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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

C Name of organization

CHILDREN'S CANCER FOUNDATION, INC.

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

451 E. GRAVES AVENUE

City or town, state or country, and ZIP + 4

ORANGE CITY, FL 32763

D Employer identification number

20-0735170

E Telephone number

386-774-6226

F Group Exemption Number

▶

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

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶**J** Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 63,095.32**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	32,874.35
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	248.29
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less, cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.00
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	a	Gross revenue (not including \$ 32,874.35 of contributions reported on line 1)	6a	29,753.00
b	Less, direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	29,753.00	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less, cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.00	
8	Other revenue (describe ▶ REBATES)	8	219.68	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6a, 7c, and 8	9	63,095.32	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	28,121.53
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	15,000.00
	13	Professional fees and other payments to independent contractors	13	1,085.00
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	454.21
	16	Other expenses (describe ▶ SCHEDULE ATTACHED)	16	15,365.64
17	Total expenses. Add lines 10 through 16	17	60,026.38	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,068.94
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	36,150.27
	20	Other changes in net assets or fund balances (attach explanation)	20	(1,223.00)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	37,996.21

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	26,501.76	22 30,399.38
23 Land and buildings		23
24 Other assets (describe ▶ VEHICLE AND OFFICE EQUIPMENT NET)	9,648.51	24 7,596.83
25 Total assets	36,150.27	25 37,996.21
26 Total liabilities (describe ▶)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	36,150.27	27 37,996.21

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28a	27,533.45
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28a	27,533.45
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29a	588.08
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29a	588.08
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30a	
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30a	
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31a	
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31a	
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32	28,121.53
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32	28,121.53
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32	28,121.53
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Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	XX
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed. FLORIDA		
42a The organization's books are in care of DONALD B. DEMPSEY, C.P.A. Telephone no. 386-774-6226 Located at 451 E. GRAVES AVE., ORANGE CITY, FL. ZIP + 4 32763		
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)?	42b	XX
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	☐
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

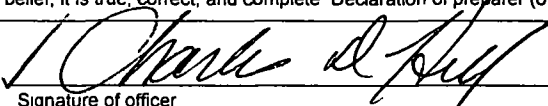
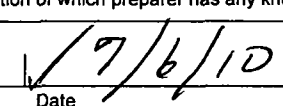
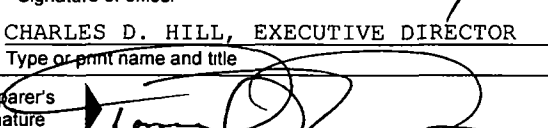
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ► _____

Sign Here	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.			
	 Signature of officer		 Date	
Paid Preparer's Use Only	 Type or print name and title		CHARLES D. HILL, EXECUTIVE DIRECTOR	
	Preparer's signature	Date	Check if self-employed ☒	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	7/05/10		P00130270
	DONALD B. DEMPSEY, C.P.A. 451 E. GRAVES AVE., ORANGE CITY, FL 32763		EIN	Phone no ► 386-774-6226

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

CHILDREN'S CANCER FOUNDATION, INC.

Employer identification number

20-0735170

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									0.00

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	25,567.16	58,947.03	68,749.40	55,478.48	62,627.35	271,369.42
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	25,567.16	58,947.03	68,749.40	55,478.48	62,627.35	271,369.42
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)						
6 Public support. Subtract line 5 from line 4						271,369.42

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	25,567.16	58,947.03	68,749.40	55,478.48	62,627.35	271,369.42
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9.87	14.67	218.78	323.59	248.29	815.20
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)	0	120.58	121.72	88.41	219.68	550.39
11 Total support. Add lines 7 through 10						272,735.01

12 Gross receipts from related activities, etc. (see instructions)	12	
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		☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.50 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. 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		☒
b 33 1/3 % support test—2008. 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		☐
17a 10%-facts-and-circumstances test—2009. 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		☐
b 10%-facts-and-circumstances test—2008. 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		☐
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		☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33 1/3 % support tests—2009.** 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—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

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

OTHER INCOME AS REPORTED IN PART II, SECTION B, LINE 10 (\$ 550.39) REPRESENTS

CREDIT CARD USAGE REBATES.

CHILDREN'S CANCER FOUNDATION, INC.
Form 990EZ for the YEAR ENDED DECEMBER 31, 2009
EIN: 20-0735170

PAGE ONE - LINE 16 "OTHER EXPENSES"

AUTOMOBILE	1653.77	
BANK FEES	3.49	
OFFICE EXPENSES	367.10	
INSURANCE	467.64	
MEETINGS	149.63	
TAXES AND LICENSES	136.25	
TELEPHONE	581.69	
FUNDRAISING EXPENSES	9894.57	*
WEB SITE	59.82	
DEPRECIATION	2051.68	
TOTAL	<u>15365.64</u>	

*** NET OF IN-KIND CONTRIBUTIONS OF 17749.62**

CHILDREN'S CANCER FOUNDATION, INC.
EIN: 20-0735170
FOR THE YEAR ENDED DECEMBER 31, 2009

Page One, Line 20 "Other Changes in Net Assets"

Two formerly restricted fund accounts totaling \$ 1223.00 were released from restriction by the contributors for use in the general fund for programs and patient aid.

CHILDREN'S CANCER FOUNDATION, INC.
EIN 20-0735170
BOARD OF DIRECTORS

NAME	TITLE	2009/2010	COMPENSATION	WEEKLY HOURS
DON HILL 218 CROOKED TREE TRAIL DELAND, FLORIDA 32724	EXECUTIVE DIRECTOR	15000.00		30
SAMMIE WIGGINS 110 WEST NEW YORK AVENUE DELAND, FL. 32720	PRESIDENT	0		10
JACK BECKER 2790 ENTERPRISE ROAD # 101 ORANGE CITY, FL. 32763	VICE PRESIDENT	0		10
DONNA HIGBEE 213 N. WOODLAND BLVD. DELAND, FL. 32724	TREASURER	0		10
PATRICIA DICKERSON 312 E. NEW YORK AVENUE DELAND, FL. 32724	SECRETARY	0		10
DR. STEVE HAYMAN 998 TORCHWOOD DRIVE DELAND, FL. 32724		0		10
JANET DIXON 110 W. NEW YORK AVENUE DELAND, FL. 32720		0		10
HARPER HILL 774 ONYX PARKWAY DELAND, FL. 32724		0		10
ROBYN SCHMIDT 935 WOODSITE DRIVE DELAND, FL 32720		0		10
JAN GIROUX 210 SANDY BLUFF TRAIL DELAND, FL 32720		0		10
NAN SMITH 2846 LINDA DRIVE DELAND, FL. 32720		0		10

THE CHILDRENS' CANCER FOUNDATION, INC.
MISSION STATEMENT

We are committed to ensuring no one has to face the diagnosis of childhood cancer alone and, secondly, we provide financial assistance to childhood cancer families during the most difficult time of their lives.

As requested, the following information provides a description of the activities of this organization which includes a list of Programs and Services that are available to registered families to assist them with the day-to-day struggles of living with childhood cancer.

- The Treatment Center Allotment Fund will reimburse for trips to a treatment center outside of Volusia County. The trips must be for clinic, out-patient, or in-patient appointments related to the childhood cancer diagnosis. Payment Forms must be completed and turned in to the maximum amount to be disbursed in any one calendar month is \$100.
- The Emergency Assistance Program is designed to help pay utility bills during crisis situations only. The maximum amount to be disbursed from this fund is \$100 in any one calendar month and may not be used if funds have been disbursed from the Treatment Center Allotment Fund.
- Grocery store gift certificates are available from time to time to help out with food expenses.
- Prescription Drug Program will pay the "out-of-pocket" expense for prescription medication for the cancer patient and for antibiotics only for the patient's siblings. Unless other arrangements have been made with Children's Cancer Foundation, Inc., you must first pay for the prescription and then send in the duplicate receipt for reimbursement.
- The Phone Home Program will provide pre-paid long distance phone cards to be used when a child is hospitalized for long periods of time.
- Home Away from Home is a program that will help arrange for stays at the Hubbard House, Ronald McDonald House, Winn Dixie Hope Lodge, or any similar facility close to the treatment center when a child is hospitalized and immediate family members need to be close by. The program will pay for the stays at these facilities when arrangements have been made.
- We celebrate all milestones; end of hospital chemo, END of TREATMENT!, birthdays, ports being put in or removed, beginning the journey.
- Our goal is to make one day better by bringing a party into the clinic, hospital room, etc. to ease the journey of childhood cancer, and to provide moral support and financial support to these families.

There are now more than 300 children on treatment throughout Central Florida.
Doctors expect over 100 children will be diagnosed in the coming year.

PROGRAMS & SERVICES

PATIENT AID

- *The Allotment Fund* gives financial assistance for food, gas, tolls and transportation to and from the treatment centers.
- *The Emergency Assistance Program* helps pay utility bills and provide grocery store gift cards during crisis situations, usually at diagnosis or relapse.
- *Prepaid Long Distance Phone Cards* are provided to parents while their child is hospitalized to keep family members up to date on the child's progress.

HOME AWAY FROM HOME

This program helps families arrange for stays at the Hubbard House, Ronald McDonald House, Winn-Dixie Hope Lodge, or any similar facility close to the treatment center when your child is hospitalized and immediate family members need to be close by. The program will pay for the stays at these facilities when arrangements have been made prior to your arrival.



RAINBOW PARTIES

Candlelighters provides individual end-of-chemo parties; in hospital and outpatient, as well as birthday parties for the patient or a family member when the patient is hospitalized.

PRESCRIPTION DRUG PROGRAM

Pays cancer patient's out-of-pocket expenses for prescription medication and antibiotics for the siblings.

