

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



		complete column (A) C on 4947(a)(1) nonexem			
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) M nagement and general	(D) Fundraising
2a Grants paid from donor advised funds (attach schedule)					
(cash \$)]	į			
If this amount includes foreign grants, check here	22a				
2b Other grants and allocations (attach schedule)					
(cash \$)					
If this amount includes foreign grants, check here	22b				
3 Specific assistance to individuals (attach					
schedule)	23				
4 Benefits paid to or for members (attach					
schedule)	24	ļ			
5a Compensation of current officers, directors,					
key employees, etc. listed in	[[
Part V-A	25a				
b Compensation of former officers, directors,					
key employees, etc. listed in					
Part V-B	25b				
c Compensation and other distributions, not included above.					
to disqualified persons (as defined under section)		ļ		
4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
6 Salaries and wages of employees not included					
on lines 25a, b, and c	26				
7 Pension plan contributions not included on					
lines 25a, b, and c	27				
28 Employee benefits not included on lines					
25a – 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	1,400	1,400		
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
Conferences, conventions, and meetings	40	22,847	22,847		
11 Interest	41				
Depreciation, depletion, etc. (attach schedule)	42				
Other expenses not covered above (itemize)					
a See Statement 1	43a	25,383	25,383		
ь	43b				
С	43c			<u> </u>	
d	43d				
е	43e				
f	43f	L			
g	43g				
44 Total functional expenses. Add lines 22a					
through 43g (Organizations completing					
columns (B)-(D), carry these totals to lines	1				
13-15)	44	49,630	49,630	0	0
ant Costs Chec D If you are following SOP 98-2					
Are any joint costs from a combined educational campaign and	fundrai	sing solicitation reported	d in (B) Program servic	es?	Yes X No
			int allocated to Program se		
iii) the amount allocated to Management and general \$			int allocated to Fundraising] \$	

Statement of Program Service Accomplishments (See the instructions)

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

٥٦(-	grams and accomplishmer	nts					
	at is the organization's print TRAINING AND			GY SOCIAL WORKERS		•	Program Service Expenses
of c	clients served, publications	issued, etc Discuss	achievements that are r	ear and concise manner. State the number not measurable. (Section 501(c)(3) and (4) the amount of grants and allocations to others.)			(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others)
a			FOR ONCOLOGY				dilator
	(Grants and allocations	\$ 4.9	9,630)	If this amount includes foreign grants, check	here 🕨		49,630
b							
						_	
	(Grants and allocations	\$)	If this amount includes foreign grants, check	here 🕨		
С							
	(Grants and allocations	\$)	If this amount includes foreign grants, check	here 🕨		
d							
					h h		
	(Grants and allocations Other program services (\$ attach schedule)		If this amount includes foreign grants, check	nere 🕨		
6	(Grants and allocations	\$)	If this amount includes foreign grants, check	here 🕨		
f	Total of Program Service		equal line 44, column (E			>	49,630
				,			Form 990 (2007)

P	art IV	Balance Sheets (See the instructions)					
	Note	Where required, attached schedules and amounts within column should be for end-of-year amounts only	the d	escription	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			52,091	45	109,249
	46	Savings and temporary cash investments				46	
		, , , , , , , , , , , , , , , , , , , ,					
	47a	Accounts receivable	47a			:	
	b	Less allowance for doubtful accounts	47b			47c	
							
	48a	Pledges receivable	48a				
	l .	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable	400			49	
1)	Receivables from current and former officers, directors,	trustes	e and			
	1	key employees (attach schedule)	usice	53, and		50a	
	l	Receivables from other disqualified persons (as defined	under	section 4958(f)(1)) and		500	
		persons described in section 4958(c)(3)(B) (att_schedul		Section 4930(I)(T)) and		50b	
	51a	Other notes and loans receivable (attach	e)			300	
	Jia	·	51a	į į			
şţ	,	schedule) Less allowance for doubtful accounts				51c	
Assets	ł	Inventories for sale or use	51b	<u> </u>			
٩	52 53	Prepaid expenses and deferred charges		•		52 53	
	54a	Investments—publicly-traded		▶ □ o □ sur/			
	ь	securities Investments—other securities		Cost FMV		54a 54b	
	~	(attach schedule)		Cost FMV		540	
	55a	Investments—land, buildings, and		1			
		equipment basis	55a				
	b	Less accumulated depreciation (attach	654			55c	
		schedule)	55b	L		56	<u> </u>
	56	Investments—other (attach schedule)		1		30	
	57a	Land, buildings, and equipment basis	57a	 			
	b	Less accumulated depreciation (attach	-7.			E7-	
	1	schedule)	57b			57c	
	58	Other assets, including program-related investments		,		£0	
		(describe ▶	- 0)	52,091	58 59	109,249
	59	Total assets (must equal line 74) Add lines 45 through	58		32,031	60	100,210
	60	Accounts payable and accrued expenses				61	
	61	Grants payable				62	
	62	Deferred revenue	(-	****		02	
es	63	Loans from officers, directors, trustees, and key employ	ees (a	ttacn		63	
Ē	1	schedule)			<u></u>	64a	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach schedule)				64b	
	b	Other liabilities (describe)		65	
	65	Other habilities (describe		,			
	66	Total liabilities Add lines 60 through 65			0	66	0
			nd cor	nplete lines			
	Olga	67 through 69 and lines 73 and 74	110 001	ripiete iiries		<u> </u>	
ι۵.	67	Unrestricted			52,091	67	109,251
čě	68	Temporanly restricted				68	
ılan	69	Permanently restricted				69	
ã	1	inizations that do not follow SFAS 117, check here	▶ □	and		-	
Š	J Ciga	complete lines 70 through 74					
F.	70	Capital stock, trust principal, or current funds			}	70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and equipme	ent fun	d		71	
SSe	72	Retained earnings, endowment, accumulated income, of				72	
¥	73	Total net assets or fund balances. Add lines 67 throu				, - 	
Ž	'3	Total het assets of fund balances. Add times of timous through 72 (Column (A) must equal line 19 and column (B)			1	ŀ	
	}	equal line 21)	52,091	73	109,249		
	74	Total liabilities and net assets/fund balances. Add in	nes 66	and 73	52,091		109,249
		The second secon					

orm	1990(2007). Pediatric Oncology Social Workers,	25-14285	62			Page 5
Pε	art IV-A Reconciliation of Revenue per Audited Financial Sta	tements With Rev	enue per F	Retu	rn (See th	e
	instructions)		•		•	
 а	Total revenue, gains, and other support per audited financial statements		· · · · · · · · · · · · · · · · · · ·	а		106,788
b	Amounts included on line a but not on Part I, line 12					
1	Net unrealized gains on investments	b1		F		
	_	b2		Ì		
3	_	b3		ŧ		
4				Ė	1	
•	one (openly)	b4		ĺ		
	Add lines b1 through b4	04		<u> </u>		
_	-			ь	 	106,788
C	Subtract line b from line a			- C	 	106,788
d ,	Amounts included on Part I, line 12, but not on line a.	11		Ė		
	Investment expenses not included on Part I, line 6b	d1		}	}	
2	Other (specify)			ŀ	ĺ	
		d2				
	Add lines d1 and d2			d		
e	Total revenue (Part I, line 12) Add lines c and d		<u> </u>	е		106,788
Pa	art IV-B Reconciliation of Expenses per Audited Financial St	atements With Ex	penses pe	r Re	turn	
a	Total expenses and losses per audited financial statements			a	L	_49,630
b	Amounts included on line a but not Part I, line 17					
1	Donated services and use of facilities	b1		ţ	1	
2	Prior year adjustments reported on Part I, line 20	b2				
3	Losses reported on Part I, line 20	b3				
4						
·	one. (opeany)	b4			1	
	Add lines b1 through b4			ь		
_	•				+	49,630
C	Subtract line b from line a			С	 	47,030
di .	Amounts included on Part I, line 17, but not on line a	1 1				
1	Investment expenses not included on Part I, line 6b	_d1		į		
2	Other (specify)			ł		
		d2				
	Add lines d1 and d2			d	ļ	
e	Total expenses (Part I, line 17) Add lines c and d		>	е	<u> </u>	49,630
Pa	art V-A Current Officers, Directors, Trustees, and Key Emplo			office	r, director, tru	ustee,
	or key employee at any time during the year even if they were not comp	pensated) (See the inst		1.5		
	(A) Name and address	(B) Title and average hours per	(C) Compensate (If not paid, ent	er	Contributions to ployee penefit	(E) Expense account and other
	(A) Hallo and addices	week devoted to position	-0-)		ans & deferred npensation plans	allowances
N/	/A	1				
						
		[
				\perp		
		1				
						
				\top		
		 		+		
		 				
		1		}		
	· · · · · · · · · · · · · · · · · · ·			+		ļ
	•					
				1		

If "Yes," attach a conformed copy of the changes 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X b If "Yes," has it filed a tax return on Form 990-T for this year?	A	990 (2007). Pediatric Oncology Social Workers		562			P	age 6
meetings							Yes	No
b. Are any officers, circutous, trustees, or key employees listed in Form 900, Part V.A. or highest conversation and officer dependent contractors listed in Schoolub. A Part II.A. or list, receipted in the ministruction is a statement and in Schoolub. A Part II.A. or list, receipted to search when through family or business reliaborships? II "Yes," attach a statement list is centified by each other through family or business. 2 Do any officers, directors, fusitiess, or key employees listed in Form 900, Part A. or highest comparable directors in Schoolub. A Part II.A. or II.B., receipted comparable of programma of the confidence of the certification of "related configuration" to subject that are reliaborship of the certification of "related configuration" traceller, that is a basement that includes the information described in the instructions 4. Does the graphication have a written conflict of interest policy? 7.5	75a	Enter the total number of officers, directors, and trustees permitted to vote on organ	ization business at boa	ırd				
employees Island in Schedule A, Part I, or Ingliest compensated professional and other independent contractors lated in Schedule A, Part I, or Ingliest compensated employees stated in Schedule A, Part I, or Ingliest compensated employees lated in Schedule A, Part I, or Ingliest compensated employees lated in Schedule A, Part I, or Ingliest compensated employees lated in Schedule A, Part I, or Ingliest compensated employees lated in Schedule A, Part I, or Ingliest compensation and other independent contractors lated in Schedule A, Part II, or Ingliest compensation from any other organizations, whether are exempt or taxable, that are related to the organization and other independent contractors in the Ingliest Compensation from any other organization have a winder control of interest policy? Part VB Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (Ingliest I) and Ingliest Ingliest II (Ingliest I) and Inglies		•	>		1	1		
contractors listed in Schedule A, Part III-A or III-B, related to each other through family or business relationships? If Yes. *Intach a statement that uldentifes the individuals and explains the relationship(s) c. Do any officers, directors, fusites, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II-A or III-B, receive compensation from any other independent contractors listed in Schedule A, Part II-A or III-B, receive compensation from any other independent contractors listed in Schedule A, Part II-A or III-B, receive compensation from any other independent or III-B, and the instructions of the definition of 'related organization' Sea the instructions of the definition of 'related organization' III-B, and III-B, received Compensation or Other Benefits and the application of the sea of the instructions of the Compensation or other benefits of the organization below and enter the amount of compensation or other benefits in the appropriate docume. Set the instructions of the person below and enter the amount of compensation or other benefits in the appropriate docume. Set the Instructions of the compensation or discrete the amount of compensation or other benefits in the appropriate docume. Set the Instructions of the compensation or discrete the amount of compensation or other benefits in the appropriate docume. Set the Instructions of the compensation or other benefits in the appropriate docume. Set the Instructions of the Compensation of the compensation or other benefits in the appropriate docume. Set the Instructions of the Compensation of the Compensati	b			ed	•	1		
c Do any officers, directors, trustees, or key employees lasted in Form 990, Pan V.A. or highest compensated employees lasted in Schedule A. Plant I. or highest compensation from 990 Pan V.A. or highest compensation from 400 Pan V.A. or highest compensation 400 Pan V.A. or highest compensatio			•			1		
C Do any officers, directors, flusieers, or key employees listed in Form 990, Part V.A. or highest compensated professional and other independent contractions listed in Schedule A. Part I. for highest compensation from any other organizations, whether tax exempt or faxable, that are related to the organization? See the instructions for the definition of related organization. If Y'es, 1 stack a statement that includes the information described in the instructions. d. Does the organization have a written control of interest tooling? Part V.B Formor Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (flar by former efficer, director, unusee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions (II) Compensation (III) Compensat		•	•			751		v
compensated employees lated in Schedule A, Part II, or Ingress compensated professional and other independent contractors taked in Schedule A, Part II, or III, Receive compensation from any other organization, whether tax exempt or taxable, that are related to the organization? See the instructions of the definition of related diagramation? Have a written conflict of interest policy? 7.55		relationships in res, attach a statement that identifies the individuals and explains	the relationship(s)		-	/5b		
compensated employees lated in Schedule A, Part II, or Ingress compensated professional and other independent contractors taked in Schedule A, Part II, or III, Receive compensation from any other organization, whether tax exempt or taxable, that are related to the organization? See the instructions of the definition of related diagramation? Have a written conflict of interest policy? 7.55	С	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A	or highest		İ			
Independent contractors letted in Schedule A, Part III-A or III-D, recover compensation from any other organizations, whether it as exempt or traxable, that are related to the organization of related organization. If "res," attach a statement that includes the information described in the instructions of the definition of related organization have written conflict or interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or other Benefits (described below) during the year, let interest policy and enter the amount of compensation or other benefits (described below) during the year, let interest policy and enter the amount of compensation or other benefits in the appropriate column. See the instructions) (A) Name and address (fig. 1 and and Advances (fig. 1 and and Advances (fig. 2 and and Advances (fig.	•		=		į			
organizations whether tax exempt or faxable, that are related to the organization? See the instructions for the definition of related organization have a written conflict of interest policy? ### APPART V-9 ### Part V-1 ### Other Information (See the instructions) ### APPART V-1 ### Other Information (See the instructions) ### APPART V-1 ### Other Information (See the instructions) ### APPART V-1 ### Other Information (See the instructions) ### APPART V-1 ### Other Information (See the instructions) ### APPART V-1 ### Other Information (See the instructions) ### APPART V-1 ### Other Information (See the instructions) ### APPART V-1 ### AP		· · · · · · · · · · · · · · · · · · ·]		
Brat V Other Information (See the instructions A Name and address A Name and a		·	•					
Description Part VI		the definition of "related organization"				75c		X
Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (it any former officers, Director, divector, trustee, or key employee received compensation or other benefits (described below) during the year. list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions y (A) Name and address (B) Lears and Acades (C) Compensation (C		If "Yes," attach a statement that includes the information described in the instruction	s					
(if any former officer, director, rustee, or key employee received compensation or other benefits (desched below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions is the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions is the compensation of the description of the person below and enter the amount of compensation or other benefits (see fined.) Part VI	<u>d</u>	Does the organization have a written conflict of interest policy?				75d		_X_
person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions (A) Name and address (B) Loars and Advances (C) Compensation (B) Loars and Advances (C) Compensation	Pa		-	•				
(A) Name and address (B) Loars and Advances (C) Compensation of the compensation of		·				ear, h	st that	
Part VI Other Information (See the instructions) Yes No		person below and enter the amount of compensation or other benefits in	n the appropriate colur				\ Ev=-	
Part VI Other Information (See the instructions) Part VI Other Information (See the instructions) Nes No Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76 X X 16" Yes," attach a conformed copy of the changes 77 Were any changes made in the organization of the change 87 X 16" Yes," attach a conformed copy of the change 88 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 X 16" Yes," has it filled a tax return on Form 990-T for this year? 78 X 18 X		(A) Name and address	(B) Loans and Advances	(if not paid,	employee benefit	acco	unt and	i other
Part VI Other Information (See the instructions) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78 If "Yes," attach a conformed copy of the changes 79 Were any changes made in the organizing or governing documents but not reported to the IRS? 70 If "Yes," attach a conformed copy of the changes 71 If "Yes," has it filed a tax return on Form 990-T for this year? 78 If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 If "Yes," attach 30a is the organization related (other than by association with a statewide or nationwide organization? 80a X 80a BBB S 80a X 80a X 80a X 80a X 80a BBB S 80a X 80a X 80a X 80a BBB S 80a X 80a X 80a S				enter -0-)	compensation plans	a	llowand	es
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza	N/	A						
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza						 		
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza								
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza						 		
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza								
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza						1		
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza								
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza								
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza						ļ		
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza								
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza						<u> </u>		
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza								
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza						 		
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza					u .	}		
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza			 	<u> </u>		 		
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza						1		
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza		······································				 		
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza								
The Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change The Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? The If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Statement The organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? The organization? The organization of the organiza	P.	rt VI Other Information (See the instructions)		<u> </u>		1	Yes	No
detailed statement of each change 76			es? If "Yes." attach a					
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 78b						76		Х
If "Yes," attach a conformed copy of the changes 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X 78a X 78a X 78b F"Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X 80a X En'or direct and indirect political expenditures (See line 81 instructions) Did the organization file Form 1120-POL for this year? 81b X	77	-	to the IRS?		Ţ	77		X
Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 78b		• •			Ī			
this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 78b	78a		g the year covered by			1		
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 30a is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X b if "Yes," enter the name of the organization ▶ and check whether it is exempt or nonexempt and check whether it is exempt or nonexempt □ 1a □ 0 ■ 1b Did the organization file Form 1120-POL for this year? 81b X					Ĺ	78a		X
a statement 30a is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b if "Yes," enter the name of the organization ▶ and check whether it is exempt or nonexempt En'or direct and indirect political expenditures (See line 81 instructions) b Did the organization file Form 1120-POL for this year? 79	b	If "Yes," has it filed a tax return on Form 990-T for this year?			1	78b		
30a is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b if "Yes," enter the name of the organization ▶ and check whether it is exempt or nonexempt Enfort direct and indirect political expenditures (See line 81 instructions) b Did the organization file Form 1120-POL for this year? 81b X	79	Was there a liquidation, dissolution, termination, or substantial contraction during the	e year? If "Yes," attach			- 1		
common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt or nonexemp		a statement			1	79		X
organization? b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt and check whether it is exempt or nonexempt b Did the organization file Form 1120-POL for this year?	30a	• •	-				ļ	
b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt En'or direct and indirect political expenditures (See line 81 instructions) Did the organization file Form 1120-POL for this year?		common membership, governing bodies, trustees, officers, etc , to any other exemp	t or nonexempt					
and check whether it is exempt or nonexempt Enfor direct and indirect political expenditures (See line 81 instructions) b Did the organization file Form 1120-POL for this year?		·			ļ	80a		X
Enfordirect and indirect political expenditures (See line 81 instructions) b Did the organization file Form 1120-POL for this year? 81b X	þ	·						
b Did the organization file Form 1120-POL for this year?				. , —				
	٠,٠٠		L	a		041		v
	b	Did the organization life Form 1120-POL for this year?					. 000	

, .,	990 (2007) Pediatric Oncology Social Workers, 25-14285	62		P	age 7
_Pa	rt VI Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge				
	or at substantially less than fair rental value?		82a		х
b	If "Yes," you may indicate the value of these items here. Do not include this				
	amount as revenue in Part I or as an expense in Part II		1		
	(See instructions in Part III)	d			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	Х	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	N/A	84b		
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization				
	received a waiver for proxy tax owed for the prior year				
С	Dues, assessments, and similar amounts from members	С			
d	Section 162(e) lobbying and political expenditures	d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)				
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				
	following tax year?	N/A	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	a			
b	Gross receipts, included on line 12, for public use of club facilities 86	b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders	a			
b	Gross income from other sources (Do not net amounts due or paid to other				
	sources against amounts due or received from them)	b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or				
	partnership, or an entity disregarded as separate from the organization under Regulations sections				v
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88a		<u> </u>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the		004		w
	meaning of section 512(b)(13)? If "Yes," complete Part XI	>	88b		_X_
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 O section 4912 O section 4955	0			
	- 1000000000000000000000000000000000000	· ·			
D	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach				
	a statement explaining each transaction		89b		х
С	Enter Amount of tax imposed on the organization managers or disqualified		335		
C	persons during the year under sections 4912, 4955, and 4958	▶ 0			
ď	Enter Amount of tax on line 89c, above, reimbursed by the organization	0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction?		89e		Х
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract	t?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the		· .		
_	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings				
	at any time during the year?		89g		_X_
90a	List the states with which a copy of this return is filed None				
	Number of employees employed in the pay period that includes March 12, 2007 (See				
	instructions)	90b			
91a	The books are in care of ▶ Scott & Pohlman	Telephone no >			
	5100 Poplar Suite 617				
	Located at ▶ Memphis, TN	ZIP + 4 ► 38137			
þ	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			Yes	No
	account)?		91b		X
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts			L	L

Form 990		ology Socia	<u>l Worker</u>	s, 25-1	428562			Page 8
Part V	Other Information (con	tinued)					Ye	s No
c Ata	ny time during the calendar year, did the	e organization maintaii	n an office outsid	e of the United Sta	ites?		91c	X
lf "Y	es," enter the name of the foreign count	try 🕨						
	tion 4947(a)(1) nonexempt chantable tro							▶ 🗌
	enter the amount of tax-exempt interes					▶ 92		
Part V	II Analysis of Income-Pro	oducing Activitie	s (See the in	structions)				
Note Ente	er gross amounts unless otherwise	-	Unrelated b	usiness income	Excluded by	section 512, 513, or 514	(E) Related	
ındıcated		,	(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	exempt fun	
93 Pro	gram service revenue	1			code		income	B
								
d			+		 			
e	de a constitución de la constitu							
	dicare/Medicaid payments						4.0	,774
	s and contracts from government ageno nbership dues and assessments	les [-			1111
	rest on savings and temporary cash invi	estments	-			-	1	,013
	dends and interest from securities	caunoma	-		 			7013
	rental income or (loss) from real estate							
	t-financed property					_		
	debt-financed property							
	rental income or (loss) from personal pr	roperty						
	er investment income							
100 Gaii	n or (loss) from sales of assets other tha	an inventory						
101 Net	income or (loss) from special events				3	60,309		
	ss profit or (loss) from sales of inventory	y [-				
103 Oth	er revenue a							
b								
с								
d								
e								
	ototal (add columns (B), (D), and (E))				0	60,309	41	787
	al (add line 104, columns (B), (D), and (-			-	102	,096
	e 105 plus line 1e, Part I, should equal th			5 E	(0 -			
Part V								
Line N	 Explain how each activity for w of the organization's exempt pu 					ly to the accomplishm	ent	
	or the organization of exempt pe	arpoodo (ouror urarro)						
	-			<u> </u>			-	-
Part I	X Information Regarding	Taxable Subsid	iaries and Di	sregarded En	tities (See	e the instructions	;)	
Mama	(A) e, address, and EIN of corporation,	(B) Percentage of	Nat	(C) ture of activities		(D) Total income	(E) End-of-ye	ar
pa	rtnership, or disregarded entity	ownership interest		ure or activities		otal income	assets	
1	1/A		%					
			%					
			%					
			_%					
Part X							1 1	Izel -
	Old the organization, during the year, rec					enefit contract?	—	X No
•	old the organization, during the year, pay			ersonal benefit co	ntract?		Yes	X No
Note:	If "Yes" to (b), file Form 8870 and Form	n 4720 (see instruction	ns)					
							Form 98	90 (2007)

Page 9

Par	t XI	Information Regarding Transfers To ar organization is a controlling organizatio	id From Controlled E n as defined in sectio	Intities. Comp on 512(b)(13)	olete only if t	'he			
		, and the state of		0,12(0)(10)			Yes	No	
106	Did t 'Yes	the reporting organization make any transfers to a ,' complete the schedule below for each controller	a controlled entity as defin d entity	ned in section 51	2(b)(13) of the	Code? If		Х	
		(A) Name, addless, of each controlled entity	(B) Employer Identification Number	Descr tra	(C) iption of nsfer	Amount	D) of tran	sfei	
а	·								
ь									
С									
		Totals			-				
							Yes	No	
107	Did 'Yes	the reporting organization receive any transfers fr , complete the schedule below for each controller	om a controlled entity as dentity	defined in sectio	n 512(b)(13) of	the Code? If		Х	
		(A) Name, addiess, of each controlled entity	Name, address, of each Employer (dentification Description of				(D) it of transfe		
а									
b									
С									
		Totals			,				
108	Did	the organization have a binding written contract in uitles described in question 107 above?	effect on August 17, 2006	6, covering the in	nterest, rents, re	oyalties, and	Yes	No X	
		Under penalties of perjury, I declare that I have examined this return true correct and complete Declaration of preparer (other than off	irn, including accompanying schedu	ules and statements a	and to the best of my	knowledge and b	elief it is		
Plea Sign Here	se	Signature of officer Claire E. Solvan	- Preside		5/15/ Date	69			
		Type or print name and title	Da	le	Check if	Preparer's SSN General Instruct	or PTIN ((See	
Paid Pre-		Preparer's signature > Dunk Hung	Ţ	5/11/09	self employed ►	P0039638			
pare Use Only	į	Firms name (or yours if self employed). address, and ZIP + 4 Lederer, Levine & Associates LLC 1099 Wall St West Suite 280 Lyndhurst, NJ 07071 Phone no (201)							
BAA	l	Lyndhurst, NJ 07071			Phone no C		3 / 8 0 1 990 (

Form 990 (25-1428562			Page 9
Part XI	Information Regarding Transfer	s To and From Controll	ed Entities. Comple	te only if the o	rganization	
	is a controlling organization as de	efined in section 512(b)(13)	-		
					Yes	No
106 Did	the reporting organization make any transfers to	a controlled entity as defined in	section 512(b)(13) of			
	Code? If "Yes," complete the schedule below for e					x
	(A)	(B)	(C)		T	
1	Name, address, of each	Employer ID	Description	of	(D)	
	controlled entity	Number	transfer		Amount of tr	ansfer
					+	
a		1			1	
+					+	
b		1				
7						
+					+	
					İ	
C						
			······································	·		
	Totals					
					Yes	No
107 Did	d the reporting organization receive any transfers fi	rom a controlled entity as define	ad in contion		162	INO
	2(b)(13) of the Code? If "Yes," complete the schedu	•		-	ļ	x
	(A)	(B)	(C)			1 1
1	Name, address, of each	Employer ID	Description (C)	of	(D)	
Ì	controlled entity	Number	transfer	J1	Amount of tr	ansfer
					+	
а					l	
					+	
Ь						
						
С					}	
						
	Totals					
					Yes	No
400 Du	d the comment of the	affect on August 17, 2000, and	the interest		105	NO
	d the organization have a binding written contract in	•	renng the interest,		l	1
rei	nts, royalties, and annuities described in question 1					
	Under penalties of perjury, I declare that I have exar and belief it is true, correct, and complete. Declarati	nined this return, including accompa ion of preparer (other than officer) is	nying schedules and statemen based on all information of wh	ts, and to the best of r sch preparer has any l	ny knowleage knowleage	
Please				1	-	
Sign						
Here	Signature of officer			Date		
	Type or print name and title					
	Type of print harne and the			<u> </u>	Preparer's SSN or	PTIN
⊃aid	Preparer's			Check if self-	(See Gen Instr X	()
⊃repare	r's signature		3/03/10	employed 🕨	P005361	
Jse Onl	Firm's name (or yours \ SCOTE & Po	ohlman, P.C.		EIN	▶ 62-1518	8664
OIII	if self-employed), 5100 PODIA	ar Avenue, Suit	e 617	Phone		
	address, and ZIP + 4 Memohia	TN 38137-0601		l ao 🕨	901-761-4	4692

Form **990** (2007)

29490-240-00108-0

0425876265 Sep. 24, 2010 LTR 2698C 0 R 03-05470u7 200806 67

00017646

INTERNATIONALS NET FOR PUBLIC SCHOOLS
50 BROADWAY STE 2200
NEW YORK NY 10004



004022

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

xecutur (Sinector

Title

29490-247-00110-0

0425876265 Sep. 27, 2010 LTR 2698C 0 R 25-1428562 200806 67 R 00017150

PEDIATRIC DNCOLOGY SOCIAL WORKERS 5100 POPLAR AVE STE 617 MEMPHIS TN 38137



018551

DECLARATION

Under penalties of parjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Title