,687
HERITAGE CORP	PHONE SOLICITING		No	2,677,940	1,654,771	1,023,168
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing
AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,HI,IL,IN,KS,KY,LA,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>DINNER</u> (event type)	<u>WALK</u> (event type)	<u>25</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	311,089	46,518	25,218	382,825
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	311,089	46,518	25,218	382,825
Direct Expenses	4 Cash Prizes		5,742		5,742
	5 Non-cash Prizes	16,224			16,224
	6 Rent/Facility costs	5,000	3,318		8,318
	7 Other direct expenses	159,841	17,847	201	177,889
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				208,173
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				174,652

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility **13a**
- b** An outside facility **13b**

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Yes No

15a

17a

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Name of the organization The National Children's Cancer Society Inc

Employer identification number 37-1227890

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: Other Cash Grants, 135,887.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Cash Grants	4108	2,887,660			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
SCHEDULE I PROCEDURES	SCHEDULE I, PART I, QUESTION 2 EXPLANATION	1 ALL COMPLETED APPLICATIONS MUST BE ACCOMPANIED BY A LETTER OF SUPPORT FROM A HOSPITAL PROFESSIONAL 2 WHEN FUNDING A FAMILY, ALL INFORMATION MUST BE CONFIRMED BY A HOSPITAL PROFESSIONAL 3 STAFF VERIFIES WITH THE HOSPITAL PROFESSIONAL THAT IT IS OKAY FOR NCCS TO SEND ASSISTANCE DIRECTLY TO THE FAMILY 4 WHENEVER POSSIBLE, NCCS SENDS PAYMENT DIRECTLY TO THE PAYEE (LODGING FACILITY, HEALTH INSURANCE COMPANY, ETC) 5 NCCS FUNDS FOR A MAXIMUM OF 60 DAYS AT A TIME BECAUSE TREATMENT PLANS CHANGE AND ALSO TO LIMIT THE AMOUNT OF MONEY SENT TO A FAMILY AT ONE TIME 6 IF A FAMILY NEEDS ASSISTANCE AFTER 60 DAYS, THEN A NEW LETTER OF SUPPORT MUST BE SENT TO THE HOSPITAL PROFESSIONAL NCCS STAFF THEN RE-EVALUATE THE FAMILY NEEDS AND ASSIST AS NEEDED 7 IF NCCS IDENTIFIES A FAMILY THAT IS NOT CAPABLE OF MANAGING FUNDS DIRECTLY, THEN THE NCCS WORKS WITH THE HOSPITAL STAFF TO PROVIDE ASSISTANCE IN AN INDIRECT MANNER (EXAMPLE SENDING A CHECK TO THE HOSPITAL FOR THE PURCHASE OF CAFETERIA FOOD VOUCHERS)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Mark Stolze	(i)	206,604				23,764	230,368	
	(ii)	0					0	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No 1545-0047

2008

Open to Public Inspection

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Department of the Treasury Internal Revenue Service

Name of the organization The National Children's Cancer Society Inc

Employer identification number 37-1227890

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books, Cars, Boats, Intellectual property, Securities, Real estate, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 6

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution reporting and policies.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Name of the organization
The National Children's Cancer Society Inc

Employer identification number
37-1227890

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, Q 10	A COPY OF THE 990 IS SENT TO EACH BOARD MEMBER THROUGH E-MAIL PRIOR TO SUBMISSION

Identifier	Return Reference	Explanation
AVAILABILITY OF GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS	FORM 990, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE WWW.NATIONALCHILDRENSCANCERSOCIETY.COM AND UPON REQUEST

Identifier	Return Reference	Explanation
GUIDELINES FOR FINANCIAL ASSISTANCE AND GRANTS	FORM 990, SCHEDULE I, PART I	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" birthday and treated before his/her 21st birthday to be considered Adults who relapse after their 18" birthday are not eligible for services 3 The child must be a citizen or law ful, 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

Identifier	Return Reference	Explanation
GLOBAL OUTREACH PROGRAM (SUPPORTING DETAIL)	FORM 990, PART II	Program Integrity The Global Outreach Program (GOP) is a unique disease specific child and young adult oriented program The program provides relief through donations of specific products relating to the health and well being of children and young adults with cancer seeking treatment at hospitals we support in less developed countries The GOP does not warehouse any products When a facility partner receives a list of available products they accept based upon the need they may have for the items donated Under no circumstance must a hospital be forced to accept any product If the item and expiration date can help others then they are free to request an amount that could be used responsibly by the expiration date All products are responsibly placed with participating hospitals when items are offered If they are items not accepted by a facility partner we do not accept them from the donating company How a Facility Partner becomes a Partner Staff members thoroughly investigate all aspects of the hospital or clinic before an application is approved for facilities to participate in the program Hospitals and clinics receiving assistance must have a well trained medical staff person, an established treatment protocol and substantiate that all donated products will directly benefit children with cancer at no cost to them 1 Application sent out and returned by interested facility 2 After reviewing and confirming that shipping can be arranged, the program contacts the references on the application, sometimes contacting other relief organizations and hospitals the facility may have a relationship with They are deemed a hospital in need and receive two files to sign 3 Potential facility receives an Agreement and Pledge that requires them to sign to ensure that they agree with our program qualifications and guarantees that they will not charge any individual receiving donated items from our organization Referrals Although we have generated interest for our program via the website where an application is available to download, we continue to receive many referrals from St Jude Children's Research Hospital in Memphis We work with the International Outreach Program to help many hospitals in less developed countries that send doctors and nurses to train in Memphis Referrals are also received from hospitals in our program who are involved in International organizations such as ICCCP (International Confederation of Childhood Cancer Parent Organizations) and the INCTR (International Network for Cancer Treatment and Research) The GOP also receives referrals from other non profits with a global base Understanding the Global Outreach Program Functions 1 Research, identify and contact potential Corporate Partners 2 Accept offers for products or supplies that pertain to the needs of children with cancer from Corporate Partners based on expiration, quantity and dosage 3 Upon receipt of above information, GOP contacts will forward a detailed list of products available for distribution to each Facility Partner contact In return, each facility will identify the products and quantities they need based on the expiration date and forward their information back to GOP contacts 4 GOP will confirm all products being accepted by the donating company with a finalized list of accepted donated products from hospitals 5 Product can be shipped once they are accepted by GOP Upon arrival to the program products are divided and distributed Products are shipped within a week 6 Facility Partners accepting products receive shipping invoice documents for their donation to ensure ease of customs and other clearances prior to the donation arriving in the country 7 The GOP pays for all international shipping and for all deliveries to Facility Partners 8 The program works only with accredited and licensed doctors and nurses located in the facilities we support overseas They are the only people who dispense the needed pharmaceuticals to children with cancer We can provide names and number of each consignee to contact 9 The GOP will provide tax documentation to the donating company each time product is received

Identifier	Return Reference	Explanation
SUPPLEMENTAL DISCLOSURES	FORM 990, PART VI	TALK TO US We encourage you to bring your questions, suggestions and complaints to our attention Careful consideration will be given to each of these in our continuing effort to improve operations If you have a work-related problem, you should present the situation to your supervisor to discuss a resolution If you feel that the situation has not been resolved after meeting with your supervisor or if you would like further clarification on the matter, you may request to meet with the President and CEO If you have conflict with another staff member, discuss it with them and together try to resolve the conflict If the conflict cannot be resolved in this manner, bring it to the attention of your supervisor who will meet with all parties involved If the conflict is with your supervisor, discuss it with him/her If you feel the conflict has not been resolved, you may request to meet with the President and CEO Your suggestions and comments on any subject are important to us so we encourage you to take every opportunity to discuss them with us Your job will not be adversely affected in any way because you choose to use this procedure WHISTLE BLOWER POLICY Any employee witnessing illegal, immoral or unethical conduct which is in breach of the fiduciary duty of the organization or conduct perceived to be improper with regard to accounting, financial, internal accounting controls or auditing matters of the N C C S may report without fear of retaliation or retribution If you witness such conduct taking place in another department, then you should report it to your department head If the conduct you have witnessed involves your department head, then you should report it to the President and CEO of the N C C S If the conduct you have witnessed involves the President and CEO of N C C S, then you should report it to the N C C S Board of Director's Audit Committee at 312-307-5916 These reports may be anonymous and will remain confidential Keep in mind the standard of witnessing behavior that is considered questionable with regard to accounting or auditing matters is very high The failure of an employee to meet acceptable employment standards is not a form of breach of accounting or auditing matters and should not be reported under this provision CONFLICTS OF INTEREST No employee/volunteer shall accept, solicit or agree to accept any gift, favor, complimentary service, or other thing of value under the circumstances from which it might be reasonably inferred that such gift, service, or other thing of value was given or offered for the purpose of influencing the employee/volunteer in the discharge of his or her duties

Identifier	Return Reference	Explanation
COMPENSATION PROCEDURES	FORM 990, PART VI, LINE 15	THE CEO REPORTS TO THE EXECUTIVE COMMITTEE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2009, THERE WAS NO SALARY ADJUSTMENT MADE THE CFO REPORTS TO THE CEO FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2009, THERE WAS NO SALARY ADJUSTMENT MADE

Form 4797

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No 1545-0184

2008

Attachment Sequence No 27

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return. See separate instructions.

Name(s) shown on return The National Children's Cancer Society Inc

Identifying number

37-1227890

1 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost or other basis, (g) Gain or (loss)

3 Gain, if any, from Form 4684, line 45
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824
6 Gain, if any, from line 32, from other than casualty or theft
7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows

Table with 2 columns: Line number, Amount

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below

8 Nonrecaptured net section 1231 losses from prior years (see instructions)
9 Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)

Table with 2 columns: Line number, Amount

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

Table with 7 columns: Description, (b), (c), (d), (e), (f), (g)

11 Loss, if any, from line 7
12 Gain, if any, from line 7, or amount from line 8, if applicable
13 Gain, if any, from line 31
14 Net gain or (loss) from Form 4684, lines 37 and 44a
15 Ordinary gain from installment sales from Form 6252, line 25 or 36
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
17 Combine lines 10 through 16

Table with 2 columns: Line number, Amount

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below

a If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a" See instructions

Table with 2 columns: Line number, Amount

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14

Table with 2 columns: Line number, Amount

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D		Property A	Property B	Property C	Property D
20 Gross sales price (Note: See line 1 before completing)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis Subtract line 22 from line 21	23				
24 Total gain Subtract line 23 from line 20	24				
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the smaller of line 24 or 25a	25b				
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the smaller of line 26c or 26d	26e				
f Sections 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage (see instructions)	27b				
c Enter the smaller of line 24 or 27b	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a				
b Enter the smaller of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the smaller of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13	31	
32 Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 39 Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation (see instructions)	34	
35 Recapture amount Subtract line 34 from line 33 See the instructions for where to report	35	

Additional Data

Software ID:

Software Version:

EIN: 37-1227890

Name: The National Children's Cancer Society Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Chris Brown , Board Member	1 0	X								
Gerald E Daniels , Board Member	1 0	X								
Sue Engelhardt , Secretary/Treasurer	1 0	X								
Debra Hollingsworth , Board Member	1 0	X								
Robert E Jones , Board Member	1 0	X								
Scott MacLellan , Board Member	1 0	X								
Timothy R McFadden , Board Member	1 0	X								
Jeff Michalski MD , Board Member	1 0	X								
Harry Mueller , Board Member	1 0	X								
Michael F Neidorff , Board Member	1 0	X								
Nila Paradowski , Board Member	1 0	X								
Mark Slocomb , Chairman	1 0	X								
Eric S Stange , Board Member	1 0	X								
Maria Taxman , Vice-Chairman	1 0	X								
Conrad Tuza , Board Member	1 0	X								
Al Wiman , Board Member	1 0	X								
Cheryl S Wroth-Stein , Board Member	1 0	X								
Mark Stolze , President & CEO	40 0			X			206,604	0	23,764	
Gail Crawford , CFO	32 0			X			63,318	0	4,005	

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

The National Children's Cancer Society Primary Exempt Purpose 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