See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 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) | Room/suite
451 E. GRAVES AVENUE

City or town, state or province, country, and ZIP or foreign postal code
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) ▶

H Check ▶ ☒ 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) — ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 94,575

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	21,930
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	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 $ 21,930 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	72,545	
	c	Less: direct expenses from gaming and fundraising events	6c	23,049	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	49,496
	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	100
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	71,526
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	28,788
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	12,500
	13	Professional fees and other payments to independent contractors		13	1,050
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	91
	16	Other expenses (describe in Schedule O)		16	8,734
	17	**Total expenses.** Add lines 10 through 16	▶	17	51,163
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	20,363
	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	67,475
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶	21	87,838

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	67,319	22	87,723
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	1,832	24	115
25 Total assets	69,151	25	87,838
26 Total liabilities (describe in Schedule O)	1,676	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	67,475	27	87,838

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 [X]

What is the organization's primary exempt purpose?
See Schedule O

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 TREATMENT TREATMENTS.
(Grants $) If this amount includes foreign grants, check here ▶ [ ] 28a 28,394

29 PATIENT ACTIVITIES: INLCUDES 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 394

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 0

32 Total program service expenses (add lines 28a through 31a) ▶ 32 28,788

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) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHARLES D. HILL EXECUTIVE DIRECTOR	30.00	12,500	0	0
JACK BECKER DIRECTOR	10.00	0	0	0
DONNA HIGBEE DIRECTOR	10.00	0	0	0
PATRICIA DICKERSON PRESIDENT	15.00	0	0	0
TERRY BAILEY DIRECTOR	10.00	0	0	0
QUIN BOOTH DIRECTOR	10.00	0	0	0
STEVE HAYMAN DIRECTOR	10.00	0	0	0
SUSAM WOOSLEY TREASURER	10.00	0	0	0
PATRICIA REYNOLDS SECRETARY	10.00	0	0	0

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)? 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.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c		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			
			Yes	No
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	(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 business address of each independent contractor	(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 12-11-14

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.		2/08/14		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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	62,627	59,493	47,194	24,463	21,930	215,707
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	62,627	59,493	47,194	24,463	21,930	215,707
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.						215,707

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	62,627	59,493	47,194	24,463	21,930	215,707
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	248	347	3	146		744
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)	220	175	14	1		410
11 **Total support.** Add lines 7 through 10						216,861
12 Gross receipts from related activities, etc. (see instructions)					12	100

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 2013 (line 6, column (f) divided by line 11, column (f))	14	99.47 %
15	Public support percentage from 2012 Schedule A, Part II, line 14	15	99.38 %

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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.** 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	$	410

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
HAT DAY CONTRIBUTIONS	$ 4,620
GENERAL CONTRIBUTIONS	10,210
IN - MEMORIAM CONTRIBUTIONS	100
	5,000
	2,000
Total	$ 21,930

Schedule A, Part II, Line 12

Description	Amount
REBATES FROM CREDIT CARD CO.	$ 100
Total	$ 100

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

CHILDHOOD CANCER FOUNDATION, INC.

Employer identification number

20-0735170

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶			

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

FLORIDA

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 BALL/BANQUET (event type)	(b) Event #2 5K RUN/WALK (event type)	(c) Other events None (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	61,876	5,350		67,226
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	61,876	5,350		67,226
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	21,656	10		21,666
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	21,666
	11 Net income summary. Subtract line 10 from line 3, column (d)			▶	45,560

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)			▶	

9 Enter the state(s) in which the organization operates gaming activities.

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain·

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain.

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a %
b	An outside facility	13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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.	$ 100
Total	$ 100

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

Description	Amount
Expenses	
AUTOMOBILE EXPENSES	$ 2,461
AWARDS & APPRECIATION	$ 19
BANK CHARGES	$ 88
CREDIT CARD FEES	$ -20
INSURANCE	$ 1,651
MARKETING OF PROGRAMS	$ 494
MEETINGS & SEMINARS	$ 356
OFFICE EXPENSES	$ 241
TELEPHONE	$ 1,591
DEPRECIATION	$ 1,717
TAXES - OTHER	$ 136
Total	$ 8,734

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

Description	Beg. of Year	End of Year
OFFICE EQUIPMENT	$ 1,120	$ 1120.

VEHICLE	$	9,375	$	9,375.00
Less Accumulated Depreciation	$	7,734	$	10,380.

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

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

Form 990-EZ, Part III - Primary Exempt Purpose

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 THORUGH THE MOST DIFFICULT TIME OF THEIR LIVES.

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.

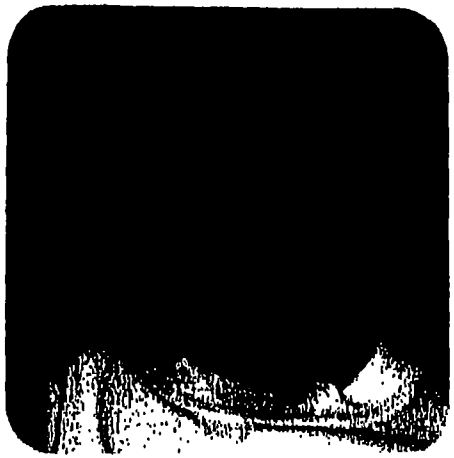
Assistance with funeral arrangements has also been given when necessary.

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

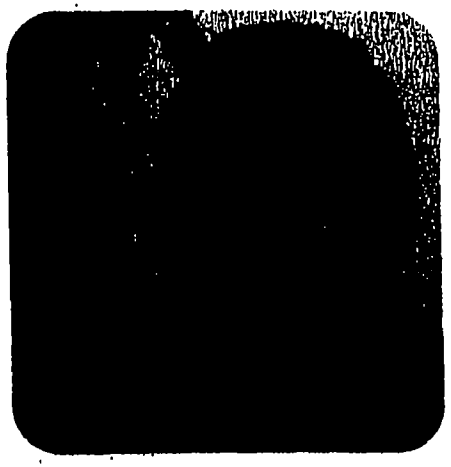
This program helps families arrange for stays at the Hubbard House, Ronald McDonald House, Winn-Dixie Hope Lodge, or any similar facility close to the treatment center when your child is hospitalized and immediate family members need to be close by. The program will pay for the stays at these facilities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