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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning March 1 , 2010, and ending February 28 , 20 11

B Check if applicable
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization **National Childhood Cancer Foundation**
Doing Business As **CureSearch for Children's Cancer**
Number and street (or P O box if mail is not delivered to street address) **4600 East West Highway** Room/suite **600**
City or town, state or country, and ZIP + 4 **Bethesda, Maryland 20814**

D Employer identification number **95-4132414**

E Telephone number **301-718-0042**

G Gross receipts $ **75,822,621**

F Name and address of principal officer **John Lehr**
4600 East West Highway, Suite 600, Bethesda, Maryland 20814

H(a) Is this a group return for affiliates? ☐ Yes ☑ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **www.curesearch.org**

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1987**

M State of legal domicile **CA**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: **CureSearch acts as grantee for federal grants for the Children's Oncology Group, an unincorporated association of experts in children's cancer research and treatment working at over 210 children's hospitals, university hospitals and cancer centers. CureSearch awards fellowships for research training and raises awareness of children's cancer through public education and public policy initiatives.**

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	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	166
6	Total number of volunteers (estimate if necessary)	6	13,400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	65,333,058	61,686,364
9	Program service revenue (Part VIII, line 2g)	0	3,705,347
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,996	464,183
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(40,876)	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65,301,178	65,855,894

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	43,805,523	45,484,381
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,243,544	11,836,293
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,728,261		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	8,716,511	8,544,130
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	64,765,578	65,864,804
19	Revenue less expenses. Subtract line 18 from line 12	535,600	(8,910)

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	27,760,689	27,871,366
21	Total liabilities (Part X, line 26)	17,055,911	17,068,256
22	Net assets or fund balances. Subtract line 21 from line 20	10,704,778	10,803,110

SCANNED JAN 10 2012

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 12/23/11

John L. Lehr President and CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶
Firm's address ▶ | Phone no

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

GI7

7

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

CureSearch is dedicated to funding and supporting research to improve treatment and find a cure for children's cancer.

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 $ **44,535,089** including grants of $ **43,593,884**) (Revenue $ **37,527,780**)

Clinical and Laboratory Research - CureSearch supports the research conducted by the Children's Oncology Group with the goal of preventing and ultimately curing childhood and adolescent cancer through scientific discovery and compassionate care. Funding supports 1) design and execution of clinical trials to define optimal therapy for children and adolescents with cancer, 2) laboratory research that translates into more effective treatments, 3) identification of causes of childhood cancer with an ultimate goal of developing prevention strategies, and 4) research to improve quality of life and survivorship. Significant strides have been made in improving outcomes by identifying new and improved treatment strategies through a series of controlled clinical trials for high-risk cancers with unfavorable prognoses. The results of these clinical trials has enabled the research community to achieve a better understanding of tumor and host biology through correlative laboratory investigations to guide the development of new therapeutic strategies. Other achievements include being able to link specific molecular genetic abnormalities in the tumor and host to known and emerging associations with environmental exposures and explore biologic and clinical variability disease which has led to the categorization of most pediatric cancer types.

4b (Code:) (Expenses $ **10,733,438** including grants of $ **0**) (Revenue $ **11,464,214**)

Clinical Research Operations - CureSearch serves as the coordinating operations center for the Children's Oncology Group (COG). The operations center is responsible for coordinating clinical trial development, protocol submission, study conduct, institutional performance reporting, and quality assurance (including quality control and clinical study monitoring). The operations center supports the research activities of more than 5,000 physician-investigators and more than 200 COG-member institutions (both in the U.S. and international). The operations center enables the COG to enroll more than 10,000 patients annually on more than 100 clinical trials. The operation center also follows more than 70,000 patients who were previously treated on clinical trials. The administrative support provided by the operations center leads to more than 75 manuscripts published annually in reputable scientific and medical journals.

4c (Code:) (Expenses $ **5,832,393** including grants of $ **1,890,497**) (Revenue $ **6,249,937**)

Biostatistics and Data Management - CureSearch serves as the primary biostatistical/data management hub for the Children's Oncology Group (COG). Clinical trial data is collected from COG-member institutions and, using appropriate statistical methodologies, is analyzed and reported to the scientific community. This information is used to facilitate the development of new clinical trials aimed at improving outcomes.

4d Other program services. (Describe in Schedule O.)
(Expenses $ **1,230,382** including grants of $ **0**) (Revenue $ **35,668**)

4e **Total program service expenses ▶** **62,331,302**

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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	✓	
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		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	✓	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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	✓	
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
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		✓
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	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		✓
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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, Parts I and IV*	14b	✓	
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, Parts II and IV*	15	✓	
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, Parts III and IV*	16		✓
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 (see instructions)*	17		✓
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		✓
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		✓
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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	✓	
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		✓
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	✓	
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 line 25*	24a		✓
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		✓
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		✓
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		✓
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		✓
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		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
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		✓
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		✓
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		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ No			
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		✓
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		✓
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	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	62		
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	✓	
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	166			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .			2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		✓
b	If "Yes," enter the name of the foreign country: ▶ ---------- See instructions for 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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			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		✓
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	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .			7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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		✓
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		✓
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				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* .			14b		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . 1a 12			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 11			
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	✓	
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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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*	9		✓

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		✓
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	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	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
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	✓	
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
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	✓	
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
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 ▶ **See Schedule O**

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.

☑ Own website ☐ Another's website ☑ 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: ▶ **Victoria McCormick; 4600 East West Highway, Suite 600, Bethesda, Maryland 20814; 301-718-0042**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Stuart Siegel Director/Chair (effective Jan 2011)	1	✓		✓				0	0	0
(2) Salvatore Bertolone Director	1	✓						0	0	0
(3) Michael Carter Director	1	✓						0	0	0
(4) Paula Carter Director	1	✓						0	0	0
(5) Timothy Harmon Director	1	✓						0	0	0
(6) Richard Payne Director	1	✓						0	0	0
(7) Mary Stafford Director/Treasurer	1	✓		✓				0	0	0
(8) Deborah Pryce Director/Vice Chair (effective Jan 2011)	1	✓		✓				0	0	0
(9) John Walsh Director/Secretary (effective Jan 2011)	1	✓		✓				0	0	0
(10) Sara Walsh Director	1	✓						0	0	0
(11) Randy Walker Director	1	✓						0	0	0
(12) Peter Adamson Director	1	✓						0	0	0
(13) Jeffrey Buchalter Director/Chair (through Dec 2010)	1	✓		✓				0	0	0
(14) Thomas Gross Director	1	✓						0	0	0
(15) Harold Maurer Director	1	✓						0	0	0
(16) Gregory Reaman Director	40	✓			✓			457,152	0	44,234

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) John Lehr President/CEO/Director	40	✓		✓	✓			279,695	0	25,301
(18) N. Ajoy Mathew General Counsel/Secretary	40			✓				201,981	0	29,941
(19) Orlando Sayson Vice President/Chief Financial Officer	40			✓				155,765	0	18,230
(20) Maura O'Leary Children's Oncology Group Administrator	40					✓		329,125	0	37,436
(21) Roberto Gomez Vice President/Chief Information Officer	40					✓		179,291	0	33,892
(22) Julie Puzzo Senior Vice President/Chief Development Officer	40					✓		161,569	0	8,135
(23) Abby Areinoff Vice President of Human Resources and Admin	40					✓		154,913	0	10,169
(24) Timothy Peters Data Center Director	40					✓		141,071	0	21,974
(25)										
(26)										
(27)										
(28)										
1b Sub-total ▶								2,060,562	0	229,312
c Total from continuation sheets to Part VII, Section A ▶								0	0	0
d Total (add lines 1b and 1c) ▶								2,060,562	0	229,312

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		✓
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	✓	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		✓

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
None		

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

				(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	466,371				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	51,572,252				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,647,741				
	g Noncash contributions included in lines 1a-1f. $						
	h **Total.** Add lines 1a–1f ▶			61,686,364			
Program Service Revenue		Business Code					
	2a **Industry Contracts**	541700		3,705,347	3,705,347	0	0
	b						
	c						
	d						
	e						
	f All other program service revenue .						
	g **Total.** Add lines 2a–2f ▶			3,705,347			
	3 Investment income (including dividends, interest, and other similar amounts) ▶			206,593	0	0	206,593
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	10,224,317					
	b Less. cost or other basis and sales expenses .	9,966,727					
	c Gain or (loss)	257,590					
	d Net gain or (loss) ▶			257,590	0	0	257,590
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a						
	b Less: direct expenses b						
	c Net income or (loss) from fundraising events ▶						
	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 ▶						
	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 ▶						
	Miscellaneous Revenue	Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d ▶						
	12 **Total revenue.** See instructions. ▶			65,855,894	3,705,347	0	464,183

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	42,788,151	42,788,151		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	2,696,230	2,696,230		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,464,283	818,516	496,184	149,583
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	0	0	0
7	Other salaries and wages	8,204,068	4,649,379	2,440,673	1,114,016
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	684,275	436,736	179,334	68,205
9	Other employee benefits	789,271	483,090	239,296	66,885
10	Payroll taxes	694,396	402,590	202,629	89,177
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	111,994	31,134	80,229	631
c	Accounting	55,700	0	55,700	0
d	Lobbying	48,000	48,000	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	18,967	0	18,967	0
g	Other	1,525,032	1,430,237	50,973	43,822
12	Advertising and promotion	58,389	54,639	0	3,750
13	Office expenses	1,029,858	333,533	621,528	74,797
14	Information technology	2,145,185	2,093,057	13,086	39,042
15	Royalties	0	0	0	0
16	Occupancy	1,369,272	1,108,146	65,430	195,696
17	Travel	732,312	558,011	84,078	90,223
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	87,623	64,867	20,298	2,458
20	Interest	8,565	0	8,565	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	447,646	436,768	2,731	8,147
23	Insurance	127,085	0	127,085	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	Grassroots Fundraising Activities Costs	379,929	0	0	379,929
b	Allocated Indirect Costs	0	3,685,799	(4,047,859)	362,060
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f	All other expenses	398,573	212,419	146,314	39,840
25	**Total functional expenses.** Add lines 1 through 24f	65,864,804	62,331,302	805,241	2,728,261
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). 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	989,607
	2	Savings and temporary cash investments		1,525,664	2	6,226,091
	3	Pledges and grants receivable, net		12,416,003	3	14,647,206
	4	Accounts receivable, net		0	4	2,058
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		164,838	9	254,398
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,163,318			
	b	Less: accumulated depreciation	10b 1,892,545	567,555	10c	270,773
	11	Investments—publicly traded securities		4,641,353	11	5,481,233
	12	Investments—other securities. See Part IV, line 11		6,067,585	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		2,376,891	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		27,760,689	16	27,871,366
Liabilities	17	Accounts payable and accrued expenses		15,381,114	17	15,062,077
	18	Grants payable		0	18	0
	19	Deferred revenue		1,674,797	19	2,006,179
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities. Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		17,055,911	26	17,068,256
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		842,019	27	2,084,426
	28	Temporarily restricted net assets		7,223,417	28	6,218,684
	29	Permanently restricted net assets		2,639,342	29	2,500,000
		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		10,704,778	33	10,803,110
	34	Total liabilities and net assets/fund balances		27,760,689	34	27,871,366

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	65,855,894
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,864,804
3	Revenue less expenses. Subtract line 2 from line 1	3	(8,910)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,704,778
5	Other changes in net assets or fund balances (explain in Schedule O)	5	107,242
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,803,110

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	✓	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	✓	
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	✓	

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

2010

Open to Public Inspection

Name of the organization	Employer identification number
National Childhood Cancer Foundation dba CureSearch for Children's Cancer	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 33⅓% 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 33⅓% 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	50,090,136	57,393,533	56,016,342	65,333,058	61,686,364	290,519,433
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1 through 3	50,090,136	57,393,533	56,016,342	65,333,058	61,686,364	290,519,433
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)						0
6 **Public support.** Subtract line 5 from line 4.						290,519,433

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	50,090,136	57,393,533	56,016,342	65,333,058	61,686,364	290,519,433
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	523,386	706,925	422,126	192,674	206,593	292,571,137
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						292,571,137
12 Gross receipts from related activities, etc. (see instructions)					12	5,052,490

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 2010 (line 6, column (f) divided by line 11, column (f))	14	99.31 %
15	Public support percentage from 2009 Schedule A, Part II, line 14	15	99.16 %

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any 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

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization	Employer identification number
National Childhood Cancer Foundation dba CureSearch for Children's Cancer	**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 the filing organization made payments. 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-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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 there 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable 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?	✓		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c	Media advertisements?		✓	
d	Mailings to members, legislators, or the public?	✓		0
e	Publications, or published or broadcast statements?		✓	
f	Grants to other organizations for lobbying purposes?		✓	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		239,521
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i	Other activities? If "Yes," describe in Part IV		✓	
j	Total. Add lines 1c through 1i			239,521
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
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.

Part II-B, Question 1.b. - mailings to the public were sent via e-mail

Part IV Supplemental Information *(continued)*

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

2010

Open to Public Inspection

Name of the organization

National Childhood Cancer Foundation dba CureSearch for Children's Cancer

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	0
2	Aggregate contributions to (during year)	65,468	0
3	Aggregate grants from (during year)	114,689	0
4	Aggregate value at end of year	510,419	0

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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____
(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____
b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

		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 the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,639,342	1,366,882	1,644,699		
b Contributions	0	1,272,460	617,090		
c Net investment earnings, gains, and losses	225,540	0	0		
d Grants or scholarships	0	0	894,907		
e Other expenditures for facilities and programs	0	0	0		
f Administrative expenses	0	0	0		
g End of year balance	2,864,882	2,639,342	1,366,882		

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

a Board designated or quasi-endowment ▶ 0 %
b Permanent endowment ▶ 100 %
c Term endowment ▶ 0 %

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

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

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

Part VI 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	0			
b Buildings	0			
c Leasehold improvements	122,175		119,472	2,703
d Equipment	1,984,108		1,740,265	243,843
e Other	57,035		32,808	24,227
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				270,773

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶		

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

1.	(a) Description of liability	(b) Amount
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	65,855,894
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	65,864,804
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(8,910)
4	Net unrealized gains (losses) on investments	4	107,242
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	0
9	Total adjustments (net). Add lines 4 through 8	9	107,242
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	98,332

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	67,628,007
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	107,242		
b	Donated services and use of facilities	2b	2,044,800		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV.)	2d	0		
e	Add lines **2a** through **2d**			2e	2,154,042
3	Subtract line **2e** from line **1**			3	65,478,965
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	0		
b	Other (Describe in Part XIV.)	4b	379,929		
c	Add lines **4a** and **4b**			4c	379,929
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	65,855,894

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

1	Total expenses and losses per audited financial statements			1	67,529,675
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	2,044,800		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIV.)	2d	0		
e	Add lines **2a** through **2d**			2e	2,044,800
3	Subtract line **2e** from line **1**			3	65,484,875
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	0		
b	Other (Describe in Part XIV.)	4b	379,929		
c	Add lines **4a** and **4b**			4c	379,929
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	65,864,804

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4. - Donor-restricted endowment funds have been established to advance pediatric cancer research by disease, by medical discipline, or through research fellowships.

Part XII, Line 4.b. and Part XIII, Line 4.b. - Fundraising expenses for activities that do not meet the IRS definition of a fundraising event for Form 990 reporting were netted against contributions received from the related fundraising activity for financial reporting purposes. This amount has not been netted against revenue for purposes of 990 reporting.

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, 15, or 16.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

National Childhood Cancer Foundation dba CureSearch for Children's Cancer

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 V the organization's procedures for monitoring the use of grant funds outside the United States

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) North America	0	0	Program Services	Therapeutic	1,966,326
(2) East Asia & Pacific	0	0	Program Services	Therapeutic	588,526
(3) South Asia	0	0	Program Services	Therapeutic	83,000
(4) Europe	0	0	Program Services	Therapeutic	45,378
(5) South America	0	0	Program Services	Therapeutic	13,000
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					2,696,230
b Total from continuation sheets to Part I					0
c **Totals** (add lines 3a and 3b)					2,696,230

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 . . . . . ▶ ☐
Part II can be duplicated 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)
(1)		North America	Therapeutic	582,475	Check	0	NA	Cost
(2)		North America	Therapeutic	572,941	Check	0	NA	Cost
(3)		North America	Therapeutic	232,342	Check	0	NA	Cost
(4)		E Asia & Pacific	Therapeutic	142,176	Check	0	NA	Cost
(5)		North America	Therapeutic	134,789	Check	0	NA	Cost
(6)		E Asia & Pacific	Therapeutic	110,255	Check	0	NA	Cost
(7)		E Asia & Pacific	Therapeutic	108,555	Check	0	NA	Cost
(8)		E Asia & Pacific	Therapeutic	89,555	Check	0	NA	Cost
(9)		North America	Therapeutic	85,854	Check	0	NA	Cost
(10)		South Asia	Therapeutic	69,000	Check	0	NA	Cost
(11)		North America	Therapeutic	63,177	Check	0	NA	Cost
(12)		North America	Therapeutic	62,716	Check	0	NA	Cost
(13)		North America	Therapeutic	62,400	Check	0	NA	Cost
(14)		E Asia & Pacific	Therapeutic	59,277	Check	0	NA	Cost
(15)		North America	Therapeutic	52,477	Check	0	NA	Cost
(16)		E Asia & Pacific	Therapeutic	41,826	Check	0	NA	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 . . . . . ▶ 28

3 Enter total number of other organizations or entities . . . . . ▶ 0

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 . . . . . ▶ ☐
Part II can be duplicated 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)
(1)		E Asia & Pacific	Therapeutic	36,882	Check	0	NA	Cost
(2)		North America	Therapeutic	26,000	Check	0	NA	Cost
(3)		North America	Therapeutic	24,839	Check	0	NA	Cost
(4)		Europe	Therapeutic	24,339	Check	0	NA	Cost
(5)		Europe	Therapeutic	21,039	Check	0	NA	Cost
(6)		North America	Therapeutic	17,039	Check	0	NA	Cost
(7)		South Asia	Therapeutic	14,000	Check	0	NA	Cost
(8)		North America	Therapeutic	13,277	Check	0	NA	Cost
(9)		South America	Therapeutic	13,000	Check	0	NA	Cost
(10)		North America	Therapeutic	12,800	Check	0	NA	Cost
(11)		North America	Therapeutic	12,400	Check	0	NA	Cost
(12)		North America	Therapeutic	10,800	Check	0	NA	Cost
(13)								
(14)								
(15)								
(16)								

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 . . . . . ▶

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.* Part III can be duplicated 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

Part I, Line 2 - Monitoring of Foreign Grant Funds - US federal grant funds provided to CureSearch by the National Cancer Institute (NCI) are distributed to non-US entities as a member of the Children's Oncology Group (COG) clinical trials network. Foreign institutions participate in this network by enrolling patients on therapeutic clinical trials related to a variety of pediatric cancer diseases and are compensated for their activities through a per case reimbursement payment system. Payments to member institutions are governed by a contractual arrangement between CureSearch and the foreign entity.

Prior to foreign institutions becoming members of the COG, institutions are required to submit an application for membership followed by a subsequent site visit conducted by the COG Membership Committee to ensure that the institution infrastructure, personnel and resources needed to conduct clinical trials is sufficient and organized in a way that will allow compliance with the US Code of Federal Regulations related to performing human subject research. Foreign institutions need to have an active Federal Wide Assurance number which is issued by the US Department of Health and Human Services through the Office for Human Research Protections. All of the institutions' human subjects research activities, regardless of whether the research is subject to the US Federal Policy for the Protection of Human Subjects (also known as the Common Rule), will be guided by a statement/term of principles governing the institution in the discharge of its responsibilities for protecting the rights and welfare of human subjects of research conducted at or sponsored by the institution. These terms apply whenever the institution becomes engaged in human subject research conducted or supported by any US federal department or agency that has adopted the Common Rule. Foreign institutions are also required to be cleared by the US Department of State prior to being a recipient of US federal funds.

Once federal clearance and membership has been established, the NCI Clinical Trials and Monitoring Branch requires CureSearch, as a federal grantee, to conduct a comprehensive Audit and Quality Assurance Program. Through this program, institutions are audited at least every three years. Audits are conducted to ensure that performance standards and compliance with the US Code of Federal Regulations are being properly followed. An institution that fails its audit will have its institutional membership temporarily suspended until a corrective action plan is developed and accepted by the COG and the NCI. Depending on the severity of the non-compliance, termination of membership could occur. Upon notice of membership termination, grant payments are suspended indefinitely.

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

2010

Open to Public Inspection

Name of the organization

National Childhood Cancer Foundation dba CureSearch for Children's Cancer

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? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Children's Hospital of Columbus			3,549,593		Cost		Therapeutic
(2) Children's Hospital of Philadelphia			1,892,213		Cost		Therapeutic
(3) University of Florida			1,683,216		Cost		Therapeutic
(4) Texas Children's Cancer Center at Baylor			1,445,716		Cost		Therapeutic
(5) Johns Hopkins University			1,386,167		Cost		Therapeutic
(6) Fred Hutchinson Cancer Research Center			1,272,189		Cost		Therapeutic
(7) Children's Hospital of Los Angeles			1,071,515		Cost		Therapeutic
(8) St. Jude's Children's Research Hospital at Memphis			1,041,804		Cost		Therapeutic
(9) Seattle Children's Hospital			892,894		Cost		Therapeutic
(10) Children's Memorial Hospital of Chicago			696,255		Cost		Therapeutic
(11) University of Texas Southwest Medical School			637,180		Cost		Therapeutic
(12) Indiana University - Riley Children's Hospital			599,702		Cost		Therapeutic

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 189

3 Enter total number of other organizations . . . . . ▶ 189

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.

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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
(1) Texas Tech at Amarillo			555,446		Cost		Therapeutic
(2) Stanford University			555,041		Cost		Therapeutic
(3) University of Nebraska Medical Center			469,167		Cost		Therapeutic
(4) University of Minnesota			448,781		Cost		Therapeutic
(5) Children's Hospital of Denver			438,341		Cost		Therapeutic
(6) Dana Faber Cancer Institute			433,031		Cost		Therapeutic
(7) Washington University Medical Center			407,981		Cost		Therapeutic
(8) Child Research Institute of DC			405,254		Cost		Therapeutic
(9) University of Pittsburgh			394,787		Cost		Therapeutic
(10) Children's Hospital of Orange County			373,890		Cost		Therapeutic
(11) University of Utah			367,462		Cost		Therapeutic
(12) University of Michigan / CS Mott			363,456		Cost		Therapeutic

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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Part II Grants and Other Assistance to Governments and Organizations in the United States.

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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
(1) University of Alabama			354,736		Cost		Therapeutic
(2) Children's Hospital of Boston			354,514		Cost		Therapeutic
(3) Oregon Health and Science University			316,220		Cost		Therapeutic
(4) Columbia University			315,388		Cost		Therapeutic
(5) Children's Mercy Hospital			307,453		Cost		Therapeutic
(6) UCSF School of Medicine			294,950		Cost		Therapeutic
(7) Cook Children's Medical Center			284,975		Cost		Therapeutic
(8) Childs Health Care - Minneapolis			268,450		Cost		Therapeutic
(9) Cornell University Medical College			257,846		Cost		Therapeutic
(10) Mayo Clinic and Foundation			248,033		Cost		Therapeutic
(11) University of Oklahoma Health Center			233,259		Cost		Therapeutic
(12) Medical College - Wisconsin Sondel			232,957		Cost		Therapeutic

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

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

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.

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Loma Linda University Medical Center			220,626		Cost		Therapeutic
(2) University of California at San Diego			199,222		Cost		Therapeutic
(3) Emory University School of Medicine			195,745		Cost		Therapeutic
(4) University of New Mexico School of Medicine			194,981		Cost		Therapeutic
(5) Childrens Health Center of Atlanta at Scottish Rite			192,200		Cost		Therapeutic
(6) Wayne State University			177,246		Cost		Therapeutic
(7) University of Chicago			173,198		Cost		Therapeutic
(8) New York University Medical Center			171,308		Cost		Therapeutic
(9) Hackensack University Medical Center			164,383		Cost		Therapeutic
(10) City of Hope National Medical Center			163,245		Cost		Therapeutic
(11) Childrens Hospital - Central California			158,608		Cost		Therapeutic
(12) New York Medical Center			154,989		Cost		Therapeutic

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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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
(1) LA Biomedical Research Institute			152,185		Cost		Therapeutic
(2) North Western University			149,367		Cost		Therapeutic
(3) Nemour's Children's Clinic of Jacksonville			145,591		Cost		Therapeutic
(4) University of Southern California			144,424		Cost		Therapeutic
(5) Phoenix Children's Hospital			140,966		Cost		Therapeutic
(6) University of North Carolina			140,904		Cost		Therapeutic
(7) University of Texas HSC at San Antonio			137,758		Cost		Therapeutic
(8) University of Louisville			131,405		Cost		Therapeutic
(9) Kaiser Permanente of Northern California			127,558		Cost		Therapeutic
(10) Wake Forest University			116,916		Cost		Therapeutic
(11) State University of New York at Syracuse			116,579		Cost		Therapeutic
(12) Duke University			115,668		Cost		Therapeutic

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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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
(1) Connecticut Children's Medical Center			115,653		Cost		Therapeutic
(2) University of Miami School of Medicine			115,452		Cost		Therapeutic
(3) Southern California Kaiser Foundation			114,149		Cost		Therapeutic
(4) ALL Children's Hospital			113,027		Cost		Therapeutic
(5) Eastern Virginia Medical School			112,606		Cost		Therapeutic
(6) Memorial Sloan Kettering Cancer Center			111,263		Cost		Therapeutic
(7) University of Mississippi Medical Center			108,176		Cost		Therapeutic
(8) Penn State Children's Hospital			107,405		Cost		Therapeutic
(9) AB Chandler, University of Kentucky			106,627		Cost		Therapeutic
(10) Children's Hospital of San Diego			99,800		Cost		Therapeutic
(11) Medical College of Virginia			96,000		Cost		Therapeutic
(12) Carolinas Medical Center			92,842		Cost		Therapeutic

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

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

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.

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OMB No 1545-0047

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Employer identification number

95-4132414

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Ohio State University			89,835		Cost		Therapeutic
(2) The Cleveland Clinic Foundation			89,450		Cost		Therapeutic
(3) Roswell Park Cancer Center			85,238		Cost		Therapeutic
(4) Einstein Institute of Medical Research			83,806		Cost		Therapeutic
(5) Hope Children's Hospital			81,283		Cost		Therapeutic
(6) Arkansas Children's Hospital			80,053		Cost		Therapeutic
(7) Children's Hospital Medical Center of Akron			78,153		Cost		Therapeutic
(8) University of Illinois			76,453		Cost		Therapeutic
(9) Michigan State University			76,353		Cost		Therapeutic
(10) Maine Children's Cancer Program			76,133		Cost		Therapeutic
(11) INOVA Fairfax Hospital			75,053		Cost		Therapeutic
(12) Case Western Reserve University/Rainbow			72,953		Cost		Therapeutic

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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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
(1) Yale University School of Medicine			72,684		Cost		Therapeutic
(2) Emanuel Hospital Health Center			70,238		Cost		Therapeutic
(3) Childrens Hospital of Austin			68,253		Cost		Therapeutic
(4) Childrens Hospital of Omaha			67,853		Cost		Therapeutic
(5) Childrens Hospital of Oakland			63,911		Cost		Therapeutic
(6) Rhode Island Hospital			63,108		Cost		Therapeutic
(7) University of Massachusetts			61,516		Cost		Therapeutic
(8) Sacred Heart Hospital at Spokane			60,953		Cost		Therapeutic
(9) MD Anderson Cancer Center			59,600		Cost		Therapeutic
(10) Childrens Hospital of Greenville			58,453		Cost		Therapeutic
(11) Atlanta Health Systems			58,429		Cost		Therapeutic
(12) TC Thompson Childrens Hospital			57,853		Cost		Therapeutic

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

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

SCHEDULE I (Form 990)

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(1) University of Pennsylvania			57,837		Cost		Therapeutic
(2) The Childrens Medical Center of Dayton			57,353		Cost		Therapeutic
(3) University of South Carolina			56,153		Cost		Therapeutic
(4) Medical University of South Carolina			55,435		Cost		Therapeutic
(5) Lutheran General Childrens Medical Center			53,876		Cost		Therapeutic
(6) Newark Beth Isreal Medical Center			52,053		Cost		Therapeutic
(7) E. Tennessee Childrens Hospital			52,053		Cost		Therapeutic
(8) Backus Childrens Hospital			50,776		Cost		Therapeutic
(9) St. Christophers Hospital for Children			50,000		Cost		Therapeutic
(10) Loyola University of Chicago			49,276		Cost		Therapeutic
(11) University of Rochester Medical Center			48,876		Cost		Therapeutic
(12) Devos Childrens Hospital			48,726		Cost		Therapeutic

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

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SCHEDULE I
(Form 990)

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Part II Grants and Other Assistance to Governments and Organizations in the United States.

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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
(1) Medical College of Georgia			48,545		Cost		Therapeutic
(2) Cross Cancer Institute			47,844		Cost		Therapeutic
(3) Dartmouth - Hitchcock Medical Center			47,002		Cost		Therapeutic
(4) Mem Healthcare System			45,855		Cost		Therapeutic
(5) St. Joseph Hospital & Medical Center			45,676		Cost		Therapeutic
(6) St. Vincent Hospital & Healthcare Center			45,605		Cost		Therapeutic
(7) Mountain State Tumor Institute			45,276		Cost		Therapeutic
(8) N. Texas Hospital for Children			44,353		Cost		Therapeutic
(9) Albany Medical Center			43,453		Cost		Therapeutic
(10) NC Presbyterian Hospital			43,176		Cost		Therapeutic
(11) Georgetown University Medical Center			42,678		Cost		Therapeutic
(12) St. Marys Medical Center			41,676		Cost		Therapeutic

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

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

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

2010

Open to Public Inspection

Name of the organization

National Childhood Cancer Foundation dba CureSearch for Children's Cancer

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? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sunrise Childrens Hospital			40,800		Cost		Therapeutic
(2) Miami Childrens Hospital			40,553		Cost		Therapeutic
(3) University of Vermont			39,775		Cost		Therapeutic
(4) S. Illinois University School of Medicine			39,676		Cost		Therapeutic
(5) MSU - Kalamazoo Center Medical Studies			39,588		Cost		Therapeutic
(6) University of Arizona College of Medicine			38,576		Cost		Therapeutic
(7) Winthrop University Hospital			38,276		Cost		Therapeutic
(8) Sutter Medical Center - Sacramento			37,700		Cost		Therapeutic
(9) Driscoll Childrens Hospital			37,050		Cost		Therapeutic
(10) Toledo Childrens Hospital			36,876		Cost		Therapeutic
(11) Scott & White Memorial Hospital			35,776		Cost		Therapeutic
(12) Massachusetts General Hospital			35,429		Cost		Therapeutic

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

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

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

2010

Open to Public Inspection

Name of the organization

National Childhood Cancer Foundation dba CureSearch for Children's Cancer

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? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) West Virginia University - Charleston			35,376		Cost		Therapeutic
(2) Florida Hospital Cancer Institute			34,676		Cost		Therapeutic
(3) Mary Bridge Hospital			34,566		Cost		Therapeutic
(4) Mount Sinai Medical Center			33,976		Cost		Therapeutic
(5) Mercy Childrens Hospital of Toledo			32,476		Cost		Therapeutic
(6) University of Virginia HSC			32,446		Cost		Therapeutic
(7) MD Anderson Cancer Center - Orlando			32,400		Cost		Therapeutic
(8) UCLA School of Medicine			32,265		Cost		Therapeutic
(9) Hurley Medical Center			31,976		Cost		Therapeutic
(10) St. Johns Hospital and Medical Center			31,676		Cost		Therapeutic
(11) Southwest Texas Methodist Hospital			31,658		Cost		Therapeutic
(12) Sacred Heart of Pensacola			31,500		Cost		Therapeutic

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

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

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

2010

Open to Public Inspection

Name of the organization

National Childhood Cancer Foundation dba CureSearch for Children's Cancer

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? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Broward General Medical Center			31,381		Cost		Therapeutic
(2) Lehigh Valley Hospital			28,700		Cost		Therapeutic
(3) Carillon Medical Center - Roanoke			28,276		Cost		Therapeutic
(4) Childrens Hospital of Southwest Florida			27,885		Cost		Therapeutic
(5) Baptist Hospital of Miami			26,600		Cost		Therapeutic
(6) Mission Hospital			26,386		Cost		Therapeutic
(7) University of Kansas Medical Center			25,900		Cost		Therapeutic
(8) East Carolina University			24,919		Cost		Therapeutic
(9) Meritcare Hospital			24,376		Cost		Therapeutic
(10) St. Louis University			23,985		Cost		Therapeutic
(11) University of South Alabama			23,700		Cost		Therapeutic
(12) Sinai Hospital of Baltimore			23,676		Cost		Therapeutic

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

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

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

2010

Open to Public Inspection

Name of the organization

National Childhood Cancer Foundation dba CureSearch for Children's Cancer

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? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Raymond Blank Children Hospital			23,266		Cost		Therapeutic
(2) Tulane University Medical Center			23,000		Cost		Therapeutic
(3) Childrens of New Orleans			22,943		Cost		Therapeutic
(4) St. Peters Medical Center			22,776		Cost		Therapeutic
(5) UC Davis			21,950		Cost		Therapeutic
(6) Cancer Research Center of Hawaii			21,600		Cost		Therapeutic
(7) Cancer Center of Santa Barbara			21,376		Cost		Therapeutic
(8) Rocky Mountain Hospital			21,300		Cost		Therapeutic
(9) Covenant Childrens Hospital			21,076		Cost		Therapeutic
(10) Christiana/Nemour - Wilmington			20,400		Cost		Therapeutic
(11) Cedars-Sinai, Los Angeles			19,000		Cost		Therapeutic
(12) Geisinger Medical Clinic			18,900		Cost		Therapeutic

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

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

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

2010

Open to Public Inspection

Name of the organization

National Childhood Cancer Foundation dba CureSearch for Children's Cancer

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? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Walter Reed Army Medical Center			18,100		Cost		Therapeutic
(2) S Dakota Health Research Foundation			16,476		Cost		Therapeutic
(3) University of Maryland - Baltimore			15,700		Cost		Therapeutic
(4) State University of New York at Stony Brook			14,854		Cost		Therapeutic
(5) St. Judes Midwest Affiliate			14,752		Cost		Therapeutic
(6) Marshfield Clinic			14,700		Cost		Therapeutic
(7) University of Missouri			13,700		Cost		Therapeutic
(8) St. Joseph Childrens Hospital			13,700		Cost		Therapeutic
(9) University of Colorado			13,222		Cost		Therapeutic
(10) Nemours Childrens Clinic Orlando			12,850		Cost		Therapeutic
(11) Methodist Cancer Center			11,984		Cost		Therapeutic
(12) Brooklyn Hospital Center			10,800		Cost		Therapeutic

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

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

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

2010

Open to Public Inspection

Name of the organization

National Childhood Cancer Foundation dba CureSearch for Children's Cancer

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? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Madigan Army Medical Center			10,150		Cost		Therapeutic
(2) Childrens National Medical Center of DC			10,135		Cost		Therapeutic
(3) Bayside Medical Center			9,800		Cost		Therapeutic
(4) Warren Clinic			9,300		Cost		Therapeutic
(5) William Beaumont Hospital			8,300		Cost		Therapeutic
(6) San Jorge Children's Hospital			7,600		Cost		Therapeutic
(7) Wills Eye Hospital			7,500		Cost		Therapeutic
(8) Eastern Maine Medical Center			6,800		Cost		Therapeutic
(9) St. Vincents Hospital - Brandt			6,500		Cost		Therapeutic
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

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

2010

Open to Public Inspection

Name of the organization

National Childhood Cancer Foundation dba CureSearch for Children's Cancer

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 are 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 from the organization or a related organization?	**4a**	✓	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		✓
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	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**		✓
b	Any related organization?	**5b**		✓
	If "Yes" to line 5a or 5b, describe in Part III.			
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**		✓
b	Any related organization?	**6b**		✓
	If "Yes" to line 6a or 6b, describe in Part III.			
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**		✓
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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 Reaman 1	(i)	457,152	0	0	24,500	19,734	501,386	0
	(ii)							
John Lehr 2	(i)	248,445	31,250	0	3,923	21,378	304,996	0
	(ii)							
N. Ajoy Mathew 3	(i)	201,981	0	0	18,504	11,437	231,922	0
	(ii)							
Orlando Sayson 4	(i)	129,397	0	26,368	10,704	7,526	173,995	0
	(ii)							
Maura O'Leary 5	(i)	329,125	0	0	24,500	12,936	366,561	0
	(ii)							
Roberto Gomez 6	(i)	179,291	0	0	18,080	15,812	213,183	0
	(ii)							
Julie Puzzo 7	(i)	161,569	0	0	0	8,135	169,704	0
	(ii)							
Abby Areinoff 8	(i)	154,913	0	0	0	10,169	165,082	0
	(ii)							
Timothy Peters 9	(i)	141,071	0	0	14,706	7,268	163,045	0
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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.

Part I, Line 4.a. - Severance payments for Orlando Sayson totaled $26,368.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
National Childhood Cancer Foundation dba CureSearch for Children's Cancer	95-4132414

Part III, Question 4.d. - Other Program Services - In addition to funding children's cancer research, CureSearch also supports patients and families by providing tools designed to help them through the cancer experience and by conducting advocacy work to increase funding of clinical trials, and research and development of new treatments. CureSearch resources include: (1) CureSearch.org - an online resource for patients and their families and support systems that provides up-to-date information about the various types of children's cancer along with research trials, definitions and descriptions of tests, procedures, treatments and information to help families manage the emotional aspects of caring for a child with cancer; (2) the Family Handbook - distributed to families via member hospitals of the Children's Oncology Group. The three-ring binder contains information to guide parents through all the stages of their child's cancer, from diagnosis to treatment and into survivorship; and (3) the Hope and Help Journal - a spiral bound notebook given to parents when their child is diagnosed. Designed as a place for parents to write and track questions and details related to their child's treatment, the journal also contains a list of questions to ask when parents first learn that their child has cancer.

Part VI, Question 2 - The membership of the CureSearch board of directors includes Dick and Mary Stafford (husband and wife), John and Sara Walsh (husband and wife), and Randy Walker and Deborah Pryce (divorsed husband and wife).

Part VI, Question 11 - The IRS Form 990 is prepared by staff and reviewed by the independent auditor. The completed Form 990 is then reviewed in detail with the Treasurer. Following Treasurer review, the completed Form 990 is provided to the full board via e-mail for consideration prior to filing with the IRS.

Part VI, Question 12c - Each year, all directors, officers and key employees are provided with the conflict of interest policy for review and are required to sign and submit the annual conflict of interest statement.

Part VI, Question 15a - Compensation of the CEO was determined by the Board Chair after consideration of comparability data provided by the Vice President of Human Resources. The Board approved the Board Chair's recommendation.

Name of the organization	Employer identification number
National Childhood Cancer Foundation dba CureSearch for Children's Cancer	95-4132414

Part VI, Question 17 - The states with which a copy of this Form 990 is required to be filed include: 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 and WI

Part VI, Question 19 - CureSearch governing documents and conflict of interest policy is available upon request. CureSearch financial statements are available on its website - curesearch.org.

Part XI, Line 5 - CureSearch recorded net unrealized gains of $107,242 in its audited financial statements, which is not included in the revenue as reported on the IRS Form 990, consistent with IRS Form 990 instructions.