2011 Exempt Org. Return
prepared for:

National Childhood Cancer Foundation
DBA CureSearch for Children's Cancer
4600 East West Highway Suite 600
Bethesda, MD 20814

Saggar & Rosenberg, P.C.
One Church Street, Suite 204
Rockville, MD 20850
(301) 738-9040

National Childhood Cancer Foundation
DBA CureSearch for Children's Cancer **95-4132414**

	2011	2010	Diff
REVENUE			
Contributions and grants	9,009,852	61,686,364	-52,676,512
Program service revenue	48,729,519	3,705,347	45,024,172
Investment income	531,926	464,183	67,743
Other revenue	30,996	0	30,996
Total revenue	58,302,293	65,855,894	-7,553,601
EXPENSES			
Grants and similar amounts paid	38,385,760	45,484,381	-7,098,621
Salaries, other compen., emp. benefits	10,049,218	11,836,293	-1,787,075
Other expenses	10,375,955	8,544,130	1,831,825
Total expenses	58,810,933	65,864,804	-7,053,871
NET ASSETS OR FUND BALANCES			
Revenue less expenses	-508,640	-8,910	-499,730
Total assets at end of year	26,234,110	27,871,366	-1,637,256
Total liabilities at end of year	17,189,370	17,068,256	121,114
Net assets/fund balances at end of year	9,044,740	10,803,110	-1,758,370

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 3/01 **, 2011, and ending** 2/29 , 2012

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

C
National Childhood Cancer Foundation
DBA CureSearch for Children's Cancer
4600 East West Highway #600
Bethesda, MD 20814

D Employer Identification Number 95-4132414

E Telephone number 240-235-2200

G Gross receipts $ 62,602,604.

F Name and address of principal officer: Laura Thrall
Same As C Above

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list. (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( )◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ► www.curesearch.org

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ► **L** Year of Formation: 1987 **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: CureSearch funds and supports children's cancer research and provides education and resources to all those affected by children's cancer.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	178
6	Total number of volunteers (estimate if necessary)	6	29,900
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	61,686,364.	9,009,852.
9	Program service revenue (Part VIII, line 2g)	3,705,347.	48,729,519.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	464,183.	531,926.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,996.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65,855,894.	58,302,293.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	45,484,381.	38,385,760.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,836,293.	10,049,218.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 1,859,483.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,544,130.	10,375,955.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	65,864,804.	58,810,933.
19	Revenue less expenses. Subtract line 18 from line 12	-8,910.	-508,640.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	27,871,366.	26,234,110.
21	Total liabilities (Part X, line 26)	17,068,256.	17,189,370.
22	Net assets or fund balances. Subtract line 21 from line 20	10,803,110.	9,044,740.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

► Signature of officer — Date

► Laura Thrall — President & CEO
Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Susan J Rosenberg	Susan J Rosenberg	11/13/13		P00059813

Firm's name ► Saggar & Rosenberg, P.C.
Firm's address ► One Church Street, Suite 204, Rockville, MD 20850
Firm's EIN ► 52-2190100
Phone no. (301) 738-9040

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 36,706,982. including grants of $ 35,950,157.) (Revenue $)

See Schedule O

4b (Code:) (Expenses $ 9,056,359. including grants of $) (Revenue $)

See Schedule O

4c (Code:) (Expenses $ 7,047,633. including grants of $ 2,182,625.) (Revenue $)

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

4d Other program services. (Describe in Schedule O.) See Schedule O

(Expenses $ 2,439,991. including grants of $ 252,977.) (Revenue $)

4e Total program service expenses ► 55,250,965.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	**1**	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	**2**		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	**3**		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	**4**	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III*	**5**		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	**6**	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	**7**		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	**8**		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	**9**		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	**10**	X	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	**11a**	X	
b	Did the organization report an amount for investments– other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	**11b**		X
c	Did the organization report an amount for investments– program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	**11c**		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	**11d**		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	**11e**		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X*	**11f**		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	**12a**	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	**12b**		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	**13**		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV*	**14b**	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Parts II and IV*	**15**	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Parts III and IV*	**16**		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I (see instructions)*	**17**		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	**18**		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	**19**		X
20 a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	**20**		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	**21**	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	**22**		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	**23**	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25*	**24a**		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	**25a**		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	**25b**		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	**26**		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III*	**27**		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	**28a**		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	**28b**		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	**28c**		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	**29**	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	**30**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	**31**		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	**32**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	**33**		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	**35b**		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	**36**		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	**37**		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	**1a**	76		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	178		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	X
b	If 'Yes,' enter the name of the foreign country: ►				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**	X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?			**13a**	
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*			**14b**	

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	12		
b Enter the number of voting members included in line 1a, above, who are independent	**1b**	11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? . . . . See Schedule O	**2**		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**			X
6 Did the organization have members or stockholders?	**6**			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	**7b**			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	**8a**		X	
b Each committee with authority to act on behalf of the governing body?	**8b**		X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	**9**			X

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	**10a**		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
12a Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	**12a**	X	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* . . . . . See Schedule O	**12c**	X	
13 Did the organization have a written whistleblower policy?	**13**	X	
14 Did the organization have a written document retention and destruction policy?	**14**	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official . . See Schedule O	**15a**	X	
b Other officers of key employees of the organization	**15b**		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► See Schedule O

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

X Own website X Another's website X Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► Laura Thrall 4600 East West Highway, Suite 600 Bethesda MD 20814 301 718-0042

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Stuart Siegel Chairman	1	X		X				0.	0.	0.
(2) Deborah Pryce Vice Chair	1	X		X				0.	0.	0.
(3) Mary Stafford Payne Treasurer	1	X		X				0.	0.	0.
(4) John Walsh Secretary	1	X		X				0.	0.	0.
(5) Richard Payne Director	1	X						0.	0.	0.
(6) John Lehr Director/ CEO	40	X		X				250,909.	0.	23,637.
(7) Michael Carter Director	1	X						0.	0.	0.
(8) Paula Carter Director	1	X						0.	0.	0.
(9) Sara Walsh Director	1	X						0.	0.	0.
(10) Salvatore Bertolone Director	1	X						0.	0.	0.
(11) Timothy Harmon Director	1	X						0.	0.	0.
(12) Randy Walker Director	1	X						0.	0.	0.
(13) Peter Adamson thru 6-11 Director	1	X						0.	0.	0.
(14) Victoria McCormick VP/CFO	40			X				175,715.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Julianne Puzzo Sr. VP/CDO	40					X		190,950.	0.	4,347.
(16) Elizabeth O'Connor VP/COG Operations	40					X		154,622.	0.	14,372.
(17) Roberto Gomez VP/CIO	40					X		177,403.	0.	16,929.
(18) Ruth Dineros VP Human Resources	40					X		136,027.	0.	892.
(19) Albert Roy VP Fdn. Operations	40					X		130,542.	0.	11,217.
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total ►								1,216,168.	0.	71,394.
c Total from continuation sheets to Part VII, Section A ►								0.	0.	0.
d Total (add lines 1b and 1c) ►								1,216,168.	0.	71,394.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ► 17

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,009,852.			
	g Noncash contributions included in lns 1a-1f: $ 36,359.					
	h **Total.** Add lines 1a-1f		9,009,852.			
PROGRAM SERVICE REVENUE		**Business Code**				
	2a Government Contracts	541700	46,101,455.	46,101,455.		
	b Industry Contracts	541700	2,628,064.	2,628,064.		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		48,729,519.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		310,588.			310,588.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	4,521,649.				
	b Less: cost or other basis and sales expenses	4,300,311.				
	c Gain or (loss)	221,338.				
	d Net gain or (loss)		221,338.			221,338.
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	**Business Code**				
	11a Miscellaneous revenue	541700	30,996.			30,996.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		30,996.			
	12 **Total revenue.** See instructions		58,302,293.	48,729,519.	0.	562,922.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	35,645,675.	35,645,675.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	2,740,085.	2,740,085.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	426,625.	377,899.	8,417.	40,309.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	7,162,500.	6,344,459.	141,310.	676,731.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	597,759.	529,488.	11,793.	56,478.
9 Other employee benefits	1,107,676.	981,166.	21,854.	104,656.
10 Payroll taxes	754,658.	668,467.	14,889.	71,302.
11 Fees for services (non-employees):				
a Management				
b Legal	218,556.	204,996.	13,560.	
c Accounting	58,500.	53,896.	4,604.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	22,008.	20,369.	1,639.	
g Other	1,509,099.	1,368,127.	4,076.	136,896.
12 Advertising and promotion				
13 Office expenses				
14 Information technology	2,429,703.	2,375,140.	40,466.	14,097.
15 Royalties				
16 Occupancy	3,140,089.	1,749,546.	1,339,979.	50,564.
17 Travel	906,558.	677,872.	5,976.	222,710.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	148,017.	130,847.	13,156.	4,014.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Other Expenses	1,174,620.	971,217.	58,893.	144,510.
b Event Expenses	314,583.	54,568.		260,015.
c Printing and Publications	304,468.	253,539.	11,799.	39,130.
d Supplies	93,872.	53,656.	3,677.	36,539.
e All other expenses	55,882.	49,953.	4,397.	1,532.
25 **Total functional expenses.** Add lines 1 through 24e	58,810,933.	55,250,965.	1,700,485.	1,859,483.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing		989,607.	1	3,879,048.
	2	Savings and temporary cash investments		6,226,091.	2	2,581,348.
	3	Pledges and grants receivable, net		14,647,206.	3	10,721,337.
	4	Accounts receivable, net		2,058.	4	188,775.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		254,398.	9	193,846.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,213,052.			
	b	Less: accumulated depreciation	10b 2,038,981.	270,773.	10c	174,071.
	11	Investments — publicly traded securities		5,481,233.	11	8,311,731.
	12	Investments — other securities. See Part IV, line 11			12	
	13	Investments — program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	183,954.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		27,871,366.	16	26,234,110.
LIABILITIES	17	Accounts payable and accrued expenses		15,062,077.	17	13,903,536.
	18	Grants payable			18	
	19	Deferred revenue		2,006,179.	19	3,285,834.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		17,068,256.	26	17,189,370.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		2,084,426.	27	910,250.
	28	Temporarily restricted net assets		6,218,684.	28	5,634,490.
	29	Permanently restricted net assets		2,500,000.	29	2,500,000.
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		10,803,110.	33	9,044,740.
	34	Total liabilities and net assets/fund balances		27,871,366.	34	26,234,110.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	58,302,293.
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,810,933.
3	Revenue less expenses. Subtract line 2 from line 1	3	-508,640.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,803,110.
5	Other changes in net assets or fund balances (explain in Schedule O) . See Schedule O	5	-1,249,730.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,044,740.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

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

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

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

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 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 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 is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11 g (i)**		
(ii) A family member of a person described in (i) above?	**11 g (ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11 g (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 column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
(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) 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.')	57393533.	56016342.	65333058.	61686364.	9,009,852.	249439149.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	57393533.	56016342.	65333058.	61686364.	9,009,852.	249439149.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4						249439149.

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	57393533.	56016342.	65333058.	61686364.	9,009,852.	249439149.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	706,925.	422,126.	192,674.	206,593.	310,588.	1,838,906.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV					30,996.	30,996.
11 **Total support.** Add lines 7 through 10						251309051.

12 Gross receipts from related activities, etc (see instructions) **12** 52,665,530.

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** 99.26 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 **15** 99.31 %

16a **33-1/3% support test — 2011.** If the organization did not check the box on line 13, and the 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 yr 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 yr 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 lns 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

Nature and Source	2011	2010	2009	2008	2007
Miscellaneous Revenue	30,996.				
Total	$ 30,996.	$ 0.	$ 0.	$ 0.	$ 0.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

► **Complete if the organization is described below.**

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

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

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

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

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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization	Employer identification number
National Childhood Cancer Foundation	95-4132414

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

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

2 Political expenditures ► $ 74,516.

3 Volunteer hours 20

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► $ 0.

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► $ 0.

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

4a Was a correction made? ☐ Yes ☐ No

b If 'Yes,' describe in Part IV.

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

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

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

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

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

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

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

A Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ► ☐ if the filing organization checked box A and 'limited control' provisions apply.

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
See Part IV **1** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		74,516.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			74,516.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

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

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

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

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

Part IV Supplemental Information

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

Part II-B - Description of Lobbying Activity

During the fiscal year, CureSearch sent 12 messages to it's more than 80,000 constituents to contact members of Congress to encourage them to act on legislation related to the Creating Hope Act, survivorship, drug shortages, and increased funding for the National Cancer Institute. This outreach was conducted by email

Part IV **Supplemental Information** *(continued)*

Part II-B - Description of Lobbying Activity (continued)

which provided constituents with the tools needed to send letters to the Senators and Representatives.

CureSearch also hosted Childhood Cancer Awareness Day. For this annual event, more than 150 people visited Washington, were trained on specific issues related to children's cancer and then attended meetings with their Congressmen to encourage them to act on the issues.

Finally, CureSearch endorsed letters sent to Congress by One Voice Against Cancer (OVAC) and the Alliance for Childhood Cancer on specific issues related to funding and support of ongoing research to find treatment and cures for children's cancer.

Part IV **Supplemental Information** *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

National Childhood Cancer Foundation
DBA CureSearch for Children's Cancer

Employer identification number

95-4132414

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	2	
2	Aggregate contributions to (during year)	77,709.	
3	Aggregate grants from (during year)	134,442.	
4	Aggregate value at end of year	453,886.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- [ ] Preservation of land for public use (e.g., recreation or education)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of a certified historic structure

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► $ _____

(ii) Assets included in Form 990, Part X ► $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

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

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

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

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

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

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

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

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

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,864,882.	2,639,342.	1,366,882.	1,644,699.	
b Contributions			1,272,460.	617,090.	
c Net investment earnings, gains, and losses	87,290.	225,540.			
d Grants or scholarships				894,907.	
e Other expenditures for facilities and programs	128,903.			0.	
f Administrative expenses					
g End of year balance	2,823,269.	2,864,882.	2,639,342.	1,366,882.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► 89.00 %
c Temporarily restricted endowment ► 11.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	122,175.		122,175.	0.
d Equipment	2,033,842.		1,879,917.	153,925.
e Other	57,035.		36,889.	20,146.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				174,071.

Part VII **Investments – Other Securities.** See Form 990, Part X, line 12. N/A

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

Part VIII **Investments – Program Related.** See Form 990, Part X, line 13. N/A

(a) Description of investment type	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX **Other Assets.** See Form 990, Part X, line 15. N/A

(a) Description	**(b)** Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	

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

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	58,302,293.
2	Total expenses (Form 990, Part IX, column (A), line 25)	58,810,933.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-508,640.
4	Net unrealized gains (losses) on investments	-256,257.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	-256,257.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-764,897.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			**1**	58,046,036.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	**2a**	-256,257.		
b	Donated services and use of facilities	**2b**			
c	Recoveries of prior year grants	**2c**			
d	Other (Describe in Part XIV.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	-256,257.
3	Subtract line **2e** from line **1**			**3**	58,302,293.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**			
b	Other (Describe in Part XIV.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			**5**	58,302,293.

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

1	Total expenses and losses per audited financial statements			**1**	58,810,933.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	**2a**			
b	Prior year adjustments	**2b**			
c	Other losses	**2c**			
d	Other (Describe in Part XIV.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	
3	Subtract line **2e** from line **1**			**3**	58,810,933.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**			
b	Other (Describe in Part XIV.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			**5**	58,810,933.

Part XIV Supplemental Information

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

Part V, Line 4 - Intended Uses Of Endowment Fund

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

Part XIV **Supplemental Information** *(continued)*

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

National Childhood Cancer Foundation

Employer identification number

95-4132414

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Part V

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) North America			Program Services	Therapeutic	2,109,664.
(2) East Asia & Pacific			Program Services	Therapeutic	548,708.
(3) South Asia			Program Services	Therapeutic	0.
(4) Europe			Program Services	Therapeutic	61,363.
(5) South America			Program Services	Therapeutic	20,350.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					2,740,085.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			2,740,085.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule **F** (Form 990) 2011

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000. ► ☐
Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)		East Asia	Therapeutic	120,345.	check		NA	cost
(2)		East Asia	Therapeutic	175,673.	check		NA	cost
(3)		East Asia	Therapeutic	27,038.	check		NA	cost
(4)		East Asia	Therapeutic	40,831.	check		NA	cost
(5)		East Asia	Therapeutic	84,666.	check		NA	cost
(6)		East Asia	Therapeutic	90,605.	check		NA	cost
(7)		East Asia	Therapeutic	9,550.	check		NA	cost
(8)		Europe	Therapeutic	23,427.	check		NA	cost
(9)		Europe	Therapeutic	23,593.	check		NA	cost
(10)		Eurpoe	Therapeutic	14,343.	check		NA	cost
(11)		North America	Therapeutic	12,011.	Check		NA	cost
(12)		North America	Therapeutic	14,077.	check		NA	cost
(13)		North America	Therapeutic	144,646.	check		NA	cost
(14)		North America	Therapeutic	173,122.	check		NA	cost
(15)		North America	Therapeutic	17,827.	check		NA	cost
(16)		North America	Therapeutic	42,449.	check		NA	cost

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ► 33

3 Enter total number of other organizations or entities ► 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

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

Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

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

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

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

Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US (continued)

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

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

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
		North America	Therapeutic	46,523.	check		NA	cost
		North America	Therapeutic	466,141.	check		NA	Cost
		North America	Therapeutic	51,751.	check		NA	Cost
		North America	Therapeutic	5,400.	check		NA	cost
		North America	Therapeutic	81,307.	check		NA	cost
		North America	Therapeutic	851,594.	check		NA	cost
		North America	Therapeutic	89,813.	check		NA	cost
		North America	Therapeutic	96,897.	check		NA	cost
		North America	Therpeutic	16,106.	checl		NA	cost
		South America	Therapeutic	10,000.	check		NA	cost
		South America	Therapeutic	10,350.	check		NA	cost

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

National Childhood Cancer Foundation

Employer identification number

95-4132414

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Advocate Health & Hospital 4440 West 95th ST Oaklawn, IL 60453			121,834.	0.	cost	NA	Therapeutic
(2) Albany Medical Center			44,152.	0.	cost	NA	Therapeutic
(3) Alcohol Research Group 6475 Christie Ave Emoryville, CA 94608			20,079.	0.	cost	NA	Therapeutic
(4) All Children's Hospital			187,066.	0.	cost	NA	Therapeutic
(5) Arkansas Children's Hospital 1 Children's Way Little Rock, AR 72202			92,819.	0.	cost	NA	Therapeutic
(6) Atlantic Health System 33 Overlook RD, Ste 211 Summit, NJ 77962			66,821.	0.	cost	NA	Therapeutic
(7) Backus Children's Hospital 4700 Waters Ave Savannah, GA 31403			55,057.	0.	cost	NA	Therapeutic
(8) Baptist Children's Hospital 8940 N. Kendall Dr Ste 603E Miami, FL 33183			15,306.	0.	cost	NA	Therapeutic

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ► 194

3 Enter total number of other organizations listed in the line 1 table ..... ► 0

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

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

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

Continuation Sheet for Schedule I (Form 990)

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

2011

Name of the organization

National Childhood Cancer Foundation

Employer identification number

95-4132414

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Baylor College of Medicine 6621 Fannin St Houston, TX 77030			1,092,695.		cost	NA	Therapeutic
Brigham & Women's P.O. Box 3887 Boston, MA 02241			12,259.		cost	NA	Therapeutic
Brooklyn Hospital Center			9,124.		cost	NA	Therapeutic
Broward General Medical Cente			44,620.		cost	NA	Therapeutic
CAMC Health & Ed. Research Ct 3211 MacCorkle Ave 5E Charleston, WV 25304			49,409.		cost	NA	Therapeutic
Cancer Research Ctr. Hawaii 1236 Lauhala St, Room 402 Honolulu, HI 96813			19,396.		cost	NA	Therapeutic
Carilion Clinic			12,885.		cost	NA	Therapeutic
Carolinas Medical Center 1000 Blythe Blvd Charlotte, NC 28203			144,416.		cost	NA	Therapeutic
Case Western Reserve Univ 10900 Euclid Ave Cleveland, OH 44106			87,153.		cost	NA	Therapeutic
Cedars Sinai Med. Ctr.			25,369.		cost	NA	Therapeutic

Continuation Sheet for Schedule I (Form 990)

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

2011

Name of the organization

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Employer identification number

95-4132414

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Healthcare Minneso 2525 Chicago Ave So, Ste 4150 Minneapolis, MN 55404			264,060.		cost	NA	Therapeutic
Children's Hos Los Angeles 4650 Sunset Blvd Los Angeles, CA 90027			1,115,798.		cost	NA	Therapeutic
Children's Hos Med Ctr Akron			56,175.		cost	NA	Therapeutic
Children's Hos of Boston P.O. Box 414413 Boston, MA 02241			284,491.		cost	NA	Therapeutic
Children's Hos of Orange Cty 455 S. Main St Orange, CA 92868			330,177.		cost	NA	Therapeutic
Children's Hos of SW Florida P.O. Box 151247 Cape Coral, FL 33915			23,642.		cost	NA	Therapeutic
Children's Hos Philadelphia 3501 Civic Ctr Blvd CT Philadelphia, PA 19104			1,529,742.		cost	NA	Therapeutic
Children's Hosp of Greenville 900 West Faris Road Greenville, SC 29605			71,668.		cost	NA	Therapeutic
Children's Hospital Ctr. Fres 9300 Valley Children's Place Madera, CA 93636			184,324.		cost	NA	Therapeutic
Children's Hospital -Denver 13123 East 16th AVE Aurora, CO 80045			519,234.		cost	NA	Therapeutic

Continuation Sheet for Schedule I (Form 990)

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2011

Name of the organization

National Childhood Cancer Foundation

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95-4132414

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Hospital Oakland 747 52nd Street Oakland, CA 94609			47,032.		cost	NA	Therapeutic
Children's Hospital of Omaha 8301 Dodge Street Omaha, NE 68114			84,329.		cost	NA	Therapeutic
Children's Hospital Pittsburg 4401 Penn Ave 8th Floor Pittsburgh, PA 15224			367,518.		cost	NA	Therapeutic
Children's Hos-Westmead Hawkesbury Rd Westmead, NSW 2145 Australia			37,221.		cost	NA	Therapeutic
Children's Med Ctr. Dayton			57,094.		cost	NA	Therapeutic
Children's Mem Hos Chicago 2300 Children's Plaza,Box 205 Chicago, IL 60614			649,989.		cost	NA	Therapeutic
Children's Mercy Cancer Ctr. 2401 Gillham Road Kansas City, MO 64108			266,521.		cost	NA	Therapeutic
Children's Nat'l Med Ctr. DC 111 Michigan Ave NW Washington, DC 20010			510,124.		cost	NA	Therapeutic
Cincinnati Children' Hospital			443,042.		cost	NA	Therapeutic
City of Hope Nat'l Med Ctr.			640,399.		cost	NA	Therapeutic

Continuation Sheet for Schedule I (Form 990)

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

2011

Name of the organization

National Childhood Cancer Foundation

Employer identification number

95-4132414

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cleveland Clinic Lerner's			47,925.		cost	NA	Therapeutic
Columbia University-NYC 161 Fort Washington Ave New York, NY 10032			240,990.		cost	NA	Therapeutic
Connecticut Children's Med Ct 282 Washington Street Hartford, CT 06106			116,165.		cost	NA	Therapeutic
Cook Children's Med Ctr. 901 Seventh Ave St #220 Fort Worth, TX 76104			233,143.		cost	NA	Threapeutic
Cornell Unv-Weill Med College			21,285.		cost	NA	Therapeutic
CS Mott Children's Hospital 1500 E Medical Ctr Dr Ann Arbor, MI 48109			9,691.		cost	NA	Therapeutic
Dana Farber Cancer Inst. 450 Brookline Ave Boston, MA 02215			358,982.		cost	NA	Therapeutic
Dartmouth College 1 Medical Center Dr Lebanon, NH 03756			44,036.		cost	NA	Therapeutic
Dell Children's Med. 1301 Barbara Jordan Blvd Ste Austin, TX 78723			92,327.		cost	NA	Therapeutic
Devos Children's Hospital 100 Michigan St NE Grand Rapids, MI 49503			48,894.		cost	NA	Therapeutic

Continuation Sheet for Schedule I (Form 990)

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2011

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Drexel Univ College of Med P.O.Box 95000-1010, TD Bank Philadelphia, PA 19195			34,292.		cost	NA	Therapeutic
Driscoll Children's Hospital			21,191.		cost	NA	Therapeutic
Duke Unv. Medical Ctr.			131,617.		cost	NA	Therapeutic
East Carolina University			24,172.		cost	NA	Therapeutic
East Tennessee Children's Hos P.O.Box 15010 Knoxville, TN 37916			49,208.		cost	NA	Therapeutic
East Virginia Med Ctr. 601 Children's Lane Norfolk, VA 23507			99,440.		cost	NA	Therapeutic
Eastern Maine Med Ctr.			19,861.		cost	NA	Therapeutic
Emory University 1599 Clifton Rd NE 4th Flr Atlanta, GA 30322			508,048.		cost	NA	Therapeutic
Feinstein Inst. 350 Community Dr Manhasset, NY 11030			88,177.		cost	NA	Therapeutic
Fred Hutchinson Cancer Ctr. 1100 Fairview Ave N POB 19024 Seattle, WA 98109			1,039,366.		cost	NA	Therapeutic

Continuation Sheet for Schedule I (Form 990)

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2011

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Geisinger Med Ctr.			18,954.		cost	NA	Therapeutic
Georgetown University PO Box 571164 Washington, DC 20057			14,356.		cost	NA	Therapeutic
Hackensack University Med. ct			161,010.		cost	NA	Therapeutic
Hurley Med Ctr.			26,393.		cost	NA	Therapeutic
Indiana University 702 Barnhill Dr, Room 4340 Indianapolis, IN 46202			426,586.		cost	NA	Therapeutic
Inova Fairfax Hospital			55,651.		cost	NA	Therapeutic
John Hopkins Universiy			1,100,449.		cost	NA	Therapeutic
Kaiser Permanenta-No Calif			146,615.		cost	NA	Therapeutic
Kaiser Permanenta-So Calif			130,230.		cost	NA	Therapeutic
Kalamazoo Ctr. Med Studies 601 John St, Ste M-005 Kalamazoo, MI 49007			42,713.		cost	NA	Therapeutic

Continuation Sheet for Schedule I (Form 990)

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2011

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Employer identification number

95-4132414

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA Biomed Research Inst. Harb 1124 West Carson St Torrance, CA 90502		95-6105984	184,371.		cost	NA	Therapeutic
Legacy Emanuel Hospital 1919 NW Lovejoy Portland, OR 97209			81,474.		cost	NA	Therapeutic
Lehigh Valley Hospital			39,096.		cost	NA	Therapeutic
Loma Linda University			257,395.		cost	NA	Therapeutic
Long Beach Mem Hospital 2801 Atlantic Ave Long Beach, CA 90806			26,383.		cost	NA	Therapeutic
Louisiana State Univ HSC 433 Bolivar Street New Orleans, LA 70112			77,640.		cost	NA	Therapeutic
Loyola University			46,555.		cost	NA	Therapeutic
Madigan Army Med Ctr.			8,540.		cost	NA	Therapeutic
Maine Med Ctr. 22 Bramhall St Portland, ME 04102			90,622.		cost	NA	Therapeutic
Marshfield Clinic			12,201.		cost	NA	Therapeutic

Continuation Sheet for Schedule I (Form 990)

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2011

Name of the organization

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95-4132414

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mary Bridge Hospital			28,636.		cost	NA	Therapeutic
Massachusetts Gen Hosp			21,783.		cost	NA	Therapeutic
Mayo Clinic			81,323.		cost	NA	Therapeutic
McGill Unv. Health Ctr. 2300 Tupper St B336 Montreal, PQ H3H 1P3 Canada			61,694.		cost	NA	Therapeutic
McMaster Univ 1200 Main St West HSC1B7 Hamiltpn, ON L8N 3Z5 Canada			44,113.		cost	NA	Therapeutic
MD Anderson Cancer Ctr. 50 W Sturtevant St Orlando, FL 32806			78,891.		cost	NA	Therapeutic
Med College of Wisconsin 8701 W Watertown Plank Rd Milwaukee, WI 53226			238,263.		cost	NA	Therapeutic
Medical City Children's Hos 7777 Forest Lane Ste C-740 Dallas, TX 75230			44,657.		cost	NA	Therapeutic
Medical College of GA PO Box 945552 Atlanta, GA 30394			12,572.		cost	NA	Therapeutic
Medical Unv. of S.Carolina			46,989.		cost	NA	Therapeutic

Continuation Sheet for Schedule I (Form 990)

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

2011

Name of the organization

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Employer identification number

95-4132414

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Memorial Healthcare System 1150 N. 35th Ave Ste 520 Hollywood, FL 33021			29,653.		cost	NA	Therapeutic
Mercy Children's Hospital			22,890.		cost	NA	Therapeutic
Meritcare Hospital 820 4th Street North Fargo, ND 58122			49,343.		cost	NA	Therapeutic
Methodist Children's Hos Lubb 4410 Medical Dr #410 San Antonio, TX 78229			25,343.		cost	NA	Therapeutic
Methodist Healthcare System 8109 Fredericksburg Rd San Antonio, TX 78229			31,306.		cost	NA	Therapeutic
Methodist Hospital 6565 Fannin St MS205 Houston, TX 77030			11,112.		cost	NA	Therapeutic
Miami Children's Hospital			35,672.		cost	NA	Therapeutic
Michigan State Unv.			44,673.		cost	NA	Therapeutic
Mission Hospitals			38,667.		cost	NA	Therapeutic
Montefiore Med Ctr			125,127.		cost	NA	Therapeutic

Continuation Sheet for Schedule I (Form 990)

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

2011

Name of the organization

National Childhood Cancer Foundation

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95-4132414

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mount Sinai Sch. of Medicine			23,846.		cost	NA	Therapeutic
Nationwide Children's Hospita			3,428,899.		cost	NA	Therapeutic
Naval Med Ctr-Portsmouth			10,732.		cost	NA	Therapeutic
NCI 9030 Old Georgetown Rd Bethesda, MD 20874			21,875.		cost	NA	Therapeutic
Nemours Children's Clinic 1600 Rockland Road Wilmington, DE 19899			38,433.		cost	NA	Therapeutic
Nemours-Jacksonville,FL			139,688.		cost	NA	Therapeutic
Nevada Cancer Research Fdtn			27,478.		cost	NA	Therapeutic
New England Med. Ctr. 800 Washington St Boston, MA 02111			7,916.		cost	NA	Therapeutic
Newark Beth Isreal Med Ctr			42,943.		cost	NA	Therapeutic
Northwestern University 750 N Lake Shore Dr 7th Flr Chicago, IL 60611			48,209.		cost	NA	Therapeutic

Continuation Sheet for Schedule I (Form 990)

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

2011

Name of the organization

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95-4132414

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NY Medical College 40 Sunshine Cottage Rd Valhalla, NY 10595			131,332.		cost	NA	Therapeutic
NY University 160 E 32nd St 2nd Flr New York, NY 10016			82,026.		cost	NA	Therapeutic
Ohio State University 1960 Kenny Road Columbus, OH 43210			81,590.		cost	NA	Therapeutic
Oregon Health & Sci Ctr 3181 SW Sam Jackson Rd Portland, OR 97239			273,254.		cost	NA	Therapeutic
Pennsylvania State University			135,698.		cost	NA	Therapeutic
Phoenix Children's Hospital 1919 East Thomas Road Phoenix, AZ 85016			181,831.		cost	NA	Therapeutic
Presbyterian Hosptial			35,589.		cost	NA	Therapeutic
Rady Children's Hos San Diego			134,080.		cost	NA	Therapeutic
Raymond Blank Children's Hosp 1212 Pleasant St Ste 300 Des Moines, IA 50309			23,624.		cost	NA	Therapeutic
Research Fdtn of SUNY 450 Clarkson Ave Box 49 Brooklyn , NY 11203			103,809.		cost	NA	Therapeutic

Continuation Sheet for Schedule I (Form 990)

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2011

Name of the organization

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rhode Island Hospital			32,515.		cost	NA	Therapeutic
Rocky Mtn Hospital			34,362.		cost	NA	Therapeutic
Roswell Park Cancer Inst.			86,728.		cost	NA	Therapeutic
Sacred Heart Hospital 101 West 8th Ave Box 2555 Spokane, WA 99220			94,423.		cost	NA	Therapeutic
Saint Barnabas Med Ctr.			5,400.		cost	NA	Therapeutic
Santa Barbara Cottage Hosp			14,030.		cost	NA	Therapeutic
Scott & White Mem Hosp			29,895.		cost	NA	Therapeutic
Seattle Children's Hospital			558,980.		cost	NA	Therapeutic
Sinai Hospital of Baltimore			43,517.		cost	NA	Therapeutic
Sioux Valley Clinic 1680 Diagonal Road Worthington, MN 56187			10,398.		cost	NA	Therapeutic

Continuation Sheet for Schedule I (Form 990)

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

2011

Name of the organization

National Childhood Cancer Foundation

Employer identification number

95-4132414

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sloan Kettering Institute			83,818.		cost	NA	Therapeutic
Southern Illinois Unv			35,139.		cost	NA	Therapeutic
Southwestern Medical Ctr. 1801 Inwood Rd Dallas, TX 75235			30,000.		cost	NA	Therapeutic
St. John Hospital			23,680.		cost	NA	Therapeutic
St. Joseph Children's Hospita			62,783.		cost	NA	Therapeutic
St. Jude Children Res Hospita			902,464.		cost	NA	Therapeutic
St. Louis University 3700 West Pine Mall, Fuss Mem St. Louis, ID 63108			65,849.		cost	NA	Therapeutic
St. Luke's Mt. Inst. 100 East Idaho St Boise, ID 83712			38,473.		cost	NA	Therapeutic
St. Mary's Medical Center			33,996.		cost	NA	Therapeutic
St. Peter's Unv. Hospital			21,143.		cost	NA	Therapeutic

Continuation Sheet for Schedule I (Form 990)

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St. Vincent's Children's Hosp 2001 W Sleth St Ent. 4 Indianapolis, IN 46260			66,396.		cost	NA	Therapeutic
St. Vincents Hospital			22,120.		cost	NA	Therapeutic
Standford University			368,276.		cost	NA	Therapeutic
State Unv. NY Stony Brook			13,366.		cost	NA	Therapeutic
T.C. Thompson Children's Hosp			58,661.		cost	NA	Therapeutic
Texas Tech University			358,234.		cost	NA	Therapeutic
TGEN FDTN 445 N fifth St Phoenix, AZ 85004			20,000.		cost	NA	Therapeutic
Toledo Children's Hospital 2142 No Cove Blvd 5th Flr Toledo, OH 43606			47,747.		cost	NA	Therapeutic
Tripler AMC/Geneva Fdtn			17,414.		cost	NA	Therapeutic
Tufts Medical Center			5,400.		cost	NA	Therapeutic

Continuation Sheet for Schedule I (Form 990)

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

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Tulane Univ Medica Ctr			28,012.		cost	NA	Therapeutic
UCLA School of Medicine			51,742.		cost	NA	Therapeutic
Univ of Alabama 1720 2nd Ave South Birmingham, AL 35294			433,001.		cost	NA	Therapeutic
Univ of Arizona			51,531.		cost	NA	Therapeutic
Univ of CA, San Francisco			277,004.		cost	NA	Therapeutic
Univ of Kentucky Lexington 740 So. Limestone St Lexington, KY 40536			130,807.		cost	NA	Therapeutic
Univ of Med & Dentistry-NJ			91,790.		cost	NA	Therapeutic
Univ of New Mexico 1 University of New Mexico Albuquerque, NM 87131			448,007.		cost	NA	Therapeutic
Univ of North Carolina			169,887.		cost	NA	Therapeutic
Univ of Oklahoma PO Box 26502 Oklahoma City, OK 73190			158,776.		cost	NA	Therapeutic

Continuation Sheet for Schedule I (Form 990)

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2011

Name of the organization

National Childhood Cancer Foundation

Employer identification number

95-4132414

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Univ of Texas HSC 333 N Santa Rosa St San Antonio, TX 78207			94,253.		cost	NA	Therapeutic
Univ of Texas Southwestern 5323 Harry Hines Blvd Dallas, TX 75390			370,677.		cost	NA	Therapeutic
Univ. of CA, San Diego 200 W Arbor Dr #8757 San Diego, CA 92103			150,765.		cost	NA	Therapeutic
University of CA, Davis			15,649.		cost	NA	Therapeutic
University of Chicago			126,546.		cost	NA	Therapeutic
University of Florida			1,961,152.		cost	NA	Therapeutic
University of Illinois			101,010.		cost	NA	Therapeutic
University of Iowa 200 Hawkins Drive Iowa City, IA 52242			96,219.		cost	NA	Therapeutic
University of Louisville 223 Service Complex Louisville, KY 40292			133,154.		cost	NA	Therapeutic
University of Maryland			13,167.		cost	NA	Therapeutic

Continuation Sheet for Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Massachusetts			52,550.		cost	NA	Therapeutic
University of Miami			53,514.		cost	NA	Therapeutic
University of Michigan 3003 S. State St Rm 1054 Ann Arbor, MI 48109		38-6006309	379,393.		cost	NA	Therapeutic
University of Minnesota 420 Delaware St SE Minneapolis, MN 55455			559,683.		cost	NA	Therapeutic
University of Mississippi			116,677.		cost	NA	Therapeutic
University of Missouri			16,625.		cost	NA	Therapeutic
University of Nebraska 985100 Nebraska Medical Ctr Omaha, NE 68198			464,675.		cost	NA	Therapeutic
University of Pennsylvania 3451 Walnut St Rm P221 Frankl Philadelphia, PA 19104			69,571.		cost	NA	Therapeutic
University of Pittsburgh 3705 Fifth Ave, 4B, Ste 385 Pittsburgh, PA 15213			6,000.		cost	NA	Therapeutic
University of Rochester			53,723.		cost	NA	Therapeutic

Continuation Sheet for Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of So. California 1975 Zonal Ave, KAM200 Los Angeles, CA 90033			226,533.		cost	NA	Therapeutic
University of So. Carolina 7 Richland Med Park Ste 203 Columbia, SC 29203			66,056.		cost	NA	Therapeutic
University of Utah 201 S Presidents Cir Rm 406 Salt Lake City, UT 84112			440,096.		cost	NA	Therapeutic
University of Vermont			38,717.		cost	NA	Therapeutic
University of Virginia			47,618.		cost	NA	Therapeutic
University of Wisconsin			127,961.		cost	NA	Therapeutic
Vanderbilt University Dept 40303 Atlanta, GA 31192			230,486.		cost	NA	Therapeutic
Virginia Commonwealth Unv			123,484.		cost	NA	Therapeutic
Wake Forest University Medical Center Blvd Winston-Salem, NC 27157			100,503.		cost	NA	Therapeutic
Walter Reed AMC/Henry Jackson			23,472.		cost	NA	Therapeutic

Continuation Sheet for Schedule I (Form 990)

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

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Name of the organization

National Childhood Cancer Foundation

Employer identification number

95-4132414

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Washington University			423,154.		cost	NA	Therapeuticf
Wayne State University 3901 Beaubien Blvd Deroit, MI 48201			175,033.		cost	NA	Therapeutic
William Beaumont Hospital			10,620.		cost	NA	Therapeutic
Wills Eye Institute 840 Walnut St Philadelphia, PA 19107			9,504.		cost	NA	Therapeutic
Winthrop University Hospital			25,961.		cost	NA	Therapeutic
Yale University			62,436.		cost	NA	Therapeutic

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

National Childhood Cancer Foundation

Employer identification number

95-4132414

Part I Questions Regarding Compensation

		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel			
☐ Travel for companions			
☐ Tax indemnification and gross-up payments			
☐ Discretionary spending account			
☐ Housing allowance or residence for personal use			
☐ Payments for business use of personal residence			
☐ Health or social club dues or initiation fees			
☐ Personal services (e.g., maid, chauffeur, chef)			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
☐ Compensation committee			
☐ Independent compensation consultant			
☐ Form 990 of other organizations			
☒ Written employment contract			
☒ Compensation survey or study			
☒ Approval by the board or compensation committee			
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		X
b Any related organization?	5b		X
If 'Yes' to line 5a or 5b, describe in Part III.			
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		X
b Any related organization?	6b		X
If 'Yes' to line 6a or 6b, describe in Part III.			
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		X
9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

	(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
			(i) Base compensation	**(ii)** Bonus and incentive compensation	**(iii)** Other reportable compensation				
1	Victoria McCormick	(i)	175,715.	0.	0.	0.	0.	175,715.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	John Lehr	(i)	250,909.	0.	0.	23,637.	0.	274,546.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	Julianne Puzzo	(i)	190,950.	0.	0.	4,347.	0.	195,297.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	Elizabeth O'Connor	(i)	154,622.	0.	0.	14,372.	0.	168,994.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	Roberto Gomez	(i)	177,403.	0.	0.	16,929.	0.	194,332.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization: National Childhood Cancer Foundation
DBA CureSearch for Children's Cancer

Employer identification number: 95-4132414

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	13	3,344.	Sale
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded	X	4	33,015.	Market Value
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (_____)				
26	Other ► (_____)				
27	Other ► (_____)				
28	Other ► ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If 'Yes,' describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If 'Yes,' describe in Part II. See Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Part I, Line 32 - Hire and Use of Third Parties

CureSearch engages Car Program Inc. to accept donations of used vehicles on behalf of the Organization. Car Program Inc. sells the car, nets any towing and other expenses against the sales price, and then remits 70% of the net proceeds to CureSearch. For fiscal year ending February 29, 2012, Car Program Inc sold 13 donated vehicles at a gross sales price of $5,730. After expenses and the Car Program 30% fee, the net proceeds to CureSearch totaled $3,344.

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

2011

Open to Public Inspection

Name of the organization: National Childhood Cancer Foundation
DBA CureSearch for Children's Cancer

Employer identification number: 95-4132414

Form 990, Part III, Line 1 - Organization Mission

CureSearch acts as grantee for federal grants for the Children's Oncology Group, an unincorporated association of experts in children's cancer research and treatment working at over 210 children's hospitals, university hospitals and cancer centers. CureSearch awards fellowships for research training and raises awareness of children's cancer through public education and public policy initiatives.

Form 990, Part III, Line 4a - Program Service Accomplishments

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

Name of the organization: National Childhood Cancer Foundation
DBA CureSearch for Children's Cancer

Employer identification number: 95-4132414

Form 990, Part III, Line 4b - Program Service Accomplishments

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

Form 990, Part III, Line 4d - Other Program Services Description

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

Name of the organization National Childhood Cancer Foundation
DBA CureSearch for Children's Cancer

Employer identification number 95-4132414

Form 990, Part III, Line 4d - Other Program Services Description

their child is diagnosed. Designed as a place for parents to write and track questions and details related to their child's treatment, the journal also contains a list of questions to ask when parents first learn their child has cancer.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

The membership of the CureSearch board of directors includes Richard Payne and Mary Stafford Payne (husband and wife) John and Sara Walsh (husband and wife) Mike and Paula Carter (husband and wife)and Randy Walker and Deborah Pryce (divorced husband and wife).

Form 990, Part VI, Line 11b - Form 990 Review Process

The Organization retains an outside CPA to prepare the IRS Form 990. Prior to filing, the completed return is reviewed in detail by the CEO/President and presented to the Executive Committee of the Board.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Each year, all directors, officers and key employees are proveded with the conflict of interest policy for review and are required to sign and submit the annual conflict of interest statement.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment

Compensation of the CEO was determined by the Board Chair after consideration of compatability data provided by the Vice President of Human Resources. The Board approved the Board Chair's recommendation.

Form 990 , Part VI, Line 17 - List of States which this Return is Filed

AL AK AZ AR CA CO CT FL GA IL KS KY ME MD MA MI MN MS NH NJ NM NY NC ND OH OK OR PA RI SC TN UT VA WA WV WI

Name of the organization: National Childhood Cancer Foundation
DBA CureSearch for Children's Cancer

Employer identification number: 95-4132414

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

CureSearch governing documents and conflict of interest policy is available upon request. CureSearch financial statements are available on its website - CureSearch.org

National Childhood Cancer Foundation
DBA CureSearch for Children's Cancer 95-4132414

Form 990, Part XI, Line 5
Other Changes in Net Assets or Fund Balances

Net Unrealized Gains or Losses on Investments	$ -256,257.
Prior Period Adjustment	-993,473.
Total	$ -1,249,730.