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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning , and ending**B** Check if applicable☐ Address change☒ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization**CHILDHOOD CANCER FOUNDATION, INC.**

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

451 E. GRAVES AVENUE

Room/suite

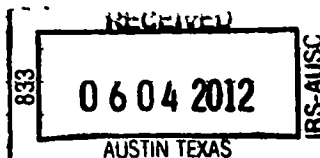
City or town, state or country, and ZIP + 4

ORANGE CITY**FL 32763****D** Employer identification number**20-0735170****E** Telephone number**386-774-6226****F** Group Exemption

Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ **N/A****H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.▶ \$ **80,434****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received														24,629														
	2	Program service revenue including government fees and contracts																												
	3	Membership dues and assessments																												
	4	Investment income														3														
	5a	Gross amount from sale of assets other than inventory																												
	5b	Less cost or other basis and sales expenses																												
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																												
	6	Gaming and fundraising events																												
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																												
	6b	Gross income from fundraising events (not including \$ 24,629 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)														55,788														
6c	Less direct expenses from gaming and fundraising events														33,223															
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)														22,565															
7a	Gross sales of inventory, less returns and allowances																													
7b	Less cost of goods sold																													
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																													
8	Other revenue (describe in Schedule O)														14															
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8														47,211															
Expenses	10	Grants and similar amounts paid (list in Schedule O)														24,704														
	11	Benefits paid to or for members																												
	12	Salaries, other compensation, and employee benefits														13,750														
	13	Professional fees and other payments to independent contractors														1,395														
	14	Occupancy, rent, utilities, and maintenance														46														
	15	Printing, publications, postage, and shipping														4,931														
	16	Other expenses (describe in Schedule O)														44,826														
	17	Total expenses. Add lines 10 through 16														2,385														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														54,877														
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														0														
	20	Other changes in net assets or fund balances (explain in Schedule O)														57,262														
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																												



N

Check if the organization used Schedule O to respond to any question in this Part II

X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	49,331	22	53,746
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	5,546	24	3,516
25 Total assets	54,877	25	57,262
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	54,877	27	57,262

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

MISSION STATEMENT IS ATTACHED

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

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

28	PATIENT AID: INCLUDES FOOD, MEDICINES, TRANSPORTATION, UTILITIES, HOUSING, FUNERAL EXPENSES AND OTHER ASSISTANCE DURING CRISIS AND/OR TREATMENTS		
	(Grants \$) If this amount includes foreign grants, check here	28a	24,341
29	PATAIENT ACTIVITIES: INCLUDES LUNCHES, HOLIDAY ACTIVITIES, END-OF CHEMO CELEBRATIONS AND GENERAL ACTIVITIES FOR CHILDREN UNDERGOING CRISIS AND/OR TREATMENTS		
	(Grants \$) If this amount includes foreign grants, check here	29a	363
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	24,704

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter.		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ FL		
42a The organization's books are in care of ▶ DONALD B. DEMPSEY, C.P.A., P.A. Telephone no. ▶		
Located at ▶ ORANGE CITY FL ZIP + 4 ▶ 32763		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 ☐		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 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

	Yes	No
47		X

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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- b If "Yes," was the related organization a section 527 organization?

49b		
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- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

- f Total number of other employees paid over \$100,000 ▶

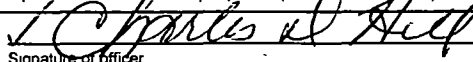
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

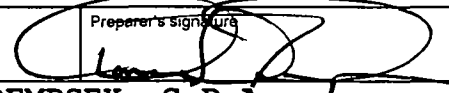
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

- d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☒ Yes ☐ No

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		5-29-12
	Signature of officer CHARLES D. HILL	Date EXECUTIVE DIRECTOR
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DONALD B. DEMPSEY, C.P.A.	Preparer's signature 	Date 5/23/12	Check ☐ if self-employed	PTIN P00130270
	Firm's name ▶ DONALD B. DEMPSEY, C.P.A.	Firm's EIN ▶			
	Firm's address ▶ 451 EAST GRAVES AVE. ORANGE CITY, FL 32763	Phone no 386-774-6226			

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

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

CHILDHOOD CANCER FOUNDATION, INC.

Employer identification number

20-0735170**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	68,749	55,478	62,627	59,493	47,194	293,541
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	68,749	55,478	62,627	59,493	47,194	293,541
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						293,541

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	68,749	55,478	62,627	59,493	47,194	293,541
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	219	324	248	347	3	1,141
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	122	88	220	175	14	619
11 Total support. Add lines 7 through 10						295,301
12 Gross receipts from related activities, etc. (see instructions)					12	17
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 2011 (line 6, column (f) divided by line 11, column (f))	14	99.40 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.39 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

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

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

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).

Part II, Line 10 - Other Income Detail

CREDIT CARD REBATES	\$	619
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2011Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceComplete 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.

Name of the organization

CHILDHOOD CANCER FOUNDATION, INC.

Employer identification number

20-0735170**Form 990-EZ, Part I, Line 8 - Other Revenue****Total \$ 14****Form 990-EZ, Part I, Line 16 - Other Expenses****Description Amount****Expenses**

Office	\$	121
Information Technology	\$	70
Conferences/Meetings	\$	158
Insurance	\$	1,532
BANQUET EXPENSES	\$	297

Total \$ 4,931**Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beg. of Year	End of Year
OFFICE EQUIPMENT	\$ 660	\$ 660

Name of the organization

CHILDHOOD CANCER FOUNDATION, INC.

Employer identification number

20-0735170

Less Accumulated Depreciation	\$	505	\$	660
VEHICLE	\$	9,375	\$	9,375
Less Accumulated Depreciation	\$	3,984	\$	5,859
Total	\$	5,546	\$	3,516

CHILDHOOD CANCER FOUNDATION, INC.
EIN: 20-0735170
FORM 990 EZ
12/31/11

PAGE ONE - LINE 10- SCHEDULE O ITEM

SIMILAR AMOUNTS PAID:

PATIENT AND FAMILY AID 24341.00 HOUSING, VEHICLE, MEDICAL, UTILITIES

PATIENT ACTIVITIES 363.00 END OF TREATMENT CELEBRATIONS,
24704.00 AND LUNCHEON ACTIVITIES FOR THE
CHILDREN AT THE HOSPITAL

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

2011Attachment
Sequence No **179**

Name(s) shown on return

CHILDHOOD CANCER FOUNDATION, INC.

Identifying number

20-0735170

Business or activity to which this form relates

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part-III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	2,030
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	2,030
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2011)

305 CHILDHOOD CANCER FOUNDATION, INC.

20-0735170

FYE: 12/31/2011

Federal Statements

5/7/2012

Schedule A, Part II, Line 12

Description	Amount
Taxable Interest on Savings and Temporary Cash Investments REBATES FROM CREDIT CARD CO.	\$ 3 14
Total	\$ 17

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**[Home](#) [Contact Us](#) [E-Filing Services](#) [Document Searches](#) [Forms](#) [Help](#)[Previous on List](#) [Next on List](#) [Return To List](#)[Entity Name Search](#)[Events](#) [Name History](#)**Detail by Entity Name****Florida Non Profit Corporation**

CHILDHOOD CANCER FOUNDATION, INC.

Filing Information

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FEI/EIN Number 200735170
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Last Event NAME CHANGE AMENDMENT
Event Date Filed 04/24/2012
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Principal Address

451 E GRAVES AVE
ORANGE CITY FL 32763

Mailing Address

451 E GRAVES AVE
ORANGE CITY FL 32763

Registered Agent Name & Address

DONALD B DEMPSEY CPA
451 E GRAVES AVE
ORANGE CITY FL 32763 US

Officer/Director Detail**Name & Address**

Title ED

HILL, CHARLES D EXEC
218 CROOKED TREE TRAIL
DELAND FL 32724

Title VP

HIGBEE, DONNA
213 N. WOODLAND BLVD.
DELAND FL 32724

Title T

DICKERSON, PATRICIA

ARTICLE OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

CHILDREN'S CANCER FOUNDATION, INC.
N04000001184

Pursuant to the provisions of Section 617.1006 Florida Statutes, this Florida Not for Profit Corporation adopts the following amendment to its Articles of Incorporation:

The name of the Corporation is hereby changed to CHILDHOOD CANCER FOUNDATION, INC.

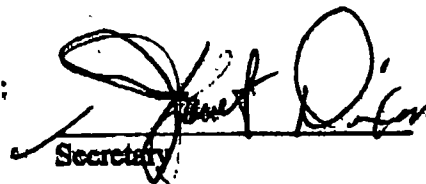
All other Articles of Incorporation filed on January 29, 2004 and any and all subsequent amendments previous to this name change remain unchanged.

This amendment shall be effective January 1, 2012 and is hereby signed and dated this 21st day of December 2011.

CHILDHOOD CANCER FOUNDATION, INC.

BY: Charles D. Hill

ATTEST:


Secretary

CHILDHOOD CANCER FOUNDATION, INC.
MISSION STATEMENT

WE ARE COMMITTED TO ENSURING NO ONE HAS TO FACE THE DIAGNOSIS
OF CHILDHOOD CANCER ALONE AND
SECONDLY, WE PROVIDE FINANCIAL ASSISTANCE TO CHILDHOOD
CANCER FAMILIES THROUGH THE MOST DIFFICULT TIME OF
THEIR LIVES.

PROGRAMS AND SERVICES
CHILDHOOD CANCER FOUNDATION, INC.
EIN: 20-0735170

As requested, the following information provides a description of the activities of this organization, which includes a list of programs and services available to registered families to assist them with the day-to-day struggles of living with childhood cancers.

The Treatment Center Allotment Fund will reimburse for trips to a treatment center outside of Volusia County. The trips must be for clinic, outpatient, or in-patient appointments related to the childhood cancer diagnosis. Payment forms must be completed and turned in and the maximum amount to be disbursed in any one calendar month is \$ 100.00.

The Emergency Assistance Program is designed to help pay utility bills during crisis situations only. The maximum amount to be distributed from this fund is \$ 100.00 in any one calendar month.

Grocery store gift certificates are available from time to time to help out with food expenses.

The Prescription Drug Program will pay the " out of pocket" expense for prescription medicine for the cancer patient and for antibiotics only for the patient's siblings. Unless other arrangements have been made with Childhood Cancer Foundation, inc., you must first pay for the prescription and then turn in the receipt for reimbursement.

The Phone Home Program will provide pre-paid long distance phone cards to be used when a child is hospitalized for long periods of time.

Home Away from Home is a program that will help arrange for stays at the Hubbard House, Ronald McDonald House, Winn Dixie Hope lodge or any similar facility close to the treatment center when a child is hospitalized and immediate family members need to be close by. The program will pay for the stays at these facilities when arrangements have been made.

We celebrate all milestones: end of hospital chemo, end of treatments, birthdays, ports being put in or removed, and beginning the journey. Our goal is to make one day better by bringing a party into the hospital room or clinic, etc., to ease the journey of childhood cancer, and to provide moral and financial support to these families.

Assistance with funeral arrangements has also been given when necessary.

CHILDHOOD CANCER FOUNDATION, INC.
FORM 990 EZ 12/31/11
EIN: 20-0735170

PART IV, PAGE TWO, LIST OF OFFICER AND DIRECTORS

<u>NAME</u>	<u>TITLE</u>	<u>HOURS</u>	<u>COMPENSATION</u>
CHARLES D. HILL 218 CROOKED TREE TRAIL DELAND, FL. 32724	EX. DIRECTOR	32	13750.00
TERRY BAILEY 700W. NEW YORK AVE. DELAND, FL. 32720	DIRECTOR	15	0.00
JACK BECKER 100 N. WOODLAND BLVD. DELAND, FL. 32720	PRESIDENT	15	0.00
QUIN BOOTH 723 W. HIGHLAND AVE. DELAND, FL. 32724	DIRECTOR	15	0.00
PATRICIA DICKERSON 212 E. NEW YORK AVE. DELAND, FL. 32724	TREASURER	15	0.00
JANET DIXON 110 W. NEW YORK AVE. DELAND, FL. 32720	SECRETARY	15	0.00
STEVE HAYMAN 998 TORCHWOOD DR. DELAND, FL. 327254	DIRECTOR	15	0.00
DONNA HIGBEE 231 N. WOODLAND BLVD. DELAND, FL. 32720	V. PRESIDENT	15	0.00
COURTNEY HOWARD 419 BERWICK CR. DELAND, FL. 32724	DIRECTOR	15	0.00
DWIGHT LEWIS 860 CARTER ROAD DELAND, FL. 32724	DIRECTOR	15	0.00
NAN SMITH 2846 LINDA DRIVE DELAND, FL. 32720	DIRECTOR	15	0.00

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

PROGRAMS & SERVICES

PATIENT AID

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

HOME AWAY FROM HOME

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



RAINBOW PARTIES

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

PRESCRIPTION DRUG PROGRAM

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

