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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 03/01, 2009, and ending 02/28, 2010

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 NATIONAL CHILDHOOD CANCER FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 440 E. HUNTINGTON DRIVE — Room/suite 400

City or town, state or country, and ZIP + 4 ARCADIA, CA 91006

D Employer identification number 95-4132414

E Telephone number (626) 241-1632

G Gross receipts $ 84,363,185.

F Name and address of principal officer JOHN LEHR
440 E. HUNTINGTON DR., #400 ARCADIA, CA 91006

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

H(b) Are all affiliates included? Yes [ ] No [ ]
If "No," attach a list (see instructions)

I Tax-exempt status [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.CURESEARCH.ORG

H(c) Group exemption number ▶

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶ — L Year of formation 1987 — M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
RESEARCH & TREATMENT FOR CHILDHOOD CANCER

Activities & Governance

2	Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of employees (Part V, line 2a)	5	156
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	56,016,342.	65,333,058.
	9	Program service revenue (Part VIII, line 2g)		0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	554,006.	8,996.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-120,172.	-40,876.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	56,450,176.	65,301,178.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,331,050.	43,805,523.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,995,471.	12,243,544.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	124,377.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,321,658.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,860,389.	8,716,511.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	58,311,287.	64,765,578.
	19	Revenue less expenses Subtract line 18 from line 12	-1,861,111.	535,600.
			Beginning of Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	31,138,790.	27,760,689.
	21	Total liabilities (Part X, line 26)	22,339,078.	17,055,911.
	22	Net assets or fund balances Subtract line 21 from line 20	8,799,712.	10,704,778.

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OCT 08 2010
OGDEN, UT
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SCANNED OCT 26 2010

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

Sign Here
▶ Signature of officer — Date 10/4/10
▶ JOHN L. LEHR, PRESIDENT + CEO
Type or print name and title

Paid Preparer's Use Only
Preparer's signature ▶ — Date 09/30/2010 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions) P00182228
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CBIZ MHM, LLC, 2301 DUPONT DRIVE, SUITE 200 IRVINE, CA 92612 — EIN ▶ 34-1885304 — Phone no ▶ 949-474-2020

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form **990** (2009)

JSA
9E1010 3 000

8-17-12

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 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 $ 61,641,002 including grants of $) (Revenue $ 65,333,058)
THE COG, SUPPORTED BY NCCF, CONDUCTED OVER 150 CONCURRENT STUDIES COVERING ALL PRINCIPAL CANCERS OF INFANTS, CHILDREN AND ADOLESCENTS. OVER 40,000 PATIENTS WERE BEING TREATED ACCORDING TO COG RESEARCH PROTOCOLS. ALL INFORMATION ABOUT THESE PATIENTS WAS SENT TO THE GROUP OPERATIONS CENTER, WHERE IT WAS COLLECTED AND ANALYZED, AND THEN THE FINDINGS WERE PUBLISHED FOR THE BENEFIT OF ALL THE MEMBER INSTITUTIONS. 164 PUBLICATIONS WERE ISSUED IN THE FISCAL YEAR 2010. THE GOAL OF NCCF AND THE COG WAS TO REACH THE DAY WHEN EVERY CHILD WITH CANCER COULD BE GUARANTEED A CURE.

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

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

4e **Total program service expenses ▶** 61,641,002.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• 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? *If "Yes," complete Schedule D, Part VII*			
	• 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? *If "Yes," complete Schedule D, Part VIII*			
	• 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? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A: Yes: ; No: X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	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? *If "Yes," complete Schedule F, Part II*	15	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? *If "Yes," complete Schedule F, Part III*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	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? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	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? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 56			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	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	2a 156			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)		2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	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?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *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.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a 26			
b	Enter the number of voting members that are independent	1b 26			
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?		2	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?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	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*		9a		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 3

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DEBBIE DE VAY 440 E. HUNTINGTON DR., #400 ARCADIA, CA 91006 626-241-1659

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

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 Use Schedule J-2 if additional space is needed

- 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 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 the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
GREGORY H. REAMAN CHAIR, CHILDREN'S ONCOLOGY GRP	40.00	X		X	X			392,700.		24,720.
G. DENMAN HAMMOND HON. TRUSTEE	1.00	X						0.		0.
MIKE CARTER TRUSTEE	1.00	X						0.		0.
PAULA CARTER TRUSTEE	1.00	X						0.		0.
MICHAEL GOLDBERG HON. TRUSTEE	1.00	X						0.		0.
GREG NORMAN HON. TRUSTEE	1.00	X						0.		0.
DICK PAYNE TRUSTEE	1.00	X						0.		0.
MARY PAYNE TRUSTEE	1.00	X						0.		0.
AARON R. RAUSEN TRUSTEE	1.00	X						0.		0.
HOWARD SCHOW HON. TRUSTEE	1.00	X						0.		0.
NANCY SCHOW HON. TRUSTEE	1.00	X						0.		0.
DEAN SMITH HON. SMITH	1.00	X						0.		0.
LINNEA SMITH HON. TRUSTEE	1.00	X						0.		0.
JOHN WALSH TRUSTEE	1.00	X						0.		0.
SARA WALSH TRUSTEE	1.00	X						0.		0.
STUART E. SIEGEL TRUSTEE	1.00	X						0.		0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
THOMAS S. GROSS TRUSTEE	1.00	X						0.		0.
SALVATORE J. BERTOLONE TRUSTEE	1.00	X						0.		0.
JEFFREY H. BUCHALTER TRUSTEE	1.00	X						0.		0.
CHRISTOS A. PAPATHEODOROU TRUSTEE	1.00	X						0.		0.
NOREEN PAPATHEODOROU TRUSTEE	1.00	X						0.		0.
DAVID S. ARTHURS TRUSTEE	1.00	X						0.		0.
LAURA ANDRASSY HON. TRUSTEE	1.00	X						0.		0.
N. AJOY MATHEW GENERAL COUNSEL/SECRETARY	40.00	X		X	X			196,768.		19,677.
JOHN LEHR CEO/PRESIDENT	40.00	X		X	X			93,750.		0.
HAROLD MAURER TRUSTEE	1.00	X						0.		0.
DEBORAH PRYCE TRUSTEE	1.00	X						0.		0.
RANDY WALKER TRUSTEE	1.00	X						0.		0.
JOSEPH F. WOELKERS CEO/EXECUTIVE DIRECTOR	40.00			X	X			268,707.		20,293.
1b Total CONTINUED AT SCHEDULE J-2 ▶								3,561,030.		289,461.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 21

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue 95-4132414

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts						
1a Federated campaigns	1a	455,271.				
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	49,292,395				
f All other contributions, gifts, grants, and similar amounts not included above	1f	15,585,392				
g Noncash contributions included in lines 1a-1f $						
h **Total.** Add lines 1a-1f			65,333,058.			
Program Service Revenue		Business Code				
2a						
b						
c						
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f			0			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 4			192,674.			192,674
4 Income from investment of tax-exempt bond proceeds			0			
5 Royalties			0			
	(i) Real	(ii) Personal				
6a Gross Rents						
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)			0			
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	18,792,331					
b Less cost or other basis and sales expenses	18,976,009					
c Gain or (loss)	-183,678					
d Net gain or (loss)			-183,678.			-183,678
8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18	a	45,122				
b Less direct expenses	b	85,998				
c Net income or (loss) from fundraising events ATCH. 5			-40,876.	-40,876		
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities			0.			
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a-11d			0			
12 **Total Revenue.** See instructions			65,301,178	-40,876		8,996

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	39,979,579.	39,979,579.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	3,825,944.	3,825,944.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	738,825.	569,061.	113,514.	56,250.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	9,000,147.	7,455,470.	798,690.	745,987.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	818,945.	520,521.	257,057.	41,367.
9 Other employee benefits	980,687.	810,503.	101,501.	68,683.
10 Payroll taxes	704,940.	582,876.	60,664.	61,400.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	181,313.	13,227.	167,837.	249.
c Accounting	67,800.	64,911.	1,667.	1,222.
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	35,071.	33,577.	862.	632.
g Other	0.			
12 Advertising and promotion	35,011.	32,215.	258.	2,538.
13 Office expenses	397,686.	273,989.	32,378.	91,319.
14 Information technology	492,135.	471,161.	12,102.	8,872.
15 Royalties	0.			
16 Occupancy	1,476,114.	1,406,337.	43,297.	26,480.
17 Travel	818,425.	690,170.	85,666.	42,589.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	10,994.	10,526.	270.	198.
20 Interest	204,014.	195,319.	5,017.	3,678.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	538,404.	515,458.	13,240.	9,706.
23 Insurance	0.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a MISCELLANEOUS	1,086,081.	945,834.	73,799.	66,448.
b ADMINISTRATIVE EXPENSES	811,081.	776,515.	19,945.	14,621.
c OTHER PROFESSIONAL SERVICES	1,413,619.	1,357,685.	13,599.	42,335.
d EXPENSED EQUIPMENT	914,506.	913,728.	449.	329.
e PUBLICATION	234,257.	196,396.	1,106.	36,755.
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	64,765,578.	61,641,002.	1,802,918.	1,321,658.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	800.	1	800.
	2	Savings and temporary cash investments	1,176,751.	2	1,525,664.
	3	Pledges and grants receivable, net	15,367,439.	3	12,416,003.
	4	Accounts receivable, net		4	
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	84,362.	9	164,838.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a 2,012,454.			
	b	Less accumulated depreciation — 10b 1,444,899.	1,033,881.	10c	567,555.
	11	Investments - publicly traded securities ATCH 6	3,505,523.	11	4,641,353.
	12	Investments - other securities See Part IV, line 11	8,231,335.	12	6,067,585.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,738,699.	15	2,376,891.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	31,138,790.	16	27,760,689.
Liabilities	17	Accounts payable and accrued expenses	18,386,589.	17	15,381,114.
	18	Grants payable		18	
	19	Deferred revenue	3,952,489.	19	1,674,797.
	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 Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	22,339,078.	26	17,055,911.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	-376,276.	27	842,019.
	28	Temporarily restricted net assets	7,809,106.	28	7,223,417.
	29	Permanently restricted net assets	1,366,882.	29	2,639,342.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	8,799,712.	33	10,704,778.
	34	Total liabilities and net assets/fund balances	31,138,790.	34	27,760,689.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] 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?	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 consolidated basis, separate 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	X	

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
NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number
95-4132414

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?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the US? Yes	(vi) No	(vii) Amount of support
Total									

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")	51,904,207	50,090,136	57,393,533.	56,016,342	65,333,058	280,737,276
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	51,904,207	50,090,136	57,393,533	56,016,342.	65,333,058	280,737,276
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						280,737,276

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	51,904,207	50,090,136	57,393,533	56,016,342	65,333,058	280,737,276
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	524,269	523,386	706,925.	422,126	192,674	2,369,380
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)						
11 Total support. Add lines 7 through 10						283,106,656

12 Gross receipts from related activities, etc (see instructions) . . . 12 | 1,347,143

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 | 99.16 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . 15 | 99.02 %

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 organzation 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 explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information See instructions

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	Employer identification number
NATIONAL CHILDHOOD CANCER FOUNDATION	95-4132414

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures . . . . . . ▶ $ ______

3 Volunteer hours . . . . . . ______

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $ ______

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $ ______

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . ▶ $ ______

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . ▶ $ ______

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b . . . . ▶ $ ______

4 Did the filing organization file **Form 1120-POL** for this year? . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group.
B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000.

j If these is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?	X		50.
e	Publications, or published or broadcast statements?	X		3,137.
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		3,783.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		349,453.
i	Other activities? If "Yes," describe in Part IV		X	
j	Total Add lines 1c through 1i			356,423.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

SEE PAGE 4

Part IV Supplemental Information *(continued)*

LOBBYING ACTIVITY

SCHEDULE C, PAGE 3, PART II-B, LINE 1H

THE ORGANIZATION HAS A LEGISLATIVE ADVOCACY PROGRAM TO PROMOTE ITS RESEARCH PROGRAMS AND PURSUE ITS MISSION. DURING THE FISCAL YEAR 2010, IT ENGAGED THE SERVICES OF FABIANI AND COMPANY, A LOBBYING FIRM BASED IN WASHINGTON D.C., TO PROVIDE IT WITH ONGOING STRATEGIC ADVICE AND CONSULTATION IN THE AREAS OF COMMUNICATIONS, GOVERNMENT AFFAIRS AND LEGISLATION INITIATIVES, AND DEVELOP AND ASSIST IN ESTABLISHING MEETINGS WITH BUSINESS LEADERS, CORPORATIONS, BUSINESS ASSOCIATIONS, MEMBERS OF CONGRESS, CONGRESSIONAL STAFF/COMMITTEES, AND FEDERAL AGENCY PERSONNEL. HOWEVER, NO FEDERAL GRANT REVENUE RECEIVED BY THE ORGANIZATION WAS USED FOR SUCH LOBBYING PURPOSES. THE FOLLOWING EXPENSES WERE INCURRED DURING THE FISCAL YEAR:

SALARIES AND FRINGES	121,944
REACH THE DAY	97,963
PUBLIC POLICY CAMPAIGN	129,546

	349,453
	==========

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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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 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	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 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, 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, 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 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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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 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	1,366,882	1,644,699.			
b Contributions	1,272,460	617,090			
c Net investment earnings, gains, and losses					
d Grants or scholarships		894,907			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,639,342	1,366,882			

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

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ 100.0000 %

c Term endowment ▶ ______ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	122,175.		113,931.	8,244.
d Equipment	1,833,244.		1,302,241.	531,003.
e Other	57,035.		28,727.	28,308.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				567,555.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other INSTITUTIONAL MONY MKT/CASH EQ	6,067,585.	FMV
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	6,067,585.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Total. *(Column (b) 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
OTHER RECEIVABLES	1,965,391.
CONTRIBUTIONS REC. FROM CRUT	411,500.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	2,376,891.

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. FIN 48 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

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	65,301,178.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	64,765,578.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	535,600.
4	Net unrealized gains (losses) on investments	4	1,369,466.
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	1,369,466.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,905,066.

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	75,221,276.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,369,466.		
b	Donated services and use of facilities	2b	8,550,632.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	9,920,098.
3	Subtract line **2e** from line **1**			3	65,301,178.
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	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	65,301,178.

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

1	Total expenses and losses per audited financial statements			1	73,316,210.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	8,550,632.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	8,550,632.
3	Subtract line **2e** from line **1**			3	64,765,578.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	64,765,578.

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

INTENDED USES OF ENDOWMENT FUNDS

SCHEDULE D (FORM 990), PAGE 2, PART V, LINE 4

THE ENDOWMENT FUNDS ARE STRICTLY USED FOR THE RESEARCH AND TREATMENT FOR THE DONOR-SPECIFIED INSTITUTIONS.

Part XIV Supplemental Information *(continued)*

Schedule F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
NORTH AMERICA	0	0	PROGRAM SERVICES	THERAPEUTIC STUDIES	2,600,908
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	THERAPEUTIC STUDIES	20,000
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	THERAPEUTIC STUDIES	874,063
SOUTH ASIA	0	0	PROGRAM SERVICES	THERAPEUTIC STUDIES	182,000.
EUROPE	0	0	PROGRAM SERVICES	THERAPEUTIC STUDIES	105,796
SOUTH AMERICA	0	0	PROGRAM SERVICES	THERAPEUTIC STUDIES	16,200.
CENTRAL AMERICA/CARIBBEAN	0	0	PROGRAM SERVICES	THERAPEUTIC STUDIES	26,977
Totals . . . . ▶	0	0			3,825,944

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000 Check this box if no one recipient received more than $5,000 . . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	THERAPEUTIC	105,292	CHECK			COST
		NORTH AMERICA	THERAPEUTIC	75,307	CHECK			COST
		NORTH AMERICA	THERAPEUTIC	23,007	CHECK			COST
		NORTH AMERICA	THERAPEUTIC	70,710.	CHECK			COST
		NORTH AMERICA	THERAPEUTIC	39,343	CHECK			COST
		NORTH AMERICA	THERAPEUTIC	163,092	CHECK			COST
		NORTH AMERICA	THERAPEUTIC	84,135	CHECK			COST
		EAST ASIA/PACIFIC	THERAPEUTIC	47,681	CHECK			COST
		EUROPE/ICELAND/GREENLAND	THERAPEUTIC	5,350	CHECK			COST
		NORTH AMERICA	THERAPEUTIC	268,514	CHECK			COST
		NORTH AMERICA	THERAPEUTIC	705,629	CHECK			COST
		NORTH AMERICA	THERAPEUTIC	114,715	CHECK			COST
		NORTH AMERICA	THERAPEUTIC	22,554	CHECK			COST
		NORTH AMERICA	THERAPEUTIC	18,471	CHECK			COST
		NORTH AMERICA	THERAPEUTIC	7,400.	CHECK			COST
		NORTH AMERICA	THERAPEUTIC	75,852	CHECK			COST

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 36

3 Enter total number of other organizations or entities . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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

MONITORING OF FOREIGN GRANTS

SCHEDULE F(FORM 990), PAGE 1, PART I, LINE 2

THE ORGANIZATION (NCCF), THROUGH THE FUNDING PROVIDED BY THE US DEPT OF HHS VIA THE NATIONAL CANCER INSTITUTE (NCI) AND BY THE ST. BALDRICK'S FOUNDATION PRIVATE GRANT, IS COMPLYING WITH THE QUALITY ASSURANCE AND MONITORING POLICIES AND GUIDELINES ISSUED BY THE NCI AS THE MAIN SPONSOR FOR ALL CANCER CLINICAL TRIALS CONDUCTED BY THE VARIOUS HEALTH CARE INSTITUTIONS IN THE US AND IN SOME FOREIGN COUNTRIES. MAJORITY OF THESE INSTITUTIONS ARE MEMBERS OF THE CHILDREN'S ONCOLOGY GROUP (COG) AT NCCF, THE LARGEST AMONG THE COOPERATIVE GROUPS CREATED BY NCI FOR THE PURPOSE OF ON-SITE MONITORING OF EACH MEMBER'S CANCER CLINICAL TRIALS ACTIVITIES.

IN COMPLIANCE WITH NCI'S STRINGENT QUALITY ASSURANCE AND MONITORING POLICIES CONCERNING THE CONDUCT OF CANCER CLINICAL TRIALS, NCCF'S COG IMPLEMENTS A COMPREHENSIVE AUDIT PROGRAM, WHICH ENSURES THAT ON-SITE AUDITS ARE CONDUCTED, ASSESSED AND REPORTED IN FULL ACCORDANCE WITH THE REQUIREMENTS OF NCI, THE CLINICAL TRIALS MONITORING BRANCH (CTMB), THE OFFICE OF HUMAN RESEARCH PROTECTION (OHRP), THE PHARMACEUTICAL MANAGEMENT BRANCH (PMB). AND THE FDA.

THE AUDIT PROGRAM OF NCCF'S COG IS THE GROUP'S QUALITY ASSURANCE OF THE CLINICAL TRIALS NETWORK AMONG ITS MEMBER-INSTITUTIONS. THE FUNCTION OF THE AUDIT PROGRAM IS TO PROTECT HUMAN SUBJECTS WHO PARTICIPATE IN RESEARCH STUDIES AND TO PROTECT THE SCIENCE IN ITS RESEARCH STUDIES.

OVERALL, THE AUDIT PROGRAM:

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

. REVIEWS THE FULL MEMBER INSTITUTION SITE'S ADHERENCE TO REGULATORY GUIDELINES FOR THE PROTECTION OF HUMAN SUBJECTS;

. REVIEWS COMPLIANCE WITH REGULATIONS CONCERNING INVESTIGATIONAL DRUGS AND CONDUCT OF CLINICAL TRIALS;

. VALIDATES THE ACCURANCY OF DATA THROUGH SOURCE DOCUMENTS AND MEDICAL RECORDS.

AUDITORS ACT AS EDUCATIONAL RESOURCES TO ENHANCE PROTOCOL COMPLIANCE, DATA MANAGEMENT AND QUALITY ASSURANCE WITHIN THE INDIVIDUAL INSTITUTIONS. RESULTS ARE SUBMITTED TO THE INSTITUTIONAL PERFORMANCE MONITORING COMMITTEE FOR ANALYSIS TO IDENTIFY ISSUES WITHIN COG TRIALS' MEMBER SITES, AND REPORTS THE RESULTS TO THE COG EXECUTIVE COMMITTEE.

ALL INSTITUTIONS ARE AUDITED AT LEAST ONCE EVERY 36 MONTHS. NEW MEMBER INSTITUTIONS ARE AUDITED WITHIN 18 MONTHS AFTER ENTRY OF THE FIRST PATIENT TO ENSURE THAT PERFORMANCE STANDARDS ARE BEING MET, AND AS AN EDUCATIONAL EXPERIENCE FOR THE NEW INVESTIGATORS AND THEIR STAFF. EARLIER AUDITS MAY BE CONDUCTED FOR INSTITUTIONS THAT ACCRUE LARGE NUMBERS OF PATIENTS. INSTITUTIONS ARE AUDITED EVEN IF THEIR MEMBERSHIP IN THE GROUP IS WITHDRAWN OR TERMINATED, UNLESS NO PATIENTS WERE ENROLLED ON A STUDY. TERMINATED INSTITUTIONS WILL HAVE THEIR AUDIT SCHEDULED BETWEEN 12 WEEKS AND 6 MONTHS OF TERMINATED. SPECIAL AUDITS MAY BE WARRANTED WHEN THERE ARE SIGNIFICANT IRREGULARITIES FOUND THROUGH QUALITY CONTROL PROCEDURES OR WHEN ALLEGATIONS OF SCIENTIFIC MISCONDUCT ARE MADE. OTHER FEDERAL AGENCIES OR OFFICES MAY BE INVITED TO PARTICIPATE IN A SPECIAL AUDIT AT THE DISCRETION OF THE NCI.

Part IV **Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information

ST. BALDRICK'S PRIVATE FUNDS DONATED TO NCCF ARE DISBURSED TO THE VARIOUS COG MEMBER INSTITUTIONS AS SUPPLEMENTAL FUNDS TO FURTHER PATIENT STUDY RESEARCH. THE MONITORING OF THE USE OF THESE FUNDS BY INSTITUTIONS IS ALSO GOVERNED BY THE COG AUDIT PROGRAM.

SCHEDULE F-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule F (Form 990)

▶ Attach to Form 990 to list additional information for Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.
▶ See instructions for Schedule F (Form 990).

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

Part I **Continuation of Activities per Region.** (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e, fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Totals . . . . ▶					

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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA/PACIFIC	THERAPEUTIC	188,419.	CHECK			COST
		EAST ASIA/PACIFIC	THERAPEUTIC	182,625	CHECK			COST
		EUROPE/ICELAND/GREENLAND	THERAPEUTIC	20,772	CHECK			COST
		EAST ASIA/PACIFIC	THERAPEUTIC	224,290	CHECK			COST
		NORTH AMERICA	THERAPEUTIC	16,178	CHECK			COST
		EAST ASIA/PACIFIC	THERAPEUTIC	11,586.	CHECK			COST
		EAST ASIA/PACIFIC	THERAPEUTIC	137,880	CHECK			COST
		EUROPE/ICELAND/GREENLAND	THERAPEUTIC	33,222	CHECK			COST
		EUROPE/ICELAND/GREENLAND	THERAPEUTIC	14,618	CHECK			COST
		EUROPE/ICELAND/GREENLAND	THERAPEUTIC	37,184	CHECK			COST
		NORTH AMERICA	THERAPEUTIC	755,840	CHECK			COST
		NORTH AMERICA	THERAPEUTIC	23,704	CHECK			COST
		EAST ASIA/PACIFIC	THERAPEUTIC	81,581	CHECK			COST
		NORTH AMERICA	THERAPEUTIC	54,744	CHECK			COST
		SOUTH ASIA	THERAPEUTIC	115,000	CHECK			COST
		MIDDLE EAST/NORTH AFRICA	THERAPEUTIC	20,000.	CHECK			COST
		CENT AMERICA/CARIBBEAN	THERAPEUTIC	10,800	CHECK			COST
		SOUTH ASIA	THERAPEUTIC	67,000	CHECK			COST
			THERAPEUTIC	9,000	CHECK			COST

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	THERAPEUTIC	16,200	CHECK			COST

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047
2009
Open To Public Inspection

Name of the organization
NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number
95-4132414

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

		(a) Event #1 REACH THE DAY (event type)	(b) Event #2 COLUMBUS ZOO (event type)	(c) Other Events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts		45,122.		45,122.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)		45,122.		45,122.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	69,998.	16,000.		85,998.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(85,998.)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-40,876.

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				

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

				Yes	No
13 Indicate the percentage of gaming activity operated in					
a The organization's facility	13a	%			
b An outside facility	13b	%			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶					
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			15a		
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 ▶ Gaming manager compensation ▶ $ ______ Description of services provided ▶ ☐ Director/officer ☐ Employee ☐ Independent contractor					
17 Mandatory distributions					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			17a		
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 ▶ $					

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

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? . . . . . [X] 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 Use Part IV and Schedule I-1 (Form 990) 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
AB CHANDLER, UNIVERSITY OF KENTUCKY			141,905		COST		THERAPEUTIC STUDIES
ALBANY MEDICAL CENTER			76,874		COST		THERAPEUTIC STUDIES
ALL CHILDREN'S HOSPITAL			162,831		COST		THERAPEUTIC STUDIES
ARKANSAS CHILDREN'S HOSPITAL			140,656		COST		THERAPEUTIC STUDIES
ATLANTIC HEALTH SYSTEM			104,538		COST		THERAPEUTIC STUDIES
BACKUS CHILDREN'S HOSPITAL			56,550		COST		THERAPEUTIC STUDIES
BANNER CHILDREN'S HOSPITAL			26,416		COST		THERAPEUTIC STUDIES
BAPTIST HOSPITAL OF MIAMI			24,016		COST		THERAPEUTIC STUDIES
BAYSTATE MEDICAL CENTER			42,230		COST		THERAPEUTIC STUDIES
BOSTON FLOATING HOSPITAL			22,698		COST		THERAPEUTIC STUDIES
BROOKLYN HOSPITAL CENTER			19,068		COST		THERAPEUTIC STUDIES
BROWARD GENERAL MEDICAL CTR			41,076		COST		THERAPEUTIC STUDIES

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

3 Enter total number of other organizations . . . . . ▶ 207

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2009**

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

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

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

MONITORING OF USE OF GRANTS TO ORGANIZATIONS IN U.S.

SCHEDULE I (FORM 990), PAGE 1, PART I, LINE 2

SEE SCHEDULE F (FORM 990) PAGE 4, PART IV

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

Part I **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
C S MOTT			43,474		COST		THERAPEUTIC STUDIES
CANCER CENTER OF ST BARBARA			25,378		COST		THERAPEUTIC STUDIES
CANCER RESEARCH CTR OF HAWAII			29,808		COST		THERAPEUTIC STUDIES
CARDINAL GLENNON CHILDREN'S			71,463		COST		THERAPEUTIC STUDIES
CARILION MEDICAL CENTER			33,454		COST		THERAPEUTIC STUDIES
CAROLINAS MEDICAL CENTER			103,396.		COST		THERAPEUTIC STUDIES
CASE WESTERN RESRV UNIVERSITY			98,205		COST		THERAPEUTIC STUDIES
CEDARS-SINAI, LOS ANGELES LOS ANGELES, CA			24,218		COST		THERAPEUTIC STUDIES
CHILDREN'S HOSPITAL AUSTIN			117,292		COST		THERAPEUTIC STUDIES
CHILDREN'S HOSPITAL BOSTON			168,780		COST		THERAPEUTIC STUDIES
CHILDREN'S HOSPITAL CENTRAL CA			236,288		COST		THERAPEUTIC STUDIES
CHILDREN'S HOSPITAL COLUMBUS			3,341,415		COST		THERAPEUTIC STUDIES
CHILDREN'S HOSPITAL DENVER			458,428		COST		THERAPEUTIC STUDIES
CHILDREN'S HOSPITAL OAKLAND			75,968		COST		THERAPEUTIC STUDIES
CHILDREN'S HOSPITAL OMAHA			79,810		COST		THERAPEUTIC STUDIES

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

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

Part I 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 ORANGE COUNTY ORANGE, CA			295,253		COST		THERAPEUTIC STUDIES
CHILDREN'S HOSPITAL PHILADELPHIA			1,588,769		COST		THERAPEUTIC STUDIES
CHILDREN'S HOSPITAL PITTSBURG			66,780		COST		THERAPEUTIC STUDIES
CHILDREN'S HOSPITAL SAN DIEGO			283,217		COST		THERAPEUTIC STUDIES
CHILD RESEARCH INSTITUTE-DC			342,512		COST		THERAPEUTIC STUDIES
CHILDREN'S HOSPITAL GREENVILLE			100,908		COST		THERAPEUTIC STUDIES
CHILDREN'S HOSPITAL SW FLORIDA			42,446		COST		THERAPEUTIC STUDIES
CHILDREN'S MERCY HOSPITAL			371,437		COST		THERAPEUTIC STUDIES
CHILDREN'S OF NEW ORLEANS			38,382		COST		THERAPEUTIC STUDIES
CHILD'S HEALTH CARE-MINNEAPOLIS			329,012		COST		THERAPEUTIC STUDIES
CHILD'S MEMORIAL HOSP-CHICAGO			457,805		COST		THERAPEUTIC STUDIES
CHILDREN'S HOSPITAL OF L A			1,812,488		COST		THERAPEUTIC STUDIES
CHRISTIANA/NEMOURS WILMINGTON			51,343		COST		THERAPEUTIC STUDIES
CITY OF HOPE NATL MEDICAL CTR			110,551		COST		THERAPEUTIC STUDIES
COLUMBIA UNIVERSITY			330,961		COST		THERAPEUTIC STUDIES

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

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

Part I 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
CONNECTICUT CHILDREN'S MED CTR			111,105		COST		THERAPEUTIC STUDIES
COOK CHILDREN'S MEDICAL CTR			339,651.		COST		THERAPEUTIC STUDIES
COVENANT CHILDREN'S HOSPITAL			32,128.		COST		THERAPEUTIC STUDIES
DANA FARBER CANCER INSTITUTE			250,726		COST		THERAPEUTIC STUDIES
DARTMOUTH-HITCHCOCK MED CTR			71,110		COST		THERAPEUTIC STUDIES
DEVOS CHILDREN'S HOSPITAL			66,778		COST		THERAPEUTIC STUDIES
DOERNBECHER CHILDREN'S HOSPITAL			8,361		COST		THERAPEUTIC STUDIES
DRISCOLL CHILDREN'S HOSPITAL			47,110		COST		THERAPEUTIC STUDIES
DUKE UNIVERSITY			138,083		COST		THERAPEUTIC STUDIES
E TENNESSEE CHILDREN'S HOSPITAL			112,261		COST		THERAPEUTIC STUDIES
EAST CAROLINA UNIVERSITY			52,070		COST		THERAPEUTIC STUDIES
EASTERN MAINE MEDICAL CENTER			11,739		COST		THERAPEUTIC STUDIES
EASTERN VIRGINIA MED SCHOOL			133,571		COST		THERAPEUTIC STUDIES
EINSTEIN INST FOR MED RESEARCH			145,915.		COST		THERAPEUTIC STUDIES
EMANUEL HOSPITAL HEALTH CTR			94,883		COST		THERAPEUTIC STUDIES

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

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

Part I **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
EMORY UNIV SCHOOL OF MEDICINE			146,594		COST		THERAPEUTIC STUDIES
EPICENTER SOFTWARE (USC)			130,000		COST		THERAPEUTIC STUDIES
FLORIDA HOSPITAL CANCER INSTITUTE			46,705		COST		THERAPEUTIC STUDIES
FLORIDA PEDIATRIC			35,445		COST		THERAPEUTIC STUDIES
FRED HUTCHINSON CANCER RES CTR			1,645,130		COST		THERAPEUTIC STUDIES
GEISINGER MEDICAL CLINIC			37,194		COST		THERAPEUTIC STUDIES
GEORGETOWN UNIVERSITY MEDICAL			41,606		COST		THERAPEUTIC STUDIES
GOC ADMINISTRATION			7,457		COST		THERAPEUTIC STUDIES
GROUP CHAIRMAN'S OFFICE			37,390		COST		THERAPEUTIC STUDIES
HACKENSACK UNIV MEDICAL CTR			197,559		COST		THERAPEUTIC STUDIES
HOPE CHILDREN'S HOSPITAL			99,611		COST		THERAPEUTIC STUIDES
HURLEY MEDICAL CENTER			29,642		COST		THERAPEUTIC STUDIES
INDIANA UNIV-RILEY CHILD HOSPITAL			537,875		COST		THERAPEUTIC STUDIES
INOVA FAIRFAX HOSPITAL			101,898		COST		THERAPEUTIC STUDIES
JOE DIMAGGIO CHILDREN'S HOSPITAL			40,634		COST		THERAPEUTIC STUDIES

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

Part I 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
JOHN'S HOPKINS UNIVERSITY			1,309,595		COST		THERAPEUTIC STUDIES
KAISER, N CALIF			187,602		COST		THERAPEUTIC STUDIES
LOMA LINDA UNIV MED CTR			307,922		COST		THERAPEUTIC STUDIES
LOYOLA UNIVERSITY OF CHICAGO			62,680		COST		THERAPEUTIC STUDIES
LUTHERAN GENL CHILDREN'S MED CTR			53,079		COST		THERAPEUTIC STUDIES
MADIGAN ARMY MEDICAL CENTER			11,054		COST		THERAPEUTIC STUDIES
MAINE CHILDREN'S CANCER PROGRAM			82,214		COST		THERAPEUTIC STUDIES
MARSHFIELD CLINIC			13,890		COST		THERAPEUTIC STUDIES
MARY BRIDGE HOSPITAL			31,961		COST		THERAPEUTIC STUDIES
MASSACHUSETTS GENERAL HOSPITAL			32,378		COST		THERAPEUTIC STUDIES
MAYO CLINIC AND FOUNDATION			228,271		COST		THERAPEUTIC STUDIES
MD ANDERSON CANCER CTR			57,791		COST		THERAPEUTIC STUDIES
MD ANDERSON CANCER CTR-ORLANDO			12,849.		COST		THERAPEUTIC STUDIES
MED COLLEGE WISCONSIN-SONDEL			327,362		COST		THERAPEUTIC STUDIES
MEDICAL COLLEGE OF GEORGIA			65,573		COST		THERAPEUTIC STUDIES

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

Schedule I-1 (Form 990) 2009

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SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

Part I **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
MEDICAL COLLEGE OF VIRGINIA			112,340.		COST		THERAPEUTIC STUDIES
MEDICAL UNIV OF S CAROLINA			89,614		COST		THERAPEUTIC STUDIES
MEM SLOAN KETTERING CANCER CTR			139,923.		COST		THERAPEUTIC STUDIES
MERCY CHILDREN'S HOSP OF TOLEDO			57,320.		COST		THERAPEUTIC STUDIES
MERITCARE HOSPITAL			38,042.		COST		THERAPEUTIC STUDIES
METHODIST CANCER CENTER			9,958.		COST		THERAPEUTIC STUDIES
MIAMI CHILDREN'S HOSPITAL			85,653.		COST		THERAPEUTIC STUDIES
MICHIGAN STATE UNIVERSITY			75,664.		COST		THERAPEUTIC STUDIES
MILLER CHILD HOSP-HARBOR UCLA			219,867		COST		THERAPEUTIC STUDIES
MISSION HOSPITALS			59,271		COST		THERAPEUTIC STUDIES
MONTEFIORE MEDICAL CENTER			102,314.		COST		THERAPEUTIC STUDIES
MOUNT SINAI MEDICAL CENTER			44,102		COST		THERAPEUTIC STUDIES
MOUNTAIN STATES TUMOR INSTITUT			36,390.		COST		THERAPEUTIC STUDIES
MSU-KALAMAZOO CTR, MED STUDIES			70,813		COST		THERAPEUTIC STUDIES
NAVAL MEDICAL CTR-PORTSMOUTH			11,589		COST		THERAPEUTIC STUDIES

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

Part I 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
NC PRESBYTERIAN HOSPITAL			52,773		COST		THERAPEUTIC STUDIES
NEMOUR'S CHILDREN'S CLINIC JKVL			165,139		COST		THERAPEUTIC STUDIES
NEMOUR'S CHILDREN'S CLINIC ORLD			6,174		COST		THERAPEUTIC STUDIES
NEW YORK MED COLLEGE			89,446		COST		THERAPEUTIC STUDIES
NEW YORK UNIVERSITY MED CTR			196,844		COST		THERAPEUTIC STUDIES
NEWARK BETH ISRAEL MED CTR			101,895		COST		THERAPEUTIC STUDIES
N TEXAS HOSPITAL FOR CHILDREN			71,946		COST		THERAPEUTIC STUDIES
NY PRESBYTERIAN HOSP/CORNELL			26,235		COST		THERAPEUTIC STUDIES
OHIO STATE UNIVERSITY			88,469.		COST		THERAPEUTIC STUDIES
OREGON HEALTH & SCIENCE UNIV			390,234		COST		THERAPEUTIC STUDIES
OTHER GROUP MEMBERS			756,476		COST		THERAPEUTIC STUDIES
PENN STATE CHILDREN'S HOSPITAL			159,869		COST		THERAPEUTIC STUDIES
PHOENIX CHILDREN'S HOSPITAL PHOENIX, AZ			211,453		COST		THERAPEUTIC STUDIES
RAYMOND BLANK CHILDREN'S HOSPITAL			37,774		COST		THERAPEUTIC STUDIES
RHODE ISLANDS HOSPITAL			80,652		COST		THERAPEUTIC STUDIES

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

Schedule I-1 (Form 990) 2009

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SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

Part I **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
ROSWELL PARK CANCER INSTITUTE			96,474		COST		THERAPEUTIC STUDIES
S DAKOTA HLTH RESEARCH FDTN			36,087.		COST		THERAPEUTIC STUDIES
S ILLINOIS UNIV SCHOOL OF MD			47,540		COST		THERAPEUTIC STUDIES
SACRED HEART @ PENSACOLA			22,188		COST		THERAPEUTIC STUDIES
SACRED HEART HOSPITAL @ SPOKANE			77,778		COST		THERAPEUTIC STUDIES
SCIENTIFIC COMMITTEE			482,842		COST		THERAPEUTIC STUDIES
SCOTT & WHITE MEMORIAL HOSPITAL			38,222		COST		THERAPEUTIC STUDIES
SINAI HOSPITAL OF BALTIMORE			57,173		COST		THERAPEUTIC STUDIES
SOUTHWEST TEXAS METHODIST HOSPITAL			68,049		COST		THERAPEUTIC STUDIES
ST JUDE CHILD RESEARCH HOSP MEMPH			616,517		COST		THERAPEUTIC STUDIES
ST JUDE MIDWEST AFFILIATE			39,148		COST		THERAPEUTIC STUDIES
ST MARY'S MEDICAL CENTER			47,199.		COST		THERAPEUTIC STUDIES
ST UNIVERSITY OF NY @ SYRACUSE			196,877		COST		THERAPEUTIC STUDIES
ST VINCENT HOSP & HLTHCR CTR			76,416		COST		THERAPEUTIC STUDIES
ST CHRISTOPHER'S HOSP FOR CHILDREN			75,431		COST		THERAPEUTIC STUDIES

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

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

Part I **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
ST JOHN'S HOSPITAL & MED CTR			42,022		COST		THERAPEUTIC STUDIES
ST PETER'S MEDICAL CENTER			44,281		COST		THERAPEUTIC STUDIES
ST VINCENT'S HOSP-BRANDT			21,646		COST		THERAPEUTIC STUDIES
STANFORD UNIVERSITY			513,590		COST		THERAPEUTIC STUDIES
SUNRISE CHILDREN'S HOSPITAL			58,279		COST		THERAPEUTIC STUDIES
SUNY AT STONY BROOK			38,955		COST		THERAPEUTIC STUDIES
SUTTER MEDICAL CTR SACRAMENTO SACRAMENTO, CA			108,938.		COST		THERAPEUTIC STUDIES
TC THOMPSON CHILDREN'S HOSPITAL			71,028		COST		THERAPEUTIC STUDIES
TEXAS TECH, AMARILLO			501,274		COST		THERAPEUTIC STUDIES
TISSUE BANKING			347,183		COST		THERAPEUTIC STUDIES
TOLEDO CHILDREN'S HOSPITAL			55,450.		COST		THERAPEUTIC STUDIES
TRIPLER ARMY MEDICAL CENTER			23,178		COST		THERAPEUTIC STUDIES
TULANE UNIVERSITY MEDICAL CTR			15,704		COST		THERAPEUTIC STUDIES
TX CHILD CANCER CTR @ BAYLOR			1,135,727		COST		THERAPEUTIC STUDIES
U OF TEXAS HSC AT SAN ANTONIO			153,578		COST		THERAPEUTIC STUDIES

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

Part I 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
UC DAVIS			62,084		COST		THERAPEUTIC STUDIES
UCLA SCHOOL OF MEDICINE LOS ANGELES, CA			63,836.		COST		THERAPEUTIC STUDIES
UCSF SCHOOL OF MEDICINE			319,127		COST		THERAPEUTIC STUDIES
UNIV OF AZ COLLEGE OF MEDICINE			50,661		COST		THERAPEUTIC STUDIES
UNIV OF MED & DENT OF NJ			131,803		COST		THERAPEUTIC STUDIES
UNIV OF MISSISSIPPI MED CTR			142,202		COST		THERAPEUTIC STUDIES
UNIV OF MN			436,017.		COST		THERAPEUTIC STUDIES
UNIV OF NEW MEXICO SCH OF MED			64,740		COST		THERAPEUTIC STUDIES
UNIV OF OKLAHOMA HLTH SC CTR			236,163		COST		THERAPEUTIC STUDIES
UNIV OF PITTSBURGH			481,963		COST		THERAPEUTIC STUDIES
UNIV OF ROCHESTER MEDICAL CTR			53,688		COST		THERAPEUTIC STUDIES
UNIV OF TX SOUTH WEST MED SCHOOL			581,896		COST		THERAPEUTIC STUDIES
UNIV OF WISCONSIN, CH MADISON			188,225		COST		THERAPEUTIC STUDIES
UNIVERSITY OF ALABAMA			398,391		COST		THERAPEUTIC STUDIES
UNIVERSITY OF CHICAGO			137,045		COST		THERAPEUTIC STUDIES

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

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

Part I 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 FLORIDA			1,782,814.		COST		THERAPEUTIC STUDIES
UNIVERSITY OF IOWA			117,494		COST		THERAPEUTIC STUDIES
UNIVERSITY OF KANSAS MED CTR			43,693		COST		THERAPEUTIC STUDIES
UNIVERSITY OF LOUISVILLE			181,835		COST		THERAPEUTIC STUDIES
UNIVERSITY OF MASSACHUSETTS			92,790		COST		THERAPEUTIC STUDIES
UNIVERSITY OF MIAMI SCHOOL OF MD			129,440		COST		THERAPEUTIC STUDIES
UNIVERSITY OF MICHIGAN/CS MOTT			307,522		COST		THERAPEUTIC STUDIES
UNIVERSITY OF MISSOURI			26,296		COST		THERAPEUTIC STUDIES
UNIVERSITY OF N CAROLINA			203,550		COST		THERAPEUTIC STUDIES
UNIVERSITY OF PENNSYLVANIA			51,036.		COST		THERAPEUTIC STUDIES
UNIVERSITY OF SO CALIFORNIA			195,255		COST		THERAPEUTIC STUDIES
UNIVERSITY OF S CAROLINA			89,498		COST		THERAPEUTIC STUDIES
UNIVERSITY OF UTAH			419,940		COST		THERAPEUTIC STUDIES
UNIVERSITY OF VERMONT			39,068		COST		THERAPEUTIC STUDIES
UNIVERSITY OF VIRGINIA HSC			49,981		COST		THERAPEUTIC STUDIES

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

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

Part I 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
VANDERBILT CHILDREN'S HOSPITAL			278,345		COST		THERAPEUTIC STUDIES
W VIRGINIA UNIV-CHARLESTON			40,479		COST		THERAPEUTIC STUDIES
WAKE FOREST UNIVERSITY			173,581		COST		THERAPEUTIC STUDIES
WALTER REED ARMY MEDICAL CTR			25,613		COST		THERAPEUTIC STUDIES
WARREN CLINIC			14,301		COST		THERAPEUTIC STUDIES
WASHINGTON UNIVERSITY MED CTR			396,797		COST		THERAPEUTIC STUDIES
WAYNE STATE UNIVERSITY			240,812		COST		THERAPEUTIC STUDIES
WILLIAM BEAUMONT HOSPITAL			16,737		COST		THERAPEUTIC STUDIES
WILLS EYE HOSPITAL			7,500		COST		THERAPEUTIC STUDIES
WINTHROP UNIVERSITY HOSPITAL			67,287		COST		THERAPEUTIC STUDIES
YALE UNIVERSITY SCHOOL OF MED			87,539		COST		THERAPEUTIC STUDIES
CLEVELAND CLINIC FOUNDATION			59,255.		COST		THERAPEUTIC STUDIES
CHILDREN'S MED CTR CINCINNATI			446,675		COST		THERAPEUTICAL STUDIE
NORTHWESTERN UNIVERSITY			8,208		COST		THERAPEUTIC STUDIES
LEHIGH VALLEY HOSPITAL			57,231		COST		THERAPEUTICAL STUDIE

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

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number

95-4132414

Part I **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
ROCKY MOUNTAIN HOSPITAL			45,285		COST		THERAPEUTICAL STUDIE
ISRAELI SOCIETY OF PED HEM/ONC			20,000		COST		THERAPEUTICAL STUDIE
PHASE 1 ADAMSON DEPT EXP			5,105		COST		THERAPEUTICAL STUDIE
CH MEDICAL CENTER OF AKRON			100,511		COST		THERAPEUTIC STUDIES
UNIVERSITY OF ILLINOIS			67,304		COST		THERAPEUTIC STUDIES
KAISER, S CALIF			186,551		COST		THERAPEUTIC STUDIES
CHILDREN'S MED CTR DAYTON			106,058.		COST		THERAPEUTIC STUDIES
CH HEALTH CTR ATLANTA			458,158		COST		THERAPEUTIC STUDIES
UNIV OF NEBRASKA MED CTR			447,470		COST		THERAPEUTIC STUDIES
FNDN RESEARCH GRANTS PROGRAM			321,750		COST		THERAPEUTIC STUDIES
MIDWEST CHILDREN'S CANCER CTR			11,900.		COST		THERAPEUTICAL STUDIE
ST JOSEPH HOSP & MED CTR			58,211		COST		THERAPEUTIC STUDIES
UNIVERSITY OF MARYLAND BALTIMR			5,459		COST		THERAPEUTIC STUDIES
UNIVERSITY OF SOUTH ALABAMA			28,637.		COST		THERAPEUTIC STUDIES
CH & REG MED CENTER, SEATTLE SEATTLE, WA			879,222		COST		THERAPEUTIC STUDIES

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		X
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization? If "Yes" to line 5a or 5b, describe in Part III	5b		X
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III	6b		X
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GREGORY H. REAMAN	(i)	392,700.	0.	0.	24,720.	0.	417,420.	357,000.
	(ii)							
N. AJOY MATHEW	(i)	196,768.	0.	0.	19,677.	0.	216,445.	
	(ii)							
JOSEPH F. WOELKERS	(i)	268,707.	0.	0.	20,293.	0.	289,000.	262,500.
	(ii)							
ORLANDO SAYSON	(i)	179,601.	0.	0.	16,640.	0.	196,241.	160,001.
	(ii)							
ROBERTO P. GOMEZ	(i)	180,474.	0.	0.	17,732.	0.	198,206.	170,500.
	(ii)							
STACY P. HALLER	(i)	211,065.	0.	0.	18,173.	0.	229,238.	225,000.
	(ii)							
MAURA O'LEARY	(i)	301,555.	0.	0.	24,670.	0.	326,225.	276,656.
	(ii)							
CYNTHIA SCOTT-LUNAU	(i)	193,988.	0.	0.	16,200.	0.	210,188.	180,000.
	(ii)							
TIMOTHY PETERS	(i)	145,646.	0.	0.	14,241.	0.	159,887.	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

SCHEDULE J-2 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MSC)	(F) Estimated amount of other compensation from the organization and related organizations
ORLANDO SAYSON SR DIR OF FINANCE/CFO	40.00			X	X			179,601.		16,640.
ROBERTO P. GOMEZ SR DIR INFT SVC/CIO	40.00					X		180,474.		17,732.
STACY P. HALLER EXEC DIR/DEVELOPMENT	40.00					X		211,065.		18,173.
MAURA O'LEARY ADMIN OFFICER, COG & DDSM	40.00					X		301,555.		24,670.
CYNTHIA SCOTT-LUNAU SR DIR HR & ADMIN	40.00					X		193,988.		16,200.
KEITH D. ANDRE SR DIR, RESEARCH ADMIN	40.00					X		133,942.		10,350.
SALLY CHARNEY DIR PUBLIC EDUCATION	40.00					X		113,975.		10,250.
HEMA CHAUDHARY MANAGER, SOFTWARE DEV	40.00					X		104,864.		10,486.
DEBRA L. DE VAY CONTROLLER	40.00					X		116,090.		10,735.
JUDITH A. EVERETT DIRECTOR, SDO	40.00					X		120,142.		11,674.
DANIEL JAMESON MANAGER, DBA	40.00					X		127,926.		12,793.
KEVIN MA MANAGER, TECHNICAL SVC	40.00					X		110,301.		8,723.
ELIZABETH O'CONNOR DIR, PH. I CONSORTIUM	40.00					X		113,951.		10,581.
TIMOTHY PETERS DIR OF DATA CENTER	40.00					X		145,646.		14,241.
CRAIG A. ROCKLIN DIR, MAJOR GIFTS	40.00					X		106,114.		0.
ALBERT ROY SR DIR, GRANTS & CONTR	40.00					X		121,710.		10,687.
JOELLEN SMAZENKA PROJECT MANAGER IT	40.00					X		107,641.		10,764.
ANDY WONG MANAGER, NETWORK ADM & SEC	40.00					X		120,120.		10,072.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

ATTACHMENT 1

TAX RETURN FILING

FORM 990, PART VI, SECTION B, LINE 11A

THE RETURN IS REVIEWED BY THE CONTROLLER, CFO & THE CEO/PRESIDENT BEFORE BEING FILING.

MONITORING CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12

ALL EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES, HAVE TO ANNUALLY REVIEW AND SUBMIT A CONFLICT OF INTEREST STATEMENT. THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO THE BOARD OF TRUSTEES ON AN ANNUAL BASIS. THE BOARD IS REQUIRED TO SUBMIT A CONFLICT OF INTEREST STSTEMENT.

COMPENSATION REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 15

COMPENSATION OF THE CEO/PRESIDENT IS REVIEWED AND APPROVED BY THE CHAIRMAN OF THE BOARD AND THE BOARD OF TRUSTEES. OTHER KEY EMPLOYEES' COMPENSATION BASED ON SURVEY AND INDUSTRY STANDARDS IS REVIEWED AND APPROVED BY THE CEO/PRESIDENT.

PUBLIC INSPECTION

FORM 990, PART IV, LINE 38

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND TAX RETURNS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

ATTACHMENT 1 (CONT'D)

AMENDMENT OF BY-LAWS

FORM 990, PART VI, SECTION A, LINE 4

SEE ATTACHED AMENDED BY-LAWS APPROVED BY THE BOARD OF TRUSTEES.

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF THE NATIONAL CHILDHOOD CANCER FOUNDATION(NCCF) IS TO FIND A CURE FOR CHILDHOOD CANCER. IT WAS FORMED TO SUPPORT THE RESEARCH AND TREATMENT CONDUCTED BY THE PHYSICIANS AND LABORATORY SCIENTISTS OF THE CHILDREN'S ONCOLOGY GROUP(COG). NCCF RAISES FUNDS BY OBTAINING GRANTS AND CONTRACTS FROM FEDERAL AND NON-FEDERAL RESEARCH FUNDING AGENCIES AND BY SOLICITING GIFTS FROM INDIVIDUALS, FOUNDATIONS, CORPORATIONS AND OTHER GROUPS. THE FUNDS COLLECTED SUPPORT THE VARIOUS MEMBER INSTITUTIONS OF THE COG, AS WELL AS THE STATISTICS AND DATA CENTER AND THE ADMINISTRATIVE COST CENTERS. THE PHYSICIANS AND LABORATORY SCIENTISTS OF THE MEMBER INSTITUTIONS DEVOTE THEMSELVES TO THE RESEARCH AND TREATMENT OF CHILDHOOD CANCER PATIENTS.

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

AL,AK,AZ,AR,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,

Name of the organization: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDEND AND INTEREST INCOME	192,674			192,674
TOTALS	192,674			192,674

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
REACH THE DAY		69,998.	-69,998.
COLUMBUS ZOO	45,122.	16,000.	29,122.
TOTALS	45,122.	85,998.	-40,876.

ATTACHMENT 6

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
COMMON STOCKS	2,841,813.	FMV
CORPORATE BONDS	1,799,540.	FMV
TOTALS	4,641,353.	

SCHEDULE D
(Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2009

Name of estate or trust: NATIONAL CHILDHOOD CANCER FOUNDATION

Employer identification number: 95-4132414

Note: *Form 5227 filers need to complete **only** Parts I and II*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet	4	( )
5 **Net short-term gain or (loss).** Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back ▶	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	-183,678.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet	11	( )
12 **Net long-term gain or (loss).** Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back ▶	12	-183,678.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Part III Summary of Parts I and II

Caution: *Read the instructions* ***before*** *completing this part*

			(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13	**Net short-term gain or (loss)**	13			
14	**Net long-term gain or (loss):**				
a	Total for year	14a			-183,678.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b			
c	28% rate gain	14c			
15	**Total net gain or (loss).** Combine lines 13 and 14a ▶	15			-183,678.

Note: *If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gains, go to Part V, and* ***do not*** *complete Part IV If line 15, column (3), is a net loss, complete Part IV and the* ***Capital Loss Carryover Worksheet,*** *as necessary*

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of

a The loss on line 15, column (3) **or** b $3,000 — 16 (3,000)

Note: *If the loss on line 15, column (3), is more than $3,000,* ***or*** *if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the* ***Capital Loss Carryover Worksheet*** *on page 7 of the instructions to figure your capital loss carryover*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero

Caution: *Skip this part and complete the worksheet on page 8 of the instructions if*

- *Either line 14b, col (2) or line 14c, col (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero*

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			17			
18	Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18					
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19					
20	Add lines 18 and 19	20					
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- ▶	21					
22	Subtract line 21 from line 20 If zero or less, enter -0-			22			
23	Subtract line 22 from line 17 If zero or less, enter -0-			23			
24	Enter the **smaller** of the amount on line 17 or $2,300			24			
25	Is the amount on line 23 equal to or more than the amount on line 24? ☐ **Yes.** Skip lines 25 and 26, go to line 27 and check the "No" box ☐ **No.** Enter the amount from line 23			25			
26	Subtract line 25 from line 24			26			
27	Are the amounts on lines 22 and 26 the same? ☐ **Yes.** Skip lines 27 thru 30 go to line 31 ☐ **No.** Enter the **smaller** of line 17 or line 22			27			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)			28			
29	Subtract line 28 from line 27			29			
30	Multiply line 29 by 15% (15)					30	
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)					31	
32	Add lines 30 and 31					32	
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)					33	
34	**Tax on all taxable income.** Enter the **smaller** of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)					34	

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side	Employer identification number
NATIONAL CHILDHOOD CANCER FOUNDATION	95-4132414

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

	(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a	PUBLICLY-TRADED SECURITIES	VARIOUS	VARIOUS	18,792,331.	18,976,009.	-183,678.

6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b . . . . -183,678.

Form **4562** | **Depreciation and Amortization** | OMB No 1545-0172

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99) ▶ See separate instructions. ▶ Attach to your tax return.

2009 Attachment Sequence No 67

Name(s) shown on return: NATIONAL CHILDHOOD CANCER FOUNDATION

Identifying number: 95-4132414

Business or activity to which this form relates: GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179
Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property Instead, use Part V*

Part II Special Depreciation Allowance and Other Depreciation (**Do not** include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	538,404.

Part III MACRS Depreciation (**Do not** include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	M M	S/L	
			27 5 yrs	M M	S/L	
i Nonresidential real property			39 yrs	M M	S/L	
				M M	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	M M	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	538,404.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

JSA **For Paperwork Reduction Act Notice, see separate instructions.**
9X2300 2 000

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles*)

24a Do you have evidence to support the business/investment use claimed? Yes ☐ No ☐ **24b** If "Yes," is the evidence written? Yes ☐ No ☐

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				43	
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	

CureSearch
National Childhood Cancer Foundation

National Childhood Cancer Foundation
Board of Trustees Meeting
Monday, July 20, 2009
Resolutions

RESOLVED, that the proposed Amended Bylaws attached hereto as Exhibit A are hereby adopted as the Bylaws of the Corporation, and the Secretary is hereby instructed to insert said Bylaws in the Minute Book of the Corporation.

RESOLVED, that the Treasurer of the Corporation, or the Treasurer's designee is hereby authorized and directed to open an account or accounts for the Hope Street Kids program of the Corporation with such financial institutions as any such officer may deem appropriate in conducting the affairs of the Corporation, and to deposit therein funds coming into the possession of the Corporation, such account or accounts to be in the name of the Corporation; and

RESOLVED, that, with respect to the Hope Street Kids program, all contracts entered into by the Corporation shall be executed by any one of the Chair, Secretary, Treasurer, Controller, Executive Director, Scientific and Medical Affairs (or designees) or Director of the Hope Street Kids program;

RESOLVED, that, with respect to all submissions including applications, certifications, and related filings to competent governmental authorities of the United States and worldwide that regulate or are required to ensure lawful charitable solicitation and fundraising efforts or that regulate or are required to ensure lawful use of copyright, trademark, and other intellectual property rights, or all such submissions to recognized and established foundations and other non-governmental organizations involved in charitable activity, any such submission entered into by the Corporation shall be executed by any one of the Chair, Secretary, Treasurer, Controller, President (if any) or designees, Executive Director, CureSearch (or designees), NCCF and as the foregoing pertains to the Hope Street Kids program, additionally, the Executive Director, Scientific and Medical Affairs (or designees) or Director of the Hope Street Kids program;

RESOLVED FURTHER, that all resolutions required in connection with the submissions stated above and which are consistent with the foregoing are hereby adopted, and the Secretary is directed to attach copies of all such resolutions to these resolutions.

RESOLVED, that the proper officer or officers of the Corporation are hereby authorized and directed to do all things, take all actions and execute, deliver and file all documents as may be necessary or convenient in effecting the foregoing resolutions.

Approved by: National Childhood Cancer Foundation Board of Trustees

Date: July 20, 2009

Salvatore J. Bertolone

Secretary
Salvatore J. Bertolone, MD
National Childhood Cancer Foundation Board of Trustees

National Childhood Cancer Foundation
Board of Trustees Meeting
Monday, July 20, 2009
Resolutions

RESOLVED, that the Government Affairs and Public Education Committee, Board Affairs Committee, and Development Committee are hereby abolished.

RESOLVED, that the Executive Committee shall meet at least quarterly and shall include a number of Trustees that is equal to the number of voting members of the Board needed to establish a quorum for the transaction of any business by the Board; the Executive Committee shall be constituted as further stated in the Amended Bylaws attached as <u>Exhibit A</u>.

RESOLVED that the attached <u>Exhibit B</u> listing the Board Committees and describing the Board structure stated herein is approved.

RESOLVED that the proper officer or officers of the Corporation are hereby authorized and directed to do all things, take all actions and execute, deliver and file all documents as may be necessary or convenient in effecting the foregoing resolutions.

Approved by: National Childhood Cancer Foundation

Date: July 20, 2009

Salvatore J. Bertolone

Secretary (Print Name): SALVATORE J. BERTOLONE

National Childhood Cancer Foundation

National Childhood Cancer Foundation
Board of Trustees Meeting
Monday, July 20, 2009
Resolutions

Exhibit A
Proposed Amended Bylaws

BYLAWS
OF
NATIONAL CHILDHOOD CANCER FOUNDATION
(nonprofit public benefit corporation)

ARTICLE I

Offices

1.1 Principal Office. The principal office for the transaction of the business of the National Childhood Cancer Foundation (the "Foundation") is fixed and located at 440 East Huntington Drive, Suite 402, P.O. Box 60012, Arcadia, California 91066-6012, in the County of Los Angeles. The Foundation's Board of Trustees (the "Board") is hereby granted full power and authority to change the location of said principal office, from one location to another within the said County.

1.2 Other Offices. Branch or subordinate offices may at any time be established by the Board at any place or places where the Foundation is qualified to do business.

ARTICLE II

Purposes

2.1 Purposes. This Foundation is a nonprofit public benefit corporation and is not organized for the private gain of any person. The specific purposes of the Foundation are (i) to sponsor, provide for, or arrange for medical research, clinical studies and investigations, and other scientific activities by the provision of direct and indirect support to the Children's Oncology Group (the "COG") and its members, (ii) to promote education and advocacy to benefit children and adolescents with cancer and their families, (iii) to pursue all charitable activities related thereto, and (iv) any other legally qualifying purpose directly related to the foregoing; provided, however, that each of these purposes shall be as determined by the Board of Trustees.

2.2 Limitations. This Foundation is a nonprofit, nonsectarian, nonracial, nonpolitical organization. The property of this Foundation is irrevocably dedicated to charitable purposes and no part of the net earnings, contributions, or assets of the Foundation shall inure to the benefit of, or be distributable to, its members, directors, officers, or other private persons, except the Foundation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the Articles and otherwise in these Bylaws. No substantial part of the activities of this Foundation shall consist of carrying on propaganda, or otherwise attempting to influence legislation. This Foundation shall not participate or intervene in any political campaign (including the publication or distribution of statements) on behalf of any candidate for public office.

2.3 Standards. The Foundation is committed to conform to standards and guidelines for charitable organizations that are promulgated by well-established and respected national organizations that provide impartial review and evaluation of information concerning charitable organizations.

2.4 Diversity. The Board of Trustees shall make efforts to identify, attract and secure a Board of Trustees and staff that is representative of the objective of creating a Board comprised of members of diversity in various areas, including gender and ethnicity.

ARTICLE III

Membership

3.1 Voting Membership. There shall be one category of voting members of the Foundation, consisting of the individuals who, from time to time, comprise the Board of Trustees of the Foundation.

3.2 Other Membership. The Board of Trustees may, by appropriate resolution, from time to time establish other categories of members of the Foundation. None of such categories of members, nor the constituents thereof, shall be or have the rights and privileges of voting as statutory members as defined in Section 5056 of the California Nonprofit Public Benefit Corporation Law of the State of California. The privileges, rights and duties of such other categories of members shall be as provided by the Board of Trustees, subject to the terms of these Bylaws, as amended from time to time The Board may determine from time to time an initial membership fee, and set such fees, dues and assessments for membership in the Foundation as the Board, in its discretion, may determine. The Board of Trustees may confer some or all of the rights of the members except as otherwise provided herein upon any person or persons.

3.3 Admission and Termination. Death, resignation, or removal of any Trustee as provided in these Bylaws shall automatically terminate membership of such person in the Foundation. Election of a successor Trustee as provided in these Bylaws shall likewise operate to elect such Trustee to the membership of the Foundation.

3.4 Property Rights. No member shall have any right or interest in any of the property or assets of the Foundation.

3.5 Nonliability. No member, trustee, officer, employee or agent shall be personally liable for the debts, liabilities, or obligations of the Foundation.

3.6 Nontransferability. No member may transfer for value or otherwise a membership or any right arising therefrom, and all rights of membership shall cease upon the member's death.

ARTICLE IV

Board of Trustees

4.1 Powers Subject to the limitations of the Articles of Incorporation, of the Bylaws, and of the Nonprofit Public Benefit Corporation Law of the State of California and subject to the duties of Trustees as prescribed by the Bylaws, all Foundation powers shall be exercised by or under the authority of, and the business and affairs of the Foundation shall be controlled by the Board of Trustees. So long as the Board shall be the sole category of voting members of the Foundation, any action that requires approval of the members or approval of a majority of the members pursuant to the Nonprofit Public Benefit Corporation Law of the State of California shall require only approval of the Board. Without limiting the foregoing, the Board shall have the power to levy dues and assessments, to select and remove all officers, agents, employees and contractors, and to fix reasonable compensation therefor, to authorize and empower officers or agents to enter into contracts and other commitments on behalf of the Foundation, and to appoint and delegate responsibilities and authority to committees, officers and agents.

4.2 Number of Trustees. The Board shall consist of no fewer than eleven (11) and not more than thirty (30) voting members, and up to two (2) additional ex-officio voting members, the President, if any, and the Chair of the COG. In addition, there shall be up to three (3) additional ex-officio, non-voting members, the three (3) Executive Directors of the Foundation. Beginning in 2005, in addition to the Chair of the COG and any other COG representative then serving on the Board, the Board shall include four (4) COG representatives who shall be voting members, provided that the number of COG representatives on the Board shall never exceed twenty-five present (25%) of the total number of Board members. Beginning as of July 20, 2009, each member who was previously nominated as part of a couple, having had one-half of one vote each, shall be an individual Trustee with one vote each, and shall serve until the end of his or her existing term, and shall be eligible thereafter to be nominated under the applicable provisions of these Bylaws. Trustees shall serve in an individual capacity only with one vote per Trustee. The exact number of Trustees shall be fixed from time to time by a resolution of the Board of Trustees.

4.3 Eligibility.

4.3.1 Balance. The Board of Trustees shall consist of a balanced mix of persons with an understanding and appreciation of the mission of the Foundation and a strong commitment to support that mission. The Trustees represent the Foundation and provide leadership in a manner designed to promote public understanding, goodwill and financial support of the mission.

4.3.2 Independent Directors. No more than forty-nine percent (49%) of the persons serving on the Board may be interested persons. For purposes of this Section 4.3.2, "interested persons" means any person (or any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of any such person) currently being compensated by the Foundation for services rendered to it within the previous twelve (12) months, whether as a full- or part-time employee, independent contractor, or otherwise, excluding any reasonable compensation paid to a director as director.

4.4 Selection; Term of Office. The Board of Trustees shall elect, by vote, all members of the Board of Trustees. The four (4) COG representatives shall be elected by the Board of Trustees from a slate of more than four (4) nominees presented to the Board by the COG Chair, following the approval of the slate by the COG Executive Committee. All Trustees shall serve for a term of approximately three (3) years, beginning and ending on either the date of the Spring or Fall Board meeting as determined by the Board. Upon the expiration of the term of each Trustee, the Board of Trustees shall elect by majority vote, including the vote of the Trustees whose terms expire, persons to serve on the Board for three (3) year terms. Trustees may be re-elected for an unlimited number of terms.

4.5 Vacancies. Vacancies in the Board may be filled by a majority vote of the remaining members of the Board then in office, whether or not less than a quorum, and each Trustee so elected shall hold office until his successor is elected. A vacancy or vacancies shall be deemed to exist in the case of the death, resignation or removal of any Trustee, or if the authorized number of Trustees be increased without election of the additional Trustees so provided for, or in case of the failure at any time to elect the full number of authorized Trustees, or if any Trustee fails to attend three (3) consecutive meetings of the Board without excuse. Provided, however, that except upon notice to the California Attorney General, no Trustee may resign where the Foundation would be left without a duly elected Trustee in charge of its affairs. If any Trustee tenders his resignation to the Board of Trustees, then the Board shall have the power to elect a successor to take office at such time as the resignation shall become effective. No reduction in the number of Trustees shall have the effect of removing any Trustee prior to the expiration of his term of office.

4.6 Place of Meeting. All meetings of the Board of Trustees may be held at any place within or without the State of California, which has been designated from time to time by the Board or the Executive Committee. In the absence of such designation, meetings shall be held at the principal office of the Foundation.

4.7 Trustee Meetings. Not less frequently than semi-annually, the Trustees shall hold a regular meeting for the purposes of electing Trustees, organizing the Board, election of officers and transaction of such other business as may come before the meeting. Pending such organization meeting, all officers of the Foundation shall hold over, except any officer required by law or these Bylaws to be a Trustee and who does not qualify as a Trustee.

4.8 Other Regular Meetings. Other regular meetings of the Board of Trustees shall be held as may be specified and noticed by the Chair, Board of Trustees or the President, if any, or any Executive Director of the Foundation.

4.9 Special Meetings. Special meetings of the Board of Trustees for any purpose or purposes may be called at any time by the Chair, the Vice-Chair, the President, if any, or by any three (3) members of the Board of Trustees of the Foundation.

4.10 Notice of Meetings. Notice of the time and place of each meeting of the Board of Trustees not fixed by an express provision of the Bylaws or by a Resolution of the Board of Trustees shall be given to each Trustee not less than forty-eight (48) hours before the date of the meeting if given personally or by telephone or by electronic mail (e-mail) or facsimile and not less than four (4) days before the date of the meeting if given by first-class mail or as otherwise stated in Section 5211(a)(2) of the Nonprofit Public Benefit Corporation Law of the State of California.

4.11 Consent to Meetings. The transactions of the Board of Trustees at any meeting however called and noticed or wherever held, shall be as valid as though done at a meeting duly held after call and notice if a quorum be present and if either before or after the meeting each Trustee not present signs a written waiver of notice, or a consent to the holding of such meeting or approval of the minutes thereof, or who attends the meeting without protesting, prior thereto or at its commencement, the lack of notice to such Trustee. All such waivers, consents or approvals shall be filed with the corporate records and made a part of the minutes of the meeting.

4.12 Action Without Meeting. Any action required or permitted to be taken by the Board of Trustees under any provision of the Nonprofit Public Benefit Corporation Law of the State of California may be taken without a meeting if all members of the Board shall individually or collectively consent in writing to such action. Such written consent or consents shall be filed with the minutes of the proceedings of the Board. Such action by written consent shall have the same force and effect as a unanimous vote of such Trustees. Any certificate or other document filed under any provision of the Nonprofit Public Benefit Corporation Law of the State of California which relates to action so taken shall state that the action was taken by unanimous written consent of the Board without a meeting, and that the Bylaws authorize the Trustees to so act.

4.13 Telephonic Meetings. Members of the Board may participate in a meeting through use of conference telephone, electronic video screen communication or electronic communication or similar communications equipment, so long as all Trustees participating in such meeting can hear one another. Participation in a meeting through use of telephone or electronic video screen communication shall constitute presence in person at such meeting. Participation in a meeting through use of electronic transmission by and to the Foundation, other than conference telephone and electronic video screen communication, constitutes presence in person at that such meeting if: (a) each Trustee participating in the meeting can communicate with all of the other Trustees concurrently; and (b) each member is provided the means of participating in all matters before the Board, including, without limitation, the capacity to propose, or to interpose an objection to, a specific action to be taken by the Foundation.

4.14 Quorum. Fifty percent (50%) of the voting members of the Board of Trustees shall be necessary to constitute a quorum for the transaction of business, except to adjourn as hereinafter provided. Every act or decision done or made by a majority of the Trustees present at a meeting duly held at which a quorum is present shall be regarded as the act of the Board of Trustees unless a greater number be required by law or by the Articles of Incorporation. Pursuant to California Corporations Code Sections 307(a)(8) and 5512(c), once a quorum is present, the subsequent departure of Trustees does not preclude the Board from continuing to conduct business and take actions approved by a majority of the quorum number of Trustees.

4.15 Adjournment. A majority of the Trustees present, whether or not a quorum is present, may adjourn any Trustees' meeting to meet again at another time or place. In the event a meeting of the Board of Trustees is adjourned for more than twenty-four (24) hours, notice of any adjournment to another time or place shall be given prior to the time of the adjourned meeting to the Trustees who were not present at the time of the adjournment.

4.16 Fees and Compensation. Trustees and members of committees may receive such compensation, if any, for their services and such reimbursement for expenses as may be fixed or determined by resolution of the Board of Trustees; provided, that such compensation shall be reasonable and shall be comparable to compensation paid by unaffiliated entities for a like position. Nothing herein shall be considered to preclude any Trustee from serving the Foundation in any other capacity, including as an officer, agent, and employee or otherwise, and receiving compensation therefor.

4.17 Indemnity for Litigation. The Foundation hereby agrees to exercise the power to indemnify any person who was or is a party or is threatened to be made a party to any proceeding by reason of the fact that such person is or was a Trustee, officer, employee or other agent (as defined in Section 317 of the California Corporations Code) of the Foundation, to the full extent allowed under the provisions of Section 5238 of the Nonprofit Public Benefit Corporation Law of the State of California relating to the power of a corporation to indemnify any such person. The amount of such indemnity shall be so much as the Board determines and finds to be reasonable, or, if required by said Section 5238, the amount of such indemnity shall be so much as the court determines and finds to be reasonable. Further, the Foundation shall purchase and maintain insurance to the fullest extent permitted by law on behalf of its trustees, officers, employees and agents against any liability asserted against or incurred by them in their capacity as such directors, officers, employees or agents or arising out of their status as such, whether or not the Foundation would otherwise have the power to indemnify against such liability.

4.18 Nonliability of Trustees and Officers.

a) Volunteer Trustees. Pursuant to Section 5239 of the Nonprofit Public Benefit Corporation Law of the State of California, there shall be no personal liability to a third party on the part of a volunteer Trustee or volunteer officer (see "Officer" defined below) of the Foundation caused by the Trustee's or officer's negligent act or omission in the performance of that person's duties as a Trustee or officer, if all the following conditions are met:

(1) The act or omission was within the scope of the Trustee's or officer's duties;

(2) The act or omission was performed in good faith;

(3) The act or omission was not reckless, wanton, intentional, or grossly negligent;

(4) The Foundation has complied with the requirements of subsection (b) below.

The term "Officer" includes the Chair (or Co-chairs) of the Board of Trustees, the Vice-Chair (or Vice-Chairs) of the Board of Trustees, the President, if any, Executive Directors, the Secretary, the Treasurer and other officers of the Board who assist in establishing the policy of the Foundation and who are responsible for its administration. This limitation on the personal liability of a volunteer Trustee or officer does not limit the liability of the Foundation for any damages caused by acts or omissions of a volunteer Trustee or volunteer officer, nor does it eliminate the liability of a trustee or officer provided in Section 5233 or 5237 of the Nonprofit Public Benefit Corporation Law of the State of California in any action or proceeding brought by the Attorney General.

b) Requirement to Obtain Liability Insurance. In order to obtain the full benefit of the limitation of liability set forth in subsection (a) above, the Board of Trustees of the Foundation and the volunteer Trustee or officer shall make all reasonable efforts in good faith to obtain liability insurance in the form of a general liability policy for the Foundation and/or a trustee's and officer's liability policy and other types of insurance as appropriate.

c) Paid Trustees and Officers. Any Trustee or officer who receives compensation from the Foundation for acting in his or her capacity as a Trustee or an officer, as the case may be, shall have no liability based upon any alleged failure to discharge such person's obligations as a Trustee or officer, including, without limiting the generality of the foregoing, any actions or omissions which exceed or defeat a public or charitable purpose to which the Foundation, or assets held by it, are dedicated, (i) so long as such compensated Trustee or officer complies with provisions of Section 4.19 of these Bylaws, and (ii) except as provided in Section 5233 of the Nonprofit Public Benefit Corporation Law of the State of California.

4.19 Standard of Conduct. Pursuant to Section 5231 of the California Nonprofit Public Benefit Corporation Law a Trustee shall perform the duties of a Trustee, including duties as a member of any committee of the Board upon which the Trustee may serve, in good faith, in a manner such Trustee believes to be in the best interests of the Foundation and with such care, including reasonable inquiry, as an ordinarily prudent person in a like position would use under similar circumstances. In performing the duties of a Trustee, a Trustee shall be entitled to rely on information, opinions, reports or statements, including financial statements and other financial data, in each case prepared or presented by:

a) One or more officers or employees of the Foundation whom the Trustee believes to be reliable and competent in the matters presented;

b) Counsel, independent accountants or other persons as to matters which the Trustee believes to be within such person's professional or expert competence; or

c) A committee of the Board upon which the Trustee does not serve, as to matters within its designated authority, which committee the Trustee believes to merit confidence. Provided, that in any such case, the Trustee acts in good faith, after reasonable inquiry when the need therefor is indicated by the circumstances and without knowledge that would cause such reliance to be unwarranted.

4.20 Conflict of Interest and Disclosure Policy. Whereas, the diverse interests and backgrounds of the members of the Board of Trustees and its advisors and/or consultants could result in situations where their giving of service may involve a dual interest which might be interpreted as a conflict of interest, and since duality of interest or possible conflict of interest can most properly be controlled by full disclosure of any such interest, and by not participating in meetings when decisions or voting relating to any such matter where possible conflict of interest is or might be thought to be involved, and by showing that any monetary consideration is fair and reasonable where such consideration is involved, Trustees or advisors will not be present when decisions or votes on such matters take place.

The Board of Trustees has adopted a "Conflict of Interest and Disclosure Policy" which shall be furnished to each Trustee who is presently serving or who is elected to serve the Foundation and to designated advisors to the Board. Each shall annually execute a copy of said policy to reaffirm their understanding of and compliance with the policy requirements and shall annually execute a declaration disclosing any relationship, which may present an apparent or actual conflict of interest. All new Trustees shall be advised of the policy and shall be furnished with a disclosure statement upon undertaking the duties of such office.

Nothing herein shall prevent a trustee, officer, or advisor from providing advice or recommendations to the Board or committee, or information requested, but in such matters that conflict of interest is involved or might be thought to be involved, trustees, officers and advisors shall not attend or participate in portions of meetings involving decisions or voting on such matters. The minutes of all meetings wherein persons absented themselves or were excused from meetings involving decisions or vote on matters involving possible conflict of interest, shall record such absences.

4.21 Attendance. Each Trustee is expected to attend all Board meetings and meetings of committees on which the Trustee serves. If a Trustee fails to attend three consecutive Board meetings or three consecutive committee meetings, the Board or the committee, as the case may be, may remove the Trustee from the Board or said committee, whereupon written notice of removal shall be given to the Trustee who is so removed.

ARTICLE V

Honorary Trustees

The Board of Trustees shall establish Honorary Trustees, who shall be persons who can contribute in significant ways to the Foundation and its needs and who support the Foundation's mission and goals by their influence, by donations or by creating opportunities for the Foundation. Honorary Trustees may be invited to attend Board Meetings, from time to time, and may be asked to serve on special committees of the Board. Honorary Trustees will be kept up to date about Foundation plans and activities.

The term of appointment is indefinite but a member may be removed as the Board of Trustees determines.

ARTICLE VI

Officers

6.1 Officers. The officers of the Foundation shall be the Chair (or Co-chairs) of the Board, Vice-Chair (or Vice-Chairs), the President, if any, one or more Executive Directors, the Secretary, the Treasurer, and such other officers as the Board of Trustees may appoint. One person may hold two or more offices, except that neither the Secretary nor Treasurer may serve concurrently as the President, if any, Executive Director, or as Chair (or Co-chairs) of the Board.

6.2 Election. The officers of the Foundation, except such officers as may be appointed in accordance with the provisions of Section 6.9, shall be chosen annually by the Board, and each shall hold office until he shall resign or shall be removed or otherwise disqualified to serve, or his successor shall be elected and qualified.

6.3 a) Chair-Elect. The Board, at its discretion, may elect one of the members of the Board of Trustees as the Chair-Elect, who shall become Chair of the Board immediately following the expiration of the term of office of the existing Chair (or Co-Chairs) of the Board, or upon any earlier resignation of the existing Chair (or Co-Chairs).

b) Chair of the Board. The Chair (or Co-Chairs) of the Board shall be elected by majority vote of the members of the Board and shall serve for a term of approximately three years, beginning and ending on the date of the Spring or Fall meeting of the Board. The Chair (or Co-Chairs) shall serve concurrently as Chair (or Co-Chairs) of the Executive Committee. The Chair (or Co-Chairs) may be re-elected for one subsequent term. When Co-Chairs have been appointed, each shall have one half of one vote, and they shall allocate the duties of the Chair between themselves, as they deem appropriate.

The Chair (or Co-Chairs) shall preside at all meetings of the Board and the Executive Committee, and perform all duties traditionally associated with these responsibilities.

c) Vice-Chair of the Board. The Vice-Chair (or Vice-Chairs) of the Board shall be elected by majority vote of the members of the Board and shall serve for a term of approximately three years, beginning and ending on the date of the Spring or Fall meeting of the Board as determined by the Board. The Vice-Chair (or Vice-Chairs) of the Executive Committee serve concurrently as Vice-Chair (or Vice-Chairs) of the Executive Committee in the absence or disability of the Chair (or Co-Chairs), the Vice-Chair (or Vice-Chairs) shall perform all of the duties of the Chair (or Co-Chairs) and in so acting shall have all of the powers of the Chair (or Co-Chairs). The Vice-Chair (or Vice-Chairs) shall have such other powers and duties as may be prescribed from time to time by the Chair (or Co-Chairs) or the Board of Trustees. The Vice-Chair (or Vice-Chairs) may be re-elected for one subsequent term. When Vice-Chairs have been appointed, they shall have a single vote, and they shall allocate the duties of the Vice-Chair between themselves, as they deem appropriate.

6.4 President. Subject to the Section 5213 of the Nonprofit Public Benefit Corporation Law of the State of California, the Chair of the Board (or Co-Chairs) shall be the President (or Co-Presidents) in the absence of a President and shall delegate his or her powers as the general manager and chief executive officer of the corporation to the Executive Director(s) of the Foundation who shall each be responsible for specific management and executive functions within the Foundation.

6.5 Secretary. The Secretary shall keep a full and complete record of the proceedings of the Board of Trustees, shall keep the seal of the Foundation and affix it to such papers and instruments as may be required in the regular course of business, shall make service of such notices as may be necessary or proper, shall supervise the keeping of the records of the Foundation, shall deliver the annual statement required by Section 8.6 to the members, and shall have such other powers and duties as may be prescribed from time to time by the Board of Trustees. The Secretary may be assisted by an Assistant Secretary, to be appointed by the Board, who may or may not be a member of the Board of Trustees.

6.6 Treasurer. The Treasurer shall receive and safely keep all funds of the Foundation and deposit them with such depositories as may be designated by the Board of Trustees. He shall disburse the funds of the Foundation as may be ordered by the Board of Trustees, shall render to the Board of Trustees, whenever they request it, an account of all his transactions as Treasurer, and of the financial condition of the Foundation, and shall have such other powers and duties as may be prescribed from time to time by the Board of Trustees. The Treasurer shall serve as the Chair of the Finance Committee and may be assisted by an Assistant Treasurer, to be appointed by the Board.

6.7 Subordinate Officers. The Board may appoint and may empower the Chair to appoint such other officers as the business of the Foundation may require, each of whom shall hold office for such period, have such authority, and perform such duties as are provided in the Bylaws or as the Board may from time to time determine.

6.8 Removal and Resignation. Any officer may be removed, either with or without cause, by the Board at any regular or special meeting thereof. Moreover, any subordinate officer appointed by a duly authorized officer may remove said subordinate officer, either with or without cause.

Any officer may resign at any time by giving written notice to the Board, or to the Chair, or to the Secretary of the Foundation. Any such resignation shall take effect at the date of the receipt of such notice or at any later time specified therein, and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

6.9 Vacancies. A vacancy in any office because of death, resignation, removal, disqualification, or any other cause, shall be filled in the manner prescribed in the Bylaws for regular appointments to such office.

ARTICLE VII

Committees

7.1 Appointment of Committees. The Board of Trustees shall appoint an Executive Committee and such other committees, as the Board from time to time deems necessary or appropriate to conduct the business and further the objectives of the Foundation. The appointment by the Board of an Executive Committee and any other committee having the authority to act on behalf of the Board shall be by resolution adopted by a majority of Trustees then in office. The Executive Committee and any other committee having authority of the Board shall consist of two (2) or more Trustees.

7.2 Powers and Authority of Committees. The Board of Trustees may delegate to any committee any of the powers and authority of the Board in the management of the business and affairs of the Foundation, except the following:

a) The approval of any action for which the Nonprofit Public Benefit Corporation Law of the State of California also requires the approval of members of a corporation, in which event the approval of the Board shall be required.

b) The filling of vacancies on the Board or on any committee, which has the authority of the Board.

c) The fixing of compensation of the Trustees for serving on the Board or on any committee.

d) The amendment or repeal of Bylaws or the adoption of new Bylaws.

e) The amendment or repeal of any resolution of the Board, which by its express terms is not so amendable or repealable.

f) The appointment of committees of the Board or the members thereof, if those committees exercise the authority of the Board.

g) The expenditure of corporate funds to support a nominee for Trustee after there are more people nominated for Trustee than can be elected.

h) The approval of any self-dealing transaction except as permitted in Section 5233 of the Nonprofit Public Benefit Corporation Law

7.3 Executive Committee.

a) Establishment of Executive Committee. Pursuant to the specific power of the Board to establish committees and delegate responsibilities as it sees fit, the Board hereby establishes an Executive Committee. The Executive Committee shall consist of the same number of voting member Trustees of the Board needed to establish a quorum for the transaction of any business by the Board provided that the number of COG representatives on the Executive Committee shall never exceed twenty-five present (25%) of the total number of Executive Committee members. The Board retains its responsibilities and authority to function as the governing body of the Foundation but delegates authority to take necessary and appropriate actions between regular Board meetings to the Executive Committee. The Executive Committee is responsible, among other matters, for Foundation policies, long-range plans and the review and approval of budget proposals. In between Board meetings, the Executive Committee may fill vacancies on all Committees, except for the Executive Committee or any other Committee having the authority to act on behalf of the Board. The Executive Committee may also establish committees and appoint the members of any such committee provided that the committee does not have the authority to act on behalf of the Board. The Executive Committee shall recommend the members of the Audit and Finance Committees to the Board of Trustees for its approval. Trustees serving on the Executive Committee shall serve for two years and may be re-elected for an unlimited number of terms, except that such term shall be shortened to correspond with the expiration stated in Section 4.4 (Selection; Term of Office) or any termination or removal stated in these Bylaws.

b) Frequency of Meetings, Authority and Quorum. The Executive Committee shall meet at least quarterly and is empowered by the Board to take actions on all matters requiring attention between regularly scheduled semi-annual Board meetings. The Executive Committee is required to report all such actions to the Board at the regular Board meetings, however, any action adopted by five or more Executive Committee members shall be deemed to be with the full authority of the Board. Significant actions requiring full Board vote between regularly scheduled meetings can be implemented through the procedures outlined herein under Actions without Meetings.

c) Selection. The Executive Committee shall consist of at least seven (7) members, including (i) the Chair of the Board of Trustees, who shall serve as Chair of the Executive Committee, (ii) the Vice-Chair (or Vice-Chairs), (iii) the Executive Director of Medical and Scientific Affairs, (iv) the President/CEO and if there is no such President/CEO, the Executive Director(s) of the Foundation, (iv) the Chair of the Children's Oncology Group, (v) the Chairs of the Audit Committee and the Finance Committee, and (vi) the Chair-Elect, if there is one.

ARTICLE VIII

Miscellaneous

8.1 Fiscal Year. The fiscal year of the Foundation shall end on the last day of February of each year, or such other time as the Board of Trustees or the Executive Committee of the Board may approve.

8.2 Inspection of Corporate Records. The books of account and minutes of the proceedings of Trustees, and of the Executive Committee or other committees of the Board, shall be open to inspection at any reasonable time upon the written demand of any Trustee. Such inspection may be made in person or by an agent or attorney, and shall include the right to make photocopies and extracts.

8.3 Representation of Shares of Other Corporations. Any officer of the Foundation is authorized to vote, represent and exercise on behalf of the Foundation all rights incident to any and all shares of any other corporation or corporations standing in the name of the Foundation. The authority herein granted to said officers may be exercised by such officers in person or by other persons authorized to do so by proxy duly executed by such officers.

8.4 Checks, Drafts, Etc. All checks, drafts or other orders for payment of money, notes or other evidences of indebtedness issued in the name of or payable to the Foundation and any and all securities owned by or held by the Foundation requiring signature for transfer shall be signed or endorsed by such person or persons and in such manner as from time to time shall be determined by the Board of Trustees.

8.5 Execution of Contracts. The Board, except as in the Bylaws otherwise provided, may authorize any officer, or officers, agent, or agents, to enter into any contract or execute any contract or execute any instrument in the name of and on behalf of the Foundation and such authority may be general or confirmed to specific instances and unless so authorized by the Board, no officer, agent, or employee shall have any power or authority to bind the Foundation by any contract or engagement or to pledge its credit or to render it liable for any purpose or in any amount. Provided, that pursuant to Section 5214 of the Nonprofit Public Benefit Corporation Law of the State of California, any such contract or instrument between the Foundation and any third person, when signed by any one of the Chair, the President, if any, the Secretary or Treasurer of the Foundation, shall be valid and binding upon the Foundation in the absence of actual knowledge on the part of said third person that the signing officers had no authority to execute the same.

8.6 Annual Statement of Certain Transactions and Indemnifications. Pursuant to Section 6322 of the Nonprofit Public Benefit Corporation Law of the State of California, the Board of Trustees shall cause an annual statement of certain transactions and indemnifications to be delivered to the Trustees not later than one hundred twenty (120) days after the close of the fiscal year. If the Foundation issues an annual report, this requirement shall be satisfied by including the required information, as set forth below, in said annual report. Such annual statement shall describe:

a) The amount and circumstances of any indemnifications or advances aggregating more than Ten Thousand Dollars ($10,000) paid during the fiscal year of the Foundation to any officer or Trustee of the Foundation; provided, that no such report need be made in the case of indemnification approved by the members; and

b) Any "covered transaction" (defined below) during the previous fiscal year of the Foundation involving (1) more than Fifty Thousand Dollars ($50,000), or (2) which was one of a number of "covered transactions" in which the same "interested person" (defined below) had a direct or indirect material financial interest, and which transactions in the aggregate involved more than Fifty Thousand Dollars ($50,000). The statement shall describe the names of any "interested persons" involved in such covered transactions, including such "interested person's" relationship to the Foundation, the nature of such person's interest in the transaction, and, where practicable, the amount of such interest; provided, that in the case of a transaction with a partnership of which the interested person is only a partner, only the interest of the partnership need be stated. For the purposes of this section, a "covered transaction" is a transaction in which the Foundation, or its parent or subsidiary, was a party, and in which either of the following had a direct or indirect material financial interest:

i. Any Trustee or officer of the Foundation, or its parent or subsidiary; or

ii. Any holder of more than ten percent (10%) of the voting power of the Foundation, or of its parent or subsidiary.

For purposes of this section, any person described in either subparagraph (i) or (ii) above is an "interested person "

8.7 Corporate Loans, Guarantees and Advances. The Foundation shall not make any loan of money or property to or guarantee the obligation of any Trustee or officer, except as is expressly allowed under the Nonprofit Public Benefit Corporation Law of the State of California Section 5236.

ARTICLE IX

Amendments

9.1 Amendments. These Bylaws shall become effective immediately upon their adoption. Amendments to these Bylaws shall become effective immediately upon their adoption unless the Board of Trustees of the Foundation in adopting them provide that they are to become effective at a later date. Bylaws may be amended or repealed and new Bylaws adopted by the vote of the majority of the members of the Board of Trustees, then in office, upon proper notice. Foundation agrees that it will not alter the relationship between the Foundation and the COG without mutual agreement between the Foundation Board of Trustees and the COG Executive Committee.

9.2 CERTIFICATE OF SECRETARY

I, the undersigned, do hereby certify:

1. That I am the Secretary of the National Childhood Cancer Foundation.

2. That the foregoing Bylaws are the duly adopted, amended and restated Bylaws of the Foundation, containing all amendments adopted through July 20, 2009.

Salvatore J. [illegible]

Secretary

EXHIBIT B

National Childhood Cancer Foundation
Board of Trustees Meeting
Monday, July 20, 2009
Resolutions

Exhibit B

Board Committees effective July 20, 2009

Executive Committee
Finance Committee
Audit Committee

Form 8868 (Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
	NATIONAL CHILDHOOD CANCER FOUNDATION	95-4132414
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions 440 E. HUNTINGTON DRIVE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions ARCADIA, CA 91006	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ DEBBIE DE VAY

Telephone No ▶ 626 241-1659 FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 10/15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year ______ or

▶ [X] tax year beginning 03/01, 2009, and ending 02/28, 2010

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**3a**	$ 0.
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)

JSA
9F8054 2 000