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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ 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.

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning , and ending

B Check if applicable
- [ ] Address change
- [X] 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) | Room/suite
451 E. GRAVES AVENUE

City or town, state or country, and ZIP + 4
ORANGE CITY FL 32763

D Employer identification number
20-0735170

E Telephone number
386-774-6226

F Group Exemption Number ▶

G Accounting Method: [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) — [X] 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 ▶ $ 76,643

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 [X]

	1	Contributions, gifts, grants, and similar amounts received		1	24,463
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	146
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ 24,463 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	52,033	
	c	Less direct expenses from gaming and fundraising events	6c	16,215	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	35,818
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	1
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	60,428
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	26,075
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	16,250
	13	Professional fees and other payments to independent contractors		13	1,865
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	48
	16	Other expenses (describe in Schedule O)		16	3,833
	17	**Total expenses.** Add lines 10 through 16	▶	17	48,071
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	12,357
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	57,262
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-2,144
	21	Net assets or fund balances at end of year Combine lines 18 through 20	▶	21	67,475

Part II Balance Sheets (see the instructions for Part II)
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	53,746	22	67,319
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	3,516	24	1,832
25 Total assets	57,262	25	69,151
26 Total liabilities (describe in Schedule O)	0	26	1,676
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	57,262	27	67,475

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 [ ]

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

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

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 25,217

29 PATIENT ACTIVITIES: INCLUIDES 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 858

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 26,075

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 [ ]

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Heath benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHED				

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	33		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)	34		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)?	35a		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	35b		
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	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		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	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ FL			
42a	The organization's books are in care of ▶ DONALD B. DEMPSEY, C.P.A., P.A. Telephone no ▶ 386-774-6226			
	Located at ▶ 451 E. GRAVES AVENUE ORANGE CITY FL ZIP + 4 ▶ 32763			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U S.?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		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	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		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	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		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)	45b		X

		Yes	No
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	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

		Yes	No
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	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If "Yes," was the related organization a section 527 organization?	49b		

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 title of each employee paid more than $100,000	(b) 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 ▶ [X] 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

▶ Signature of officer — Date: June 12, 2013

▶ CHARLES D. HILL — EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DONALD B. DEMPSEY, C.P.A.		6/11/13		P00130270

Firm's name ▶ Donald B. Dempsey, C.P.A., 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 ▶ [X] 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

2012

Open 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–Non-functionally integrated

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 monetary 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	55,478	62,627	59,493	47,194	24,463	249,255
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	55,478	62,627	59,493	47,194	24,463	249,255
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						249,255

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	55,478	62,627	59,493	47,194	24,463	249,255
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	324	248	347	3	146	1,068
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.)	88	220	175	14	1	498
11 **Total support.** Add lines 7 through 10						250,821
12 Gross receipts from related activities, etc. (see instructions)					12	0

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 2012 (line 6, column (f) divided by line 11, column (f))	14	99.38%
15	Public support percentage from 2011 Schedule A, Part II, line 14	15	99.40%

16a **33 1/3% support test—2012.** 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—2011.** 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—2012.** 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—2011.** 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 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	$	497

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

2012

Open to Public Inspection

Name of the organization

CHILDHOOD CANCER FOUNDATION, INC.

Employer identification number

20-0735170

Form 990-EZ, Part I, Line 8 - Other Revenue

Description		Amount
REBATES FROM CREDIT CARD CO.	$	1
Total	$	1

Form 990-EZ, Part I, Line 16 - Other Expenses

Description		Amount
Non-investment Depreciation	$	2,144
Expenses		
Office	$	191
Information Technology	$	134
Conferences/Meetings	$	275
AUTOMOBILE EXPENSES	$	1,928
AWARDS & APPRECIATION	$	560
MARKETING OF PROGRAMS	$	125
TAXES AND LICENSES	$	200
TELEPHONE	$	535
Total	$	3833.00
Total	$	8,030

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
OFFICE EQUIPMENT	$ 660	$ 1,120

Name of the organization: CHILDHOOD CANCER FOUNDATION, INC.

Employer identification number: 20-0735170

Less Accumulated Depreciation	$	660	$ 929
VEHICLE	$	9,375	$ 9,375
Less Accumulated Depreciation	$	5,859	$ 7,734
Total	$	3,516	$ 1,832

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
CHASE CREDIT CARD	$ 0	$ 1,676

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2012

Attachment Sequence No **179**

Name(s) shown on return: CHILDHOOD CANCER FOUNDATION, INC.

Identifying number: 20-0735170

Business or activity to which this form relates

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 2011 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 2013 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	230
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 2012	17	1,875
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 2012 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		230	3.0	HY	S/L	39
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 2012 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	2,144
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** (2012)

DAA

There are no amounts for Page 2

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Federated Campaigns	$ 24,463
Total	$ 24,463

Schedule A, Part II, Line 12

Description	Amount
Taxable Interest on Savings and Temporary Cash Investments	$ 146
REBATES FROM CREDIT CARD CO.	1
Total	$ 147

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 made 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.

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

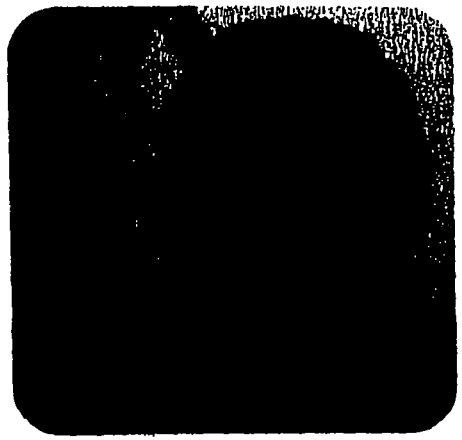
This program helps families arrange for stays at the Hubbard House, Ronald McDonald House, Winn-Dixie Hope Lodge, or any similar facility close to the treatment center when your child is hospitalized and immediate family members need to be close by. The program will pay for the stays at these facilities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



Contact the Children's Cancer Foundation 451 East Graves Avenue • Orange City, FL 32763 TEL 386-747-3962 • chill4162@cfl.rr.com

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Non Profit Corporation

CHILDHOOD CANCER FOUNDATION, INC.

Filing Information

Document Number	N04000001184
FEI/EIN Number	200735170
Date Filed	01/29/2004
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	04/24/2012
Event Effective Date	NONE

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.
FORM 990 EZ 12/31/12
EIN: 20-0735170

PART IV, PAGE TWO, LIST OF OFFICER AND DIRECTORS

NAME	TITLE	HOURS	COMPENSATION
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	EXECUTIVE DIRECTOR	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	VICE PRESIDENT	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	PRESIDENT	15	0.00
SAMMIE WIGGINS 110 W. NEW YORK AVE. DELAND, FL. 32720	DIRECTOR	15	0.00
PATRICIA REYNOLDS 233 W. CENTRAL AVE. ORANGE CITY, FL. 32763	DIRECTOR	15	0.00
SUSAN WOOSLEY 436 W. NEW YORK AVE. DELAND, FL. 32720	TREASURER	15	0.00