

**Return of Organization Exempt From Income Tax**

**2011**

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 2011 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

<b>B</b> Check if applicable  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ALEX'S LEMONADE STAND FOUNDATION</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>333 E. LANCASTER AVENUE 414</b> City or town, state or country, and ZIP + 4 <b>WYNNEWOOD, PA 19096</b> <b>F</b> Name and address of principal officer: <b>JASON SCOTT</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>56-2496146</b> <b>E</b> Telephone number <b>610-649-3034</b> <b>G</b> Gross receipts \$ <b>11,017,720.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.ALEXSLEMONADE.ORG</b>		
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ <b>FOUND</b> <b>L</b> Year of formation: <b>2005</b> <b>M</b> State of legal domicile: <b>PA</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE FOUNDATIONS PURPOSE IS TO RAISE FUNDS FOR PEDIATRIC CANCER, TREATMENT AND RESEARCH. THE</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float:right">3 15</span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float:right">4 13</span> <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) <span style="float:right">5 31</span> <b>6</b> Total number of volunteers (estimate if necessary) <span style="float:right">6 16000</span> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float:right">7a 0.</span> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <span style="float:right">7b 0.</span>																									
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td style="text-align:right">6,899,285.</td> <td style="text-align:right">9,828,809.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td style="text-align:right">0.</td> <td style="text-align:right">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII—column (A)—lines 3, 4, and 7d)</td> <td style="text-align:right">65,490.</td> <td style="text-align:right">79,526.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e)</td> <td style="text-align:right">614,368.</td> <td style="text-align:right">403,439.</td> </tr> <tr> <td><b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align:right">7,579,143.</td> <td style="text-align:right">10,311,774.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	6,899,285.	9,828,809.	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.	<b>10</b> Investment income (Part VIII—column (A)—lines 3, 4, and 7d)	65,490.	79,526.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e)	614,368.	403,439.	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,579,143.	10,311,774.						
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**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer <b>JASON SCOTT</b> Type or print name and title <b>Executive Director</b>	Date <b>5/11/2012</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHRISTOPHER M. PEKULA</b> Preparer's signature <b>CHRISTOPHER M. PEKULA</b> Date <b>5/9/2012</b> Firm's name ▶ <b>MCGLADREY LLP</b> Firm's address ▶ <b>751 ARBOR WAY, SUITE 200 BLUE BELL, PA 19422</b> Firm's EIN ▶ <b>42-0714325</b> Phone no. <b>215.641.8600</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00734965</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED MAY 21 2012

916

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

THE FOUNDATION'S PURPOSE IS TO RAISE FUNDS FOR PEDIATRIC CANCER TREATMENT AND RESEARCH. THE FOUNDATION RAISES PUBLIC AWARENESS ABOUT PEDIATRIC CANCER, ENCOURAGES AND EDUCATES OTHERS, ESPECIALLY CHILDREN, TO RAISE FUNDS FOR SUCH PURPOSES.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 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 \$ 5,659,175. including grants of \$ 5,395,978. ) (Revenue \$ ) PEDIATRIC CANCER RESEARCH GRANT-MAKING PROGRAM

- FUND CUTTING EDGE CHILDHOOD CANCER RESEARCH PROJECTS THAT SEEK TO FIND BETTER TREATMENTS FOR, AND CAUSES OF, CHILDHOOD CANCER.
-FUND THE "A" AWARD, A PRESTIGIOUS AWARD GIVEN TO A LEADING YOUNG SCIENTIST IN THE FIELD OF CHILDHOOD CANCER.
-FUND CHILDHOOD CANCER NURSING RESEARCH WHICH SEEKS TO IMPROVE THE QUALITY OF LIFE FOR CHILDHOOD CANCER PATIENTS.
-CREATE AND OPERATE THE "MYCHILDHOODCANCER.ORG" DATABASE, A LONGITUDINAL DATABASE WHICH TRACKS USER GENERATED INFORMATION FROM CHILDHOOD CANCER FAMILIES.

4b (Code ) (Expenses \$ 926,785. including grants of \$ ) (Revenue \$ ) PUBLIC AWARENESS AND EDUCATION

- RAISE FUNDS AND AWARENESS FOR CHILDHOOD CANCER.
-EFFECTIVELY ENCOURAGES VOLUNTEERISM TO TENS OF THOUSANDS OF INDIVIDUALS ANNUALLY ESPECIALLY AMONG YOUNG PEOPLE.
-HOST AN ANNUAL NURSING SYMPOSIUM WHICH EDUCATES CHILDHOOD CANCER NURSES ON HOW TO GET STARTED WITH RESEARCH PROJECTS THAT HAVE AN IMPACT ON THE LIVES OF CHILDHOOD CANCER PATIENTS.

4c (Code ) (Expenses \$ 82,237. including grants of \$ 70,240. ) (Revenue \$ ) TRAVEL FOR PEDIATRIC CANCER PATIENTS AND THEIR FAMILIES

- THE TRAVEL FUND ASSISTS CHILDHOOD CANCER FAMILIES WHO ARE FORCED TO TRAVEL FOR TREATMENT FOR THEIR CHILDREN. THIS TRAVEL PUTS AN EXTREME FINANCIAL BURDEN ON THESE FAMILIES AND THE TRAVEL FUND SEEKS TO ALLEVIATE SOME OF THIS BURDEN.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,668,197.

**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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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>		X
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>		X
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>		X
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>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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, Parts II and IV</i>	X	
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, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		<b>X</b>
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> 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>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> 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>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> 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>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>35b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% 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>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>X</b>	

**Note.** All Form 990 filers are required to complete Schedule O

Form 990 (2011)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13a</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	15		
b	Enter the number of voting members included in line 1a, above, who are independent		
	13		
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?	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, 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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JASON SCOTT - 610-649-3034**

**29 EAST WYNNEWOOD ROAD, WYNNEWOOD, PA 19096**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) JASON SCOTT CO-EXECUTIVE DIRECTOR	40.00	X		X			110,718.	0.	9,040.	
(2) ELIZABETH SCOTT CO-EXECUTIVE DIRECTOR	40.00	X		X			98,833.	0.	6,168.	
(3) LEWIS GANTMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(4) BILLY KING BOARD MEMBER	1.00	X					0.	0.	0.	
(5) MARY AUSTEN BOARD MEMBER	1.00	X					0.	0.	0.	
(6) STEPHEN COHN CHAIR	1.00	X		X			0.	0.	0.	
(7) ERIN FLYNN BLAIR TREASURER	1.00	X		X			0.	0.	0.	
(8) JOCELYN HILLMAN VICE CHAIR	1.00	X		X			0.	0.	0.	
(9) JEFFREY BENJAMIN SECRETARY	1.00	X		X			0.	0.	0.	
(10) MIKE GEORGE BOARD MEMBER	1.00	X					0.	0.	0.	
(11) JOEL FRANK BOARD MEMBER	1.00	X					0.	0.	0.	
(12) GIANNA JACKSON BOARD MEMBER	1.00	X					0.	0.	0.	
(13) MARC BRUNO BOARD MEMBER	1.00	X					0.	0.	0.	
(14) MARC SUMMERS BOARD MEMBER	1.00	X					0.	0.	0.	
(15) JEFF KALINER BOARD MEMBER	1.00	X					0.	0.	0.	



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a 43,620.					
	b Membership dues	1b					
	c Fundraising events	1c 1,154,740.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 8,630,449.					
	g Noncash contributions included in lines 1a-1f \$						
	<b>h Total. Add lines 1a-1f</b>		<b>9,828,809.</b>				
	<b>Program Service Revenue</b>	Business Code					
2 a							
b							
c							
d							
e							
f All other program service revenue							
<b>g Total. Add lines 2a-2f</b>							
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		75,830.			75,830.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		295,835.			295,835.	
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	321,531.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	317,835.				
		c Gain or (loss)	3,696.				
	d Net gain or (loss)		3,696.			3,696.	
	8 a Gross income from fundraising events (not including \$ 1,154,740. of contributions reported on line 1c). See Part IV, line 18	a	329,969.				
		b Less: direct expenses	b 294,126.				
c Net income or (loss) from fundraising events			35,843.			35,843.	
9 a Gross income from gaming activities. See Part IV, line 19	a	52,260.					
	b Less: direct expenses	b 14,307.					
	c Net income or (loss) from gaming activities		37,953.			37,953.	
10 a Gross sales of inventory, less returns and allowances	a	113,486.					
	b Less: cost of goods sold	b 79,678.					
	c Net income or (loss) from sales of inventory		33,808.	33,808.			
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
<b>12 Total revenue. See instructions.</b>			<b>10311774.</b>	<b>33,808.</b>	<b>0.</b>	<b>449,157.</b>	

**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).

Check if Schedule O contains a response to any question in this Part IX

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 United States. See Part IV, line 21	5,301,218.	5,301,218.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	70,240.	70,240.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	94,760.	94,760.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	227,459.	113,729.	46,125.	67,605.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,031,584.	419,195.	394,396.	217,993.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	14,962.	6,449.	5,243.	3,270.
9 Other employee benefits	118,592.	51,479.	39,829.	27,284.
10 Payroll taxes	90,491.	39,959.	29,091.	21,441.
11 Fees for services (non-employees):				
a Management				
b Legal	1,825.		1,825.	
c Accounting	24,836.		24,836.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	93,575.	27,154.	39,113.	27,308.
14 Information technology	46,650.	20,312.	12,641.	13,697.
15 Royalties				
16 Occupancy	164,753.	68,695.	59,315.	36,743.
17 Travel	84,977.	27,184.	6,633.	51,160.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,610.	24,343.	19,247.	13,020.
23 Insurance	33,816.	14,670.	11,299.	7,847.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PRINTING</b>	32,717.	15,698.	4,420.	12,599.
b <b>LONGITUDINAL DATABASE S</b>	180,472.	180,472.		
c <b>PROMOTIONAL MATERIALS</b>	81,267.	78,336.	2,142.	789.
d <b>LICENSES AND FEES</b>	53,243.	1,235.	50,964.	1,044.
e All other expenses	157,285.	113,069.	39,475.	4,741.
25 Total functional expenses. Add lines 1 through 24e	7,961,332.	6,668,197.	786,594.	506,541.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	526,657.	1	49,302.
	2	Savings and temporary cash investments	8,650,504.	2	11,478,918.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	147,655.	4	62,680.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	54,354.	8	76,976.
	9	Prepaid expenses and deferred charges	23,661.	9	35,001.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	337,200.		
	10b	Less accumulated depreciation	157,417.		
			174,124.	10c	179,783.
	11	Investments - publicly traded securities	4,210.	11	4,050.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	8,750.	15	11,250.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	9,589,915.	16	11,897,960.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	60,160.	17	49,071.
	18	Grants payable		18	125,000.
	19	Deferred revenue	415,720.	19	280,755.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	17,143.	25	29,286.
	26	<b>Total liabilities.</b> Add lines 17 through 25	493,023.	26	484,112.
<b>Net Assets or Fund Balances</b>	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	8,875,439.	27	11,388,848.
	28	Temporarily restricted net assets	221,453.	28	25,000.
	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	<b>Total net assets or fund balances</b>	9,096,892.	33	11,413,848.	
34	<b>Total liabilities and net assets/fund balances</b>	9,589,915.	34	11,897,960.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,311,774.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,961,332.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,350,442.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,096,892.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<33,486.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,413,848.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

	Yes	No
2a		X

b Were the organization's financial statements audited by an independent accountant?

2b	X	
----	---	--

c If "Yes" to line 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?

2c	X	
----	---	--

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

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?

3a		X
----	--	---

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b		
----	--	--

Form 990 (2011)



**Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5562352.	6062629.	6266988.	6899285.	9828809.	34620063.
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 lines 1 through 3	5562352.	6062629.	6266988.	6899285.	9828809.	34620063.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2216109.
6 Public support. Subtract line 5 from line 4						32403954.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	5562352.	6062629.	6266988.	6899285.	9828809.	34620063.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	747,012.	675,515.	566,207.	360,529.	371,665.	2720928.
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.)			77,996.	52,850.	52,260.	183,106.
11 Total support. Add lines 7 through 10						37524097.
12 Gross receipts from related activities, etc. (see instructions)					12	1,743,246.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	86.36 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	86.85 %
16a 33 1/3% support test - 2011. 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% support test - 2010. If the organization did not check a 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 - 2011. 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 - 2010. 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 a 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 Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (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 section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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% support tests - 2010.** 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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**  
Open to Public Inspection

Name of the organization

**ALEX'S LEMONADE STAND FOUNDATION**

Employer identification number

**56-2496146**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

3 Using the organization's acquisition, 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 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 the arrangement in Part XIV and complete the following table.

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		50,226.	10,121.	40,105.
d Equipment		74,697.	43,374.	31,323.
e Other		212,277.	103,922.	108,355.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				179,783.

**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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	29,286.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	29,286.

FIN 48 (ASC 740) Footnote 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 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,311,774.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,961,332.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,350,442.
4	Net unrealized gains (losses) on investments	4	<33,486.>
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 through 8	9	<33,486.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,316,956.

**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	10,668,789.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<33,486.>
b	Donated services and use of facilities	2b	103,869.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	286,632.
e	Add lines 2a through 2d	2e	357,015.
3	Subtract line 2e from line 1	3	10,311,774.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,311,774.

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

1	Total expenses and losses per audited financial statements	1	8,351,833.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	103,869.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	286,632.
e	Add lines 2a through 2d	2e	390,501.
3	Subtract line 2e from line 1	3	7,961,332.
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,961,332.

**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 IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE FOUNDATION IS GENERALLY EXEMPT FROM FEDERAL INCOME**

**TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE**

**CODE. IN ADDITION, THE FOUNDATION QUALIFIES FOR CHARITABLE CONTRIBUTION**

**DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A**

**PRIVATE FOUNDATION. INCOME WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS**

**APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME**

**TAXES. THE FOUNDATION HAD NO UNRELATED BUSINESS INCOME FOR THE YEARS**

**ENDED DECEMBER 31, 2011 AND 2010.**

Part XIV Supplemental Information (continued)

MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF FASB ASC TOPIC 740-10. CONSEQUENTLY, NO ACCRUAL FOR INTEREST AND PENALTIES WAS DEEMED NECESSARY FOR THE YEARS ENDED DECEMBER 31, 2011 OR 2010. THE FOUNDATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2008.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Rows include COST OF MERCHANDISE SALES OFFSET (79,678), GALA/EVENT EXPENSES (192,647), EVENT EXPENSES - RAFFLE (14,307), and TOTAL TO SCHEDULE D, PART XII, LINE 2D (286,632).

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Rows include COST OF MERCHANDISE SALES OFFSET (79,678), GALA/EVENT EXPENSES (192,647), EVENT EXPENSES - RAFFLE (14,307), and TOTAL TO SCHEDULE D, PART XIII, LINE 2D (286,632).

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public  
Inspection

Name of the organization

Employer identification number

**ALEX'S LEMONADE STAND FOUNDATION**

**56-2496146**

**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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 for and investments in region
NORTH AMERICA	0	0	GRANTS	PEDIATRIC CANCER RESEARCH GRANT-MAKING PROGRAM	94,760.
<b>3 a</b> Sub-total	0	0			94,760.
<b>b</b> Total from continuation sheets to Part I	0	0			0.
<b>c Totals</b> (add lines 3a and 3b)	0	0			94,760.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2011

SEE PART V FOR COLUMN (E) DESCRIPTIONS





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*  Yes  No

Schedule F (Form 990) 2011

**Part V** Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: GRANTS ARE MONITORED THROUGH THE SUBMISSION OF YEARLY PROGRESS REPORTS. INVESTIGATORS MUST DEMONSTRATE SATISFACTORY COMPLETION OF PROPOSED RESEARCH OBJECTIVES AND APPROPRIATE BUDGET EXPENDITURES. CONTINUED SUPPORT FOR SECOND AND THIRD YEARS OF FUNDING IS CONTINGENT UPON A NONCOMPETITIVE REVIEW OF THE YEARLY REPORTS AND BUDGET BY ALSF'S SCIENTIFIC ADVISORY BOARD. A FINAL REPORT IS DUE AT THE CONCLUSION OF THE GRANT.

PART I, LINE 3, COLUMN (E):

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: PEDIATRIC CANCER RESEARCH GRANT-MAKING PROGRAM

-FUND CUTTING EDGE CHILDHOOD CANCER RESEARCH PROJECTS THAT SEEK TO FIND BETTER TREATMENTS FOR, AND CAUSES OF, CHILDHOOD CANCER.

-FUND THE "A" AWARD, A PRESTIGIOUS AWARD GIVEN TO A LEADING YOUNG SCIENTIST IN THE FIELD OF CHILDHOOD CANCER.

-FUND CHILDHOOD CANCER NURSING RESEARCH WHICH SEEKS TO IMPROVE THE QUALITY OF LIFE FOR CHILDHOOD CANCER PATIENTS.

-CREATE AND OPERATE THE "MYCHILDHOODCANCER.ORG" DATABASE, A LONGITUDINAL DATABASE WHICH TRACKS USER GENERATED INFORMATION FROM CHILDHOOD CANCER FAMILIES.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		LEMON BALL (event type)	LA GREAT CHEF EVENT (event type)	9 (total number)		
Revenue	1	Gross receipts	705,918.	343,624.	435,167.	1,484,709.
	2	Less: Charitable contributions	604,439.	236,679.	313,622.	1,154,740.
	3	Gross income (line 1 minus line 2)	101,479.	106,945.	121,545.	329,969.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	6,468.			6,468.
	7	Food and beverages	110,784.			110,784.
	8	Entertainment				
	9	Other direct expenses	19,017.	58,473.	99,384.	176,874.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 294,126 )
	11	Net income summary. Combine line 3, column (d), and line 10				35,843.

**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			52,260.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			14,307.	14,307.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				( 14,307 )	
8	Net gaming income summary. Combine line 1, column d, and line 7				37,953.	

9 Enter the state(s) in which the organization operates gaming activities: PA  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 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?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |          |
|-------------------------------|-----|----------|
| a The organization's facility | 13a | %        |
| b An outside facility         | 13b | 100.00 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► JASON SCOTT

Address ► 29 EAST WYNNEWOOD ROAD - WYNNEWOOD, PA 19096

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- 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 of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► JASON SCOTT

Gaming manager compensation ► \$ \_\_\_\_\_  
\*\*

Description of services provided ► JASON'S MAIN RESPONSIBILITY IS AS EXECUTIVE DIRECTOR AND OFFICER, HOWEVER A MINOR PART OF HIS RESPONSIBILITIES FOR THIS YEAR INCLUDED THE OVESIGHT OF THE RAFFLE TICKET SALES AND ACTUAL

- 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?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE G, PART III, LINE 16, DESCRIPTION OF SERVICES PROVIDED:**

JASON'S MAIN RESPONSIBILITY IS AS EXECUTIVE DIRECTOR AND OFFICER, HOWEVER A MINOR PART OF HIS RESPONSIBILITIES FOR THIS YEAR INCLUDED THE OVESIGHT OF THE RAFFLE TICKET SALES AND ACTUAL DRAWING FOR THE ONE RAFFLE THE ORGANZIATION HELD DURING THE YEAR.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**2011**

Open to Public  
Inspection

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

Name of the organization

**ALEX'S LEMONADE STAND FOUNDATION**

Employer identification number  
**56-2496146**

**Part I General Information on Grants and Assistance**

**1** 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?  Yes  No

**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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESIVA UNIVERSITY - 1300 MORRIS PARK AVENUE - BRONX, NY 10461	13-1624225	501(C)(3)	6,000.	0.			PEDIATRIC CANCER RESEARCH
ALFRED I DUPONT HOSPITAL FOR CHILDREN - 1600 ROCKLAND ROAD - WILMINGTON, DE 19803	58-0011241	501(C)(3)	100,000.	0.			PEDIATRIC CANCER RESEARCH
BAYLOR COLLEGE OF MEDICINE 6621 FANNIN HOUSTON, TX 77030	74-1613878	501(C)(3)	415,394.	0.			PEDIATRIC CANCER RESEARCH
BOARD OF TRUSTEES OF LELAN STANFORD JR UNIV. - 3145 PORTER DRIVE - PALO ALTO, CA 94304	94-1156365	501(C)(3)	100,000.	0.			PEDIATRIC CANCER RESEARCH
CASE WESTERN RESERVE 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	64,544.	0.			PEDIATRIC CANCER RESEARCH
CHILDREN'S HEALTH CARE OF ATLANTA 1584 TULLIE CIR NE ATLANTA, GA 30329	58-2367819	501(C)(3)	135,000.	0.			PEDIATRIC CANCER RESEARCH

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **55.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	100,000.	0.			PEDIATRIC CANCER RESEARCH
CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD. LOS ANGELES, CA 90027	95-1690977	501(C)(3)	224,186.	0.			PEDIATRIC CANCER RESEARCH
CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVE NW WASHINGTON, DC 20010	52-1654453	501(C)(3)	15,911.	0.			PEDIATRIC CANCER RESEARCH
CHILDREN'S MERCY 2401 GILHAM ROAD KANSAS CITY, MO 64108	44-0605373	501(C)(3)	11,000.	0.			PEDIATRIC CANCER RESEARCH
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVENUE - CINCINNATI, OH 45229	31-0833936	501(C)(3)	143,350.	0.			PEDIATRIC CANCER RESEARCH
CONNECTICUT CHILDRENS MEDICAL CENTER FOUNDATION INC - 282 WASHINGTON STREET - HARTFORD, CT 06106	22-2619869	501(C)(3)	24,000.	0.			PEDIATRIC CANCER RESEARCH
DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON, MA 02115	04-2263040	501(C)(3)	297,728.	0.			PEDIATRIC CANCER RESEARCH
DUKE UNIVERSITY 433A MSRB I, 103 RESEARCH DRIVE (BO DURHAM, NC 27710	56-0532129	501(C)(3)	131,315.	0.			PEDIATRIC CANCER RESEARCH
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVE N. - SEATTLE, WA 98109	23-7156071	501(C)(3)	82,750.	0.			PEDIATRIC CANCER RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGETOWN UNIVERSITY 37 AND O STREET, NW WASHINGTON, DC 20007	53-0196603	501(C)(3)	8,000.	0.			PEDIATRIC CANCER RESEARCH
HUNTSMAN CANCER INSTITUTE 75 SOUTH 2000 EAST, RM 211 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	102,000.	0.			PEDIATRIC CANCER RESEARCH
KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - 3901 RAINBOW BOULEVARD - KANSAS CITY, KS 66160	48-1108830	501(C)(3)	6,000.	0.			PEDIATRIC CANCER RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	120,000.	0.			PEDIATRIC CANCER RESEARCH
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10065	13-1924236	501(C)(3)	190,000.	0.			PEDIATRIC CANCER RESEARCH
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 630 WEST 168TH STREET - NEW YORK, NY 10032	13-5562308	501(C)(3)	106,000.	0.			PEDIATRIC CANCER RESEARCH
OHIO STATE UNIVERSITY RESEARCH FOUNDATION - 1960 KENNY RD - COLUMBUS, OH 43210	31-6401599	501(C)(3)	10,662.	0.			PEDIATRIC CANCER RESEARCH
REGENTS OF THE UNIVERSITY OF MICHIGAN - 2050 ADMIN SERVICES BLDG - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	40,000.	0.			PEDIATRIC CANCER RESEARCH
SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE - 10901 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037	51-0197108	501(C)(3)	100,000.	0.			PEDIATRIC CANCER RESEARCH

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER - 4800 SAND POINT WAY NE, MS B6553 - SEATTLE, WA 98105	91-1156519	501(C)(3)	62,382.	0.			PEDIATRIC CANCER RESEARCH
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	42,000.	0.			PEDIATRIC CANCER RESEARCH
STANFORD UNIVERSITY 1050 ARASTRADERO RD. PALO ALTO, CA 94304	94-1156365	501(C)(3)	142,500.	0.			PEDIATRIC CANCER RESEARCH
STOWERS INSTITUTE FOR MEDICAL RESEARCH - 1000 EAST 50TH STREET - KANSAS CITY, MO 64110	20-2993509	501(C)(3)	100,000.	0.			PEDIATRIC CANCER RESEARCH
TEXAS TECH UNIVERSITY P.O. BOX 41107 LUBBOCK, TX 79409-1107	75-6002622	501(C)(3)	6,000.	0.			PEDIATRIC CANCER RESEARCH
THE CHILDREN'S HOSP. OF PHILA. 34TH ST AND CIVIC CNTR BLVD. PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	391,331.	0.			PEDIATRIC CANCER RESEARCH
THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 733 NORTH BROADWAY - BALTIMORE, MD 21205	52-0595110	501(C)(3)	138,840.	0.			PEDIATRIC CANCER RESEARCH
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6401599	501(C)(3)	125,000.	0.			PEDIATRIC CANCER RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - SAN FRANCISCO - UCSF BOX 0248 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	131,000.	0.			PEDIATRIC CANCER RESEARCH

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 10920 WILSHIRE BLVD. - LOS ANGELES, CA 90024	95-6006143	501(C)(3)	185,599.	0.			PEDIATRIC CANCER RESEARCH
THE REGENTS OF THE UNIVERSITY OF MINNESOTA - 1300 S 2ND ST SUITE 206 - MINNEAPOLIS, MN 55454	41-6007513	501(C)(3)	124,856.	0.			PEDIATRIC CANCER RESEARCH
THE REGENTS OF THE UNIVERSITY OF SAN DIEGO - 9500 GILMAN DR. - LA JOLLA, CA 92093	95-6006144	501(C)(3)	100,000.	0.			PEDIATRIC CANCER RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY - 622 WEST 113TH STREET - NEW YORK, NY 10025	13-5598093	501(C)(3)	64,500.	0.			PEDIATRIC CANCER RESEARCH
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT ST. STE 305 - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	50,000.	0.			PEDIATRIC CANCER RESEARCH
U TEXAS SOUTHWESTERN MEDICAL CENTER @ DALLAS - 5323 HARRY HINES BLVD - DALLAS, TX 75235	75-6002868	501(C)(3)	82,500.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF ARIZONA 1501 N CAMPBELL AVE TUCSON, AZ 85724	74-2652689	501(C)(3)	50,000.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 505 PARNASSUS AVE - SAN FRANCISCO, CA 94103	94-6036493	501(C)(3)	38,796.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF CHICAGO 1427 E 60TH SUITE 120 CHICAGO, IL 60637	36-2177139	501(C)(3)	102,000.	0.			PEDIATRIC CANCER RESEARCH

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNIVERSITY OF COLORADO DENVER 13001 EAST 17TH PLACE AURORA, CO 80045	84-6000555	501(C)(3)	40,750.	0.			PEDIATRIC CANCER RESEARCH	
UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 15213	25-0965591	501(C)(3)	62,425.	0.			PEDIATRIC CANCER RESEARCH	
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE. ROCHESTER, NY 14642	16-0743209	501(C)(3)	46,000.	0.			PEDIATRIC CANCER RESEARCH	
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-6000203	501(C)(3)	100,000.	0.			PEDIATRIC CANCER RESEARCH	
UNIVERSITY OF UTAH 2001 BEACON STREET, STE 208 BOSTON, MA 02135	04-3180414	501(C)(3)	106,000.	0.			PEDIATRIC CANCER RESEARCH	
VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 49503	52-2000820	501(C)(3)	24,000.	0.			PEDIATRIC CANCER RESEARCH	
VANDERBILT UNIVERSITY MEDICAL CENTER - 3319 WEST END AVE, SUITE 100 - NASHVILLE, TN 37203	62-0476822	501(C)(3)	43,000.	0.			PEDIATRIC CANCER RESEARCH	
WASHINGTON UNIVERSITY 660 SOUTH EUCLID AVE. CAMPUS BOX 80 ST. LOUIS, MO 63110	43-0653611	501(C)(3)	135,000.	0.			PEDIATRIC CANCER RESEARCH	
YALE SCHOOL OF MEDICINE 333 CEDAR ST NEW HAVEN, CT 06520	06-0646973	501(C)(3)	201,000.	0.			PEDIATRIC CANCER RESEARCH	

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated 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
MEDICAL TRAVEL ASSISTANCE	200	70,240.	0.	FMV	

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

**SCHEDULE I, PART I, LINE 2: GRANTS ARE MONITORED THROUGH THE SUBMISSION OF YEARLY PROGRESS REPORTS. INVESTIGATORS MUST DEMONSTRATE SATISFACTORY COMPLETION OF PROPOSED RESEARCH OBJECTIVES AND APPROPRIATE BUDGET EXPENDITURES. CONTINUED SUPPORT FOR SECOND AND THIRD YEARS OF FUNDING IS CONTINGENT UPON A NONCOMPETITIVE REVIEW OF THE YEARLY REPORTS AND BUDGET BY ALSF'S SCIENTIFIC ADVISORY BOARD. A FINAL REPORT IS DUE AT THE CONCLUSION OF THE GRANT.**

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization

ALEX'S LEMONADE STAND FOUNDATION

Employer identification number

56-2496146

FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:

FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOUNDATION RAISES PUBLIC AWARENESS ABOUT PEDIATRIC CANCER, ENCOURAGES

AND EDUCATES OTHERS, ESPECIALLY CHILDREN, TO RAISE FUNDS FOR SUCH

PURPOSES. PLEASE SEE BELOW FOR A COMPLETE LIST OF OUR MOST SIGNIFICANT

ACTIVITIES.

FORM 990, PART VI, SECTION A, LINE 2: JASON SCOTT AND ELIZABETH SCOTT ARE

HUSBAND AND WIFE.

ELIZABETH SCOTT AND ERIN FLYNN BLAIR ARE SISTERS.

FORM 990, PART VI, SECTION A, LINE 6: ALEX'S LEMONADE STAND FOUNDATION

HAS ONE CLASS OF MEMBERS WHOSE VOTING AND OTHER RIGHTS AND INTERESTS SHALL

EQUAL EXCEPT FOR THE RIGHTS GIVEN TO JASON SCOTT AND ELIZABETH SCOTT FOR

APPOINTING AND REMOVING MEMBER OF THE CORPORATION AS NOTED IN PART VI, LINE

7A.

FORM 990, PART VI, SECTION A, LINE 7A: THE INITIAL MEMBERS OF THE

CORPORATION CONSIST OF JASON SCOTT AND ELIZABETH SCOTT. THE INITIAL

MEMBERS MAY, FROM TIME TO TIME, BY UNANIMOUS VOTE, NAME ONE OR MORE

ADDITIONAL PERSONS TO BE MEMBERS OF THE CORPORATION. EACH MEMBER OF THE

CORPORATION SHALL REMAIN A MEMBER UNTIL HIS OR HER RESIGNATION, DEATH, OR

IN THE CASE OF ANY MEMBER NAMED BY THE INITIAL MEMBERS, HIS OR HER REMOVAL

BY A UNANIMOUS VOTE OF THE INITIAL MEMBERS. UPON THE DEATH OR RESIGNATION

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

Name of the organization <b>ALEX'S LEMONADE STAND FOUNDATION</b>	Employer identification number <b>56-2496146</b>
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OF THE LAST LIVING MEMBER OF THE CORPORATION, THOSE PERSONS THEN SERVING AS DIRECTORS OF THE CORPORATION SHALL, WITHOUT FURTHER ACTION, BECOME MEMBERS OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE FOR INITIAL APPROVAL. ONCE APPROVED BY THE FINANCE COMMITTEE IT IS THEN SENT TO THE FULL BOARD FOR FINAL APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS ARE GIVEN THE CONFLICT OF INTEREST POLICY UPON JOINING THE BOARD TO REVIEW. BOARD MEMBERS ARE REQUIRED TO NOTIFY THE ORGANIZATION OF ANY CONFLICTS THAT ARISE AND ARE NOT ALLOWED TO VOTE OR PARTICIPATE IN BOARD MATTERS IN WHICH THEY HAVE A CONFLICT. THE SCIENTIFIC REVIEW BOARD ARE EACH GIVEN A CONFLICT OF INTEREST POLICY. MEMBERS RECUSE THEMSELVES FROM VOTING ON A PROJECT WHERE A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DID A REVIEW AND COMPENSATION COMPARISON FOR KEY STAFF. THE PROCESS CONSISTED OF PERFORMING A JOB REVIEW WHICH INCLUDED INTERVIEWING KEY STAFF AND CONSTITUENTS REGARDING JOB PERFORMANCE AND INTERACTIONS. A COMPENSATION COMPARISON WAS PERFORMED LOOKING AT SIMILAR SIZE ORGANIZATIONS AND SIMILAR JOBS. BASED ON THE RESULTS OF THIS REVIEW A RECOMMENDATION WAS MADE TO THE FULL BOARD REGARDING SALARIES AND THE FULL BOARD HAD A VOTE ON THE MATTER.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
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, HI, TX, VT

Name of the organization

ALEX'S LEMONADE STAND FOUNDATION

Employer identification number

56-2496146

FORM 990, PART VI, SECTION C, LINE 19: OUR FINANCIAL INFORMATION IS AVAILABLE THROUGH 3RD PARTY WEBSITES. OUR FINANCIAL INFORMATION, CONFLICT OF INFORMATION POLICY AND GOVERNING DOCUMENTS ARE ALL AVAILABLE UPON REQUEST THROUGH ALEX'S LEMONADE STAND FOUNDATION (ALSF).

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -33,486.

FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART I, LINE 1 - MOST SIGNIFICANT ACTIVITIES: THE FOLLOWING IS A LIST OF OUR MOST SIGNIFICANT ACTIVITIES:

-RAISE FUNDS AND AWARENESS FOR CHILDHOOD CANCER.

-FUND CUTTING EDGE CHILDHOOD CANCER RESEARCH PROJECTS THAT SEEK TO FIND BETTER TREATMENTS FOR AND CAUSES OF CHILDHOOD CANCER.

-FUND THE "A" AWARD, A PRESTIGIOUS AWARD GIVEN TO A LEADING YOUNG SCIENTIST IN THE FIELD OF CHILDHOOD CANCER.

-FUND CHILDHOOD CANCER NURSING RESEARCH WHICH SEEKS TO IMPROVE THE QUALITY OF LIFE FOR CHILDHOOD CANCER PATIENTS.

-OPERATE TRAVEL FUND WHICH ASSISTS CHILDHOOD CANCER FAMILIES WHO ARE FORCED TO TRAVEL FOR TREATMENT FOR THEIR CHILDREN. THIS TRAVEL PUTS AN EXTREME FINANCIAL BURDEN ON THESE FAMILIES AND THE TRAVEL FUND SEEKS TO ALLEVIATE SOME OF THIS BURDEN.

-HOST AN ANNUAL NURSING SYMPOSIUM WHICH EDUCATES CHILDHOOD CANCER

Name of the organization <b>ALEX'S LEMONADE STAND FOUNDATION</b>	Employer identification number <b>56-2496146</b>
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**NURSES ON HOW TO GET STARTED WITH RESEARCH PROJECTS THAT HAVE AN IMPACT ON THE LIVES OF CHILDHOOD CANCER PATIENTS.**

**-CREATE AND OPERATE THE CHILDHOOD CANCER DATABASE. A LONGITUDINAL DATABASE WHICH IS TRACKS USER GENERATED INFORMATION FROM CHILDHOOD CANCER FAMILIES.**

**-EFFECTIVELY ENCOURAGES VOLUNTEERISM TO TENS OF THOUSANDS OF INDIVIDUALS ANNUALLY ESPECIALLY AMONG YOUNG PEOPLE.**

**FORM 990, PART I, LINE 6: ALEX'S LEMONADE STAND FOUNDATION HAS VOLUNTEERS THAT ASSIST IN MANY CAPACITIES. VOLUNTEERS GIVE THEIR TIME BY HOSTING LEMONADE STANDS, ASSISTING AT VARIOUS SPECIAL EVENTS, HELPING OUT WITH OFFICE TASKS, AND LENDING THEIR EXPERTISE TO ADVISORY BOARDS.**