2019 ANNUAL REPORT

Because no family should go through childhood cancer alone™.
MEET SOME OF OUR BRAVE WARRIORS!

MEET ALANA – RETINOBLASTOMA WARRIOR
The best treatment facility to save Alana’s eye and her life was 12 hours from her home and she needed to be seen twice a month. Her parents had to frequently leave work to care for their sick toddler and raise their newborn son. The expenses quickly mounted. After sharing their concerns with the hospital social worker, she referred them to the NCCS for help.

“We felt like we were drowning . . .” said Alana’s mom.

MEET ANTHONY - NON-HODGKIN LYMPHOMA SURVIVOR
“I am a survivor. Survivorship means that I will live in the moment, be confident in my contribution and intentional in my desire to change the world.”

–Anthony, scholarship recipient, non-Hodgkin lymphoma survivor and student at the University of Illinois Urbana-Champaign
Dear Friends,

Navigating the world of childhood cancer is truly daunting. Emotions run high, days are long and schedules are chaotic. Thousands of families go through this each year and need vital support to live in the world of childhood cancer.

With over thirty years of experience serving more than 44,000 children, NCCS has become a master navigator of this world, helping families get where they need to be – physically, financially and emotionally – to give them hope, and to give their children the best possible shot at survival.

But we can’t do this work alone. It is only with the support of our compassionate donors that we have been able to distribute more than $67 million to families over our lifetime. These contributions allow NCCS to take a “no matter what” approach, creating a clear path through the world of childhood cancer and survivorship to help families stay strong, stay positive and stay together.

Because no family should go through childhood cancer alone™.

Sincerely,

Mark Slocomb
Chairman of the Board

Mark Stolze
President and Chief Executive Officer
**MISSION**

The National Children’s Cancer Society (NCCS) provides emotional, financial and educational support to children with cancer, their families and survivors.

**OVERVIEW**

Since its inception, the NCCS has helped more than 44,000 children with cancer and their families by providing nearly $67 million in program distributions. The NCCS is a 501(c)3 non-profit organization that is proud to meet all of the Better Business Bureau’s “Standards of Charity Accountability,” which includes a comprehensive, in-depth evaluation of charity governance, fundraising practices, solicitations and informational materials. The organization is also a Platinum Participant on GuideStar Exchange, the world’s largest source of information on nonprofit organizations.

**FY2019 REVENUE ALLOCATION**

- **Program Services**: 90.00%
- **Fundraising**: 8.30%
- **Management & General**: 1.70%
BECAUSE NO FAMILY SHOULD GO THROUGH CHILDHOOD CANCER ALONE™

Families are referred to NCCS by pediatric oncology nurses and social workers at treatment centers across the country. The organization received referrals from 194 treatment centers this fiscal year and provided financial assistance to 2,174 families battling childhood cancer.

Whether a child has just been diagnosed, is currently in treatment or completed treatment years ago, the NCCS is here to help.

HOW WE HELP DURING TREATMENT

The NCCS offers two programs to ease the financial strain of a childhood cancer diagnosis. Our Transportation Assistance Fund alleviates some of the travel expenses incurred to get a child to treatment such as mileage, airfare and lodging when the best place for treatment is away from home.

The Emergency Assistance Fund provides an annual stipend to families who have a child that has been inpatient or away from home for (15) consecutive days within the past three months. Assistance may be used for many daily expenses families face including mortgage payments, rent, utility bills and other treatment-related costs such as prescriptions and parking.

In addition to the financial impact of childhood cancer, the emotional toll it takes on a family is profound. Our Family Support Program helps ease the emotional strain by providing a case manager who stands by a family’s side throughout their journey. These dedicated individuals are trained to offer practical and emotional support during difficult times, educate parents and caregivers on how to best advocate for their child and provide referrals when needed.
THE NCCS ASSISTED FAMILIES BATTLING CHILDHOOD CANCER AT THE FOLLOWING PEDIATRIC ONCOLOGY FACILITIES ACROSS THE U.S.:

**ALABAMA**
- Children’s of Alabama, Birmingham
- Huntsville Hospital-Women and Children, Huntsville
- St. Jude Affiliate-Huntsville Hospital for Women & Children, Huntsville
- USA Children’s & Women’s Hospital, Mobile

**ALASKA**
- Providence Alaska Medical Center, Anchorage

**ARIZONA**
- Banner Health Cardon Children’s Medical Center, Mesa
- Banner Health University Medical Center, Tucson
- Banner Thunderbird Medical Center, Glendale
- Phoenix Children’s Hospital, Phoenix

**ARKANSAS**
- Arkansas Children’s Hospital, Little Rock

**CALIFORNIA**
- Children’s Hospital & Research Center, Oakland
- Children’s Hospital Los Angeles, Los Angeles
- CHOC Children’s, Orange County
- City of Hope National Medical Center, Duarte
- Cottage Children’s Medical Center, Santa Barbara
- Kaiser Permanente, Fontana
- Kaiser Permanente, Los Angeles
- Kaiser Permanente, Oakland
- Kaiser Permanente, Roseville
- Kaiser Permanente, Sacramento
- Kaiser Permanente, San Diego
- Loma Linda University Children’s Hospital, Loma Linda
- Miller Children’s & Women’s Hospital, Long Beach
- Rady Children’s Hospital, San Diego
- Stanford Children’s Health at California Pacific Medical Center, San Francisco
- Stanford Children’s Health Speciality Services, Los Gatos
- Stanford Children’s Health-Lucile Packard Children’s Hospital, Palo Alto
- Sutter Medical Center, Sacramento
- UC Davis Medical Center, Sacramento
- UCLA Mattel Children’s Hospital, Los Angeles
- UCSF Benioff Children’s Hospital, San Francisco
- Valley Children’s Healthcare, Madera
- Ventura County Community Foundation, Camarillo
- Ventura County Medical Center, Ventura

**COLORADO**
- Children’s Hospital Colorado, Aurora
- Memorial Hospital Central, Colorado Springs

**CONNECTICUT**
- Connecticut Children’s Medical Center, Hartford
- Yale New Haven Hospital, New Haven

**DELAWARE**
- Nemours/Alfred I. duPont Hospital For Children, Wilmington

**DISTRICT OF COLUMBIA**
- Children’s National, Washington, DC

**FLORIDA**
- AdventHealth for Children, Orlando
- Florida Hospital Cancer Institute, Orlando
- Golisano Children’s Hospital of Southwest Florida, Ft. Myers
- Jackson Memorial Hospital, Miami
- Joe DiMaggio Children’s Hospital, Hollywood
- Johns Hopkins All Children’s Hospital, Tampa
- Johns Hopkins All Children’s Hospital, St. Petersburg
- Kids Cancer Foundation, Loxahatchee
- Nemours Children’s Specialty Care, Jacksonville
- Nemours Children’s Specialty Care, Orlando
- Nicklaus Children’s Hospital, Miami
- Orlando Health Arnold Palmer Hospital for Children, Orlando
- Palm Beach Children’s Hospital at St. Mary’s Medical Center, West Palm Beach
- Sacred Heart Hospital, Pensacola
- St. Joseph’s Children’s Hospital, Tampa
- Sylvester Comprehensive Cancer Center, Miami
- UF Health Shands Children’s Hospital, Gainesville
- Wolfson Children’s Hospital, Jacksonville

**GEORGIA**
- Augusta University Medical Center, Augusta
- Children’s Healthcare of Atlanta, Atlanta
- Children’s Healthcare of Atlanta at Egleston Hospital, Atlanta
- Children’s Hospital of Georgia, Augusta
- Medical Center Navicent Health, Macon
- Memorial Health Dwayne & Cynthia Willett Children’s Hospital, Savannah

**HAWAII**
- Kapi’olani Medical Center for Women & Children, Honolulu

**ILLINOIS**
- Advocate Lutheran General Hospital, Park Ridge
- Ann & Robert H. Lurie Children’s Hospital of Chicago, Chicago
- Rush University Medical Center, Chicago
- SIU School of Medicine, Springfield
- UChicago Medicine Comer Children’s, Chicago
- UI Health, Chicago

**INDIANA**
- Beacon Children’s Hospital, South Bend
- Lutheran Children’s Hospital, Fort Wayne
- Peyton Manning Children’s Hospital
- Ascension St. Vincent, Indianapolis
- Riley Hospital for Children, Indianapolis

**IOWA**
- Blank Children’s Hospital, Des Moines
- University of Iowa Stead Family Children’s Hospital, Iowa City

**KANSAS**
- Wesley Children’s Hospital, Wichita

**KENTUCKY**
- Norton Children’s Hospital, Louisville
- U of L Physicians, Louisville
- UK HealthCare Kentucky Children’s Hospital, Lexington

**LOUISIANA**
- Children’s Hospital New Orleans, New Orleans
- LSU Health Shreveport, Shreveport
- Ochsner Medical Center, New Orleans
- Our Lady of the Lake Children’s Hospital, Baton Rouge
- St. Jude Baton Rouge Affiliate Clinic, Baton Rouge

**MARYLAND**
- Johns Hopkins Children’s Center, Baltimore
- University of Maryland Medical Center, Baltimore
- Walter Reed National Military Medical Center, Bethesda

**MASSACHUSETTS**
- Baystate Medical Center, Springfield
- Dana-Farber Cancer Institute, Boston
- Floating Hospital for Children at Tufts Medical Center, Boston
- Massachusetts General Hospital, Boston
- UMass Memorial Health Care, Worcester

**MICHIGAN**
- Children’s Hospital of Michigan, Detroit
- Helen DeVos Children’s Hospital, Grand Rapids
- Hurley Medical Center, Flint
- University of Michigan Medical Center, Ann Arbor
- William Beaumont Hospital, Royal Oak

**MINNESOTA**
- Children’s Minnesota, Minneapolis
- Essentia Health – St. Mary’s Medical Center, Duluth
- M Health University of Minnesota Masonic Children’s Hospital, Minneapolis
- Mayo Clinic Hospital, St. Mary’s, Rochester
- Mayo Eugenio Litta Children’s Hospital, Rochester
MISSOURI
- Children's Hospital, St. Louis
- Children's Mercy, Kansas City
- Mercy Clinic Children's Cancer & Hematology, St. Louis
- Mercy Hospital, St. Louis
- SSM Health Cardinal Glennon Children's Hospital, St. Louis

MONTANA
- Billings Clinic, Billings

NEBRASKA
- Children's Hospital & Medical Center, Omaha
- The Nebraska Medical Center, Omaha

NEVADA
- Nevada Childhood Cancer Foundation, Las Vegas
- Summerlin Hospital Medical Center, Las Vegas
- Sunrise Children's Hospital, Las Vegas

NEW JERSEY
- Children's Hospital of New Jersey, Newark
- Cooper Children's Regional Hospital, Camden
- ProCure Proton Therapy Center, Somerset

NEW MEXICO
- Presbyterian Hospital, Albuquerque
- UNM Children's Hospital, Albuquerque

NEW YORK
- Cohen Children's Medical Center, New Hyde Park
- Maria Fareri Children's Hospital, Valhalla
- Memorial Sloan Kettering Cancer Center, New York
- Montefiore Medical Center, Bronx
- Roswell Park Comprehensive Cancer Center, Buffalo
- Stony Brook Children's, Stony Brook
- Upstate Golisano Children's Hospital, Syracuse

NORTH CAROLINA
- Carolinas Medical Center, Charlotte
- Duke University Medical Center, Durham
- Levine Children's Hospital, Charlotte
- Mission Hospital, Asheville
- UNC Health Care, Chapel Hill
- Vidant Medical Center, Greenville
- Wake Forest Baptist Health, Winston-Salem

NORTH DAKOTA
- Sanford Roger Maris Cancer Center, Fargo

OHIO
- Akron Children's Hospital, Akron
- Cincinnati Children's, Cincinnati
- Cleveland Clinic Children's, Cleveland
- Dayton Children's, Dayton
- Mercy Health - Children's Hospital, Toledo
- Nationwide Children's Hospital, Columbus
- ProMedica Toledo Children's Hospital, Toledo
- The Cleveland Foundation, Cleveland
- University Hospitals Rainbow Babies & Children's, Cleveland

OKLAHOMA
- St. Francis Healthcare, Tulsa
- The Children's Hospital at OU Medicine, Oklahoma City

OREGON
- Asante Rogue Regional Medical Center, Medford
- OHSU Doernbecher Children's Hospital, Portland
- Randall Children's Hospital at Legacy Emanuel, Portland

PENNSYLVANIA
- Children's Hospital of Philadelphia, Philadelphia
- Geisinger Medical Center, Danville
- Penn State Health Milton S. Hershey Medical Center, Hershey
- St. Christopher's Hospital for Children, Philadelphia
- UPMC Children's Hospital of Pittsburgh, Pittsburgh
- UPMC Magee-Womens Hospital, Pittsburgh
- Wills Eye Hospital, Philadelphia

SOUTH CAROLINA
- Greenville Memorial Hospital, Greenville
- MUSC Children's Health, Charleston

SOUTH DAKOTA
- Sanford Children's Hospital Sioux Falls, Sioux Falls

TENNESSEE
- Children's Hospital at Erlanger, Chattanooga
- East Tennessee Children’s Hospital, Knoxville
- Le Bonheur Children's Hospital, Memphis
- Monroe Carell Jr. Children's Hospital at Vanderbilt, Nashville
- St. Jude Children's Research Hospital, Memphis
- St. Jude Tri Cities Affiliate Clinic, Johnson City
- The Children's Hospital at TriStar Centennial, Nashville

TEXAS
- Children's Medical Center Dallas, Dallas
- Cook Children's Medical Center, Ft. Worth
- Doctors Hospital at Renaissance, Edinburg
- Driscoll Children's Hospital, Corpus Christi
- McLane Children's Baylor Scott & White, Temple
- Medical City Children's Hospital, Dallas
- Methodist Children's Hospital - SW Texas, San Antonio
- Texas Children's Hospital, Houston
- The Children's Hospital of San Antonio, San Antonio
- The University of Texas MD Anderson Cancer Center, Houston
- University Hospital, San Antonio
- UTMB Health Children's Hospital, Galveston

UTAH
- Primary Children's Hospital, Salt Lake City

VERMONT
- The University of Vermont Children's Hospital, Burlington

VIRGINIA
- Carilion Children's Hospital, Roanoke
- Children's Hospital of The King's Daughters, Norfolk
- University Hospital, Charlottesville
- Virginia Commonwealth University, Richmond

WASHINGTON
- Mary Bridge Children's, Tacoma
- MultiCare Deaconess Hospital, Spokane
- Seattle Cancer Care Alliance, Seattle
- Seattle Children's, Seattle
- UW Medical Center - Northwest, Seattle

WEST VIRGINIA
- CAMC Women and Children's Hospital, Charleston

WISCONSIN
- Children's Wisconsin, Milwaukee
- Gundersen Lutheran Medical Center, La Crosse
- UW Health American Family Children's Hospital, Madison
Beyond the Cure

Beyond the Cure is the NCCS survivorship program which prepares survivors and their families for life after cancer.

The majority of childhood cancer survivors experience one or more “late effects,” which are post-treatment physical and cognitive issues that are a result of a child’s diagnosis and treatment.

Our Late Effects After Treatment Tool (LEATT), developed in collaboration with Robert Hayashi, MD, Professor of Pediatrics, Director, Late Effects Clinic, St. Louis Children’s Hospital/Washington University School of Medicine, provides survivors with a personalized assessment of potential late effects based on their diagnosis and treatment.

Beyond the Cure also awards college scholarships to childhood cancer survivors. More than $1.4 million has been distributed to survivors to help them achieve their future goals. Applicants for the Beyond the Cure Ambassador Scholarship Program are asked to write an essay explaining how cancer has affected their lives and future as well as how they plan to give back to the childhood cancer community. Fifty-eight college-bound childhood cancer survivors around the country received scholarships totaling $203,000 during FY2019. The NCCS is deeply grateful to Centene Corporation and the Engelhardt Family Foundation for their generous support of the program.

Survivorship Conferences

Beyond the Cure co-sponsored survivorship conferences with nine hospitals across the country. The conferences provide vital information on issues common to childhood cancer survivorship. This year’s conferences were presented with the following hospitals:

- Advocate Hope – Oak Lawn, IL
- Banner Children’s Hospital – Mesa, AZ
- Children’s Healthcare of Atlanta – Atlanta, GA
- Children’s Hospital of the King’s Daughter – Norfolk, VA
- Fred Hutchinson – Seattle, WA
- Lutheran Children’s Hospital – Fort Wayne, IN
- Nationwide Children’s Hospital – Columbus, OH
- Rutgers Cancer Institute – Brunswick, NY
- University of Minnesota Children’s Hospital, Minneapolis, MN

Educational Publications

The organization distributed 5,300 free educational publications during FY2019. The NCCS publication library includes an activity book that provides a creative outlet for patients to learn about themselves and their cancer treatment, coloring books for young children, information for college-bound survivors and in-depth guides for both survivors and their parents/caregivers.
GLOBAL OUTREACH PROGRAM

Over 300,000 children are diagnosed with cancer worldwide. Sadly, half of children with cancer in developing countries will not survive. The Global Outreach Program (GOP) helps address the devastating effects of inadequate and often non-existent medical care for thousands of pediatric cancer patients around the globe.

With the assistance of carefully selected corporate partners, the NCCS supplies and tracks cancer-related pharmaceuticals, medical supplies, supportive-care products and medical equipment to hospitals and clinics outside the U.S. that treat children with cancer.

The NCCS Global Outreach Program is one of the only programs of its kind to solely focus on pediatric cancer treatment. To date, the program has distributed in excess of $390 million in donated pharmaceuticals and medical supplies to 65 facilities in 39 countries, helping to save the lives of 162,000 children with cancer.

FACILITY PARTNERS

The Global Outreach Program currently supports 19 hospitals in 15 countries.

AFRICA
CHU Gabriel Toure – Unite d’ Oncologie Pediatrique
Bamako, Mali

BOLIVIA
Hospital del Nino Manuel Ascencio
Villaroel, Cochabamba
Hospital del Niño
“Dr Ovidio Aliaga Uria”, La Paz
Instituto Oncologico del Oriente
Boliviano – Servicios de Pediatria, Santa Cruz

BRAZIL
GACC - Grupo de Apoio a Criança com Cancer, Intabuna
Unidade de Quimioterapia de Santa Casa de Misericordia de Itabuna, Intabuna

CHILE
Fundacion Nuestrlos Hijos, Santiago
Hospital Exequiel Gonzalez Cortes / Hospital Sotero del Rio, Santiago

COSTA RICA
Hospital Nacional de Ninos, San Jose

DOMINICAN REPUBLIC
Fundacion Amigos Contra el Cancer
Infantil, Santo Domingo
Hospital Infantil – “Dr. Robert Reid Cabral”, Santo Domingo

EL SALVADOR
Fundacion Ayudame a Vivir Nacional
Children’s Hospital “Benjamin Bloom”, San Salvador

GUATEMALA
Fundacion Ayudame a Vivir, Unidad Nacional de Oncologia Pediatrica, Guatemala City

HAITI
Nos Petits Freres et Soeurs, Hospital St. Damien, Port-au-Prince

HONDURAS
Fundacion Hondurena para el Nino con Cancer Hospital, Tegucigalpa
Escuela Materno Infantil, Tegucigalpa

KYRGYZSTAN
National Center of Oncology, Bishkek

MOROCCO
Service d’Hematologie et d’Oncologie Pediatricque –
Hopital 20 aout 1953, Casablanca
Unite d’Hematologie-Oncologie Pediatrique Hopital d’Enfants de Rabat, Rabat

NICARAGUA
Children’s Hospital of Nicaragua
Manuel de Jesus Rivera “La Mascota”, Managua
CONANCA – Comision Nicarauesne de Ayuda al Nino con Cancer, “Hospital Infantil Manuel de Jesus Rivera,” Managua

PANAMA
Fundacion Amigos/Hospital del Nino de Panama, Panama City

ZIMBABWE
Children’s Cancer Relief – Kidzcan Zimbabwe, Harare
INDEPENDENT AUDITORS' REPORT

Board of Directors
The National Children's Cancer Society, Inc.
St. Louis, Missouri

We have audited the accompanying financial statements of The National Children's Cancer Society, Inc. (a nonprofit organization), which comprise the statement of financial position as of September 30, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors’ Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements referred to above present fairly in all material respects the financial position of The National Children's Cancer Society, Inc., as of September 30, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

CliftonLarsonAllen LLP
St. Louis, Missouri
January 13, 2020
STATEMENT OF ACTIVITIES
YEAR ENDED SEPTEMBER 30, 2019

Without Donor Restrictions   With Donor Restrictions   Total
PUBLIC SUPPORT AND REVENUE
Contributions                     $ 7,860,574               $ -                         $ 7,860,574
List Rental Income               132,780                  -                           132,780
Event Revenue                    395,303                  -                           395,303
Less Direct Costs of Events      (175,483)                 -                         (175,483)
In-Kind Contributions            40,135,882               -                           40,135,882
Investment Income                219,166                  (1,546)                   217,620
Net Assets Released from Restrictions - Satisfaction of Program Restrictions 22,710        (22,710)                      -
Total Public Support and Revenue 48,590,932               (24,256)                 48,566,676

EXPENSES
Program Services:
    Division of Patient and Family Services 42,774,448               -                         42,774,448
    Supplemental Family Support                1,339,441               -                         1,339,441
    Public Information and Education          347,430                  -                         347,430
    Total Program Services                    44,461,319               -                         44,461,319
Supporting Services:
    Management and General                   819,110                  -                         819,110
    Fundraising                                4,106,851               -                         4,106,851
    Total Supporting Services                 4,925,961               -                         4,925,961
    Total Expenses                            49,387,280               -                         49,387,280

OTHER EXPENSE
Change in Value of Annuities        13,565                  -                         13,565

NET CHANGE IN NET ASSETS
(809,913)                      (24,256)                 (834,169)
Net Assets - Beginning of Year     2,931,940               634,326                      3,566,266

NET ASSETS-END OF YEAR
$ 2,122,027               $ 610,070                   $ 2,732,097
CASH FLOWS FROM OPERATING ACTIVITIES

Net Change in Net Assets $ (834,169)
Adjustments to Reconcile Net Change in Net Assets to Net Cash Provided (Used) by Operating Activities
Depreciation 6,848
Change in Value of Annuities 13,565
Unrealized Loss on Investments 105,702
Realized Gain on Sale of Investments (193,438)
Decrease in:
Accounts Receivable 13,832
Inventory 5,048
Prepaid Expenses and Other Assets 13,832
Increase (Decrease) in:
Accounts Payable (275,356)
Annuity Payable 20,346
Accrued Expenses (1,642)
Unearned Revenue (3,436)
Net Cash Used by Operating Activities (1,140,281)

CASH FLOWS FROM INVESTING ACTIVITIES
Purchases of Property and Equipment (11,518)
Proceeds from Sale of Investments 1,956,334
Purchases of Investments (1,334,052)
Net Cash Provided by Investing Activities 610,764

CASH FLOWS FROM FINANCING ACTIVITIES
Net Proceeds on Line of Credit 200,298
Net Cash Provided by Financing Activities 200,298

NET CHANGE IN CASH
Cash - Beginning of Year 753,859
Net Change in Cash (329,219)
Cash - End of Year $ 424,640

See accompanying Notes to Financial Statements.
Nature of Operations
The National Children’s Cancer Society, Inc. (the Organization) was incorporated in November 1987 to serve children with cancer and their families. Program services are categorized as follows: Division of Patient and Family Services, Supplemental Family-Support and Public Information and Education. The Organization provides a Family Support Program, Transportation Assistance Fund, and Emergency Assistance Fund for families with children in treatment, a Beyond the Cure Program for cancer survivors, and a Global Outreach Program.

Basis of Presentation
Financial statement presentation follows the recommendations of the FASB. The Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions. As of September 30, 2019 the Organization had $610,070 in net assets with donor restrictions.

Basis of Accounting
The financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Concentration of Credit Risk
The majority of the Organization’s cash and cash equivalents are maintained at three banks. The bank provides a maximum protection under regulations issued by the Federal Deposit Insurance Corporation. At September 30, 2019 deposits at the bank in excess of federally insured limits were $88,071.

Cash and Cash Equivalents
Cash includes demand deposits and highly liquid financial instruments purchased with original maturities of three months or less. The carrying amount of cash equivalents approximates fair value.

Certain cash balances are required to be held in separate bank accounts in accordance with contractual arrangements.

Accounts Receivable
Receivables consist of amounts due to the Organization related to the direct mail telemarketing, and royalty programs. Management writes off receivables when it determines that an amount will not be collected and considers all receivables at September 30, 2019 to be collectible. Therefore, no allowance for doubtful accounts is recorded at September 30, 2019. All receivables are considered current at September 30, 2019; therefore, no discount has been recorded.

Investments
In accordance with accounting standards, investments in marketable securities with readily determinable fair values are reported at fair value in the statement of financial position. Unrealized gains and losses are included in the statement of activities.

Inventory
Inventory consists of program literature and patient and family service items and is stated at cost, determined on the first-in, first-out method.

Property and Equipment
Furniture and equipment is recorded at cost. Maintenance and repairs are charged to operations when incurred. Betterments and renewals in excess of $500 are reviewed individually by management and are capitalized.

Donations of furniture and equipment are recorded as support at their estimated fair value. Such donations are reported as without donor restricted support unless the donor has restricted the donated asset to a specific purpose.

Depreciation and amortization are provided on a straight-line basis over the following periods:

<table>
<thead>
<tr>
<th>Category</th>
<th>Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture and Fixtures</td>
<td>7 Years</td>
</tr>
<tr>
<td>Equipment</td>
<td>3 to 7 Years</td>
</tr>
<tr>
<td>Software</td>
<td>3 Years</td>
</tr>
<tr>
<td>Leasehold Improvements</td>
<td>7 Years</td>
</tr>
</tbody>
</table>

Compensated Absences
Employees of the Organization are entitled to paid vacation days depending on length of service. Amounts accrued for compensated absences are included in accounts payable and accrued expenses in the accompanying statement of financial position.

Contributions
In accordance with accounting standards, contributions received by the Organization are recorded as with donor restriction or without donor restriction support, depending on the existence and nature of any donor restrictions. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire within the fiscal year the contributions are recognized.

Annuities Payable
Annuities payable represents an annuity obligation for gift annuities received by the Organization. Gift annuities provide for payment to named annuitants over their lifetimes. The payment is guaranteed by the Organization through an agreement. An annuities payable liability is recorded until the projected termination of the annuity payment obligation based upon the present value of the expected payments over the life expectancy of the annuitants. The current annuity values are valued at fair value. The Organization reviews AFR in determining the discount rate to apply for the present value calculation. A discount rate of 2.2% was applied to determine the liability at September 30, 2019. Fair value at September 30, 2019 is $168,446, while the recorded liability is $78,881.

Unearned Revenue
Unearned revenue consists of payments received in advance that relate to donated items to be sold by a third party in a future period and are deferred and recognized as revenue in the period earned.

Use of Estimates
The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of support, revenues, and expenses during the reporting period, including grant and contract revenues subject to review by applicable funding agencies. Accordingly, actual results could differ from those estimates.

Fair Value Measurements
The Organization measures fair value using a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability. Inputs may be observable or unobservable and refer broadly to the assumptions that market participants would use in pricing the asset or liability. Observable inputs reflect the assumptions market participants would use in pricing the asset or liability based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the reporting entity’s own assumptions about the assumptions that market participants would use in pricing the asset or liability developed based on the best information available in the circumstances.

The objective of a fair value measurement is to determine the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). Accordingly, the fair value hierarchy gives the highest priority to quoted prices (unadjusted) in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The Organization may use valuation techniques consistent with the market, income and cost approaches to measure fair value.

The inputs used to measure fair value are categorized into the following three categories:

- **Level 1** - Inputs that reflect unadjusted quoted prices in active markets for identical investments, such as stocks, corporate and government bonds that the Organization has the ability to access as of the measurement date.
- **Level 2** - Inputs, other than quoted prices, that are observable for the asset or liability either directly or indirectly, including inputs from markets that are not considered to be active.
- **Level 3** - Inputs that are unobservable. Unobservable inputs reflect the Organization’s own assumptions about the factors market participants would use in pricing an investment, and is based on the best information available in the circumstances.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of financial position, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy.
NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements (Continued)

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include money market mutual funds, certain mutual funds, and equities. If quoted market prices are not available, then fair values are estimated by using pricing models or quoted prices of securities with similar characteristics. These Level 2 securities include mortgage and asset-backed securities, corporate and municipal bonds, U.S. government agencies, hedge funds and managed futures. Inputs used to value Level 2 securities include interest rates for similar debt securities, Treasury obligations with similar maturities and net asset values provided by funds is utilized as a practical expedient. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy and include hedge funds. The net asset value (or its equivalent) provided by the fund is utilized, as a practical expedient, to determine fair value of these Level 3 investments. The funds are classified as Level 3 if they may not be redeemable in the short-term.

Any transfers in and out of Level 1 (quoted market prices), Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized on the period ending date.

Development Costs

The Organization periodically incurs substantial costs for the continued development of a contributor list. In accordance with accounting principles generally accepted in the United States of America, the Organization recognizes these costs as they are incurred against operations, even though the contributor lists are expected to provide significant benefit to future periods.

Functional Expense Allocations

The costs of providing various program and other activities of the Organization have been summarized on a functional basis in the statement of functional expenses. Expenses are charged to program services, fundraising or management and general based on actual costs incurred by the program or supportive service, as well as on management’s best estimate of time spent in the functional expense categories. Management and general expenses include those expenses that are not directly identifiable with any other specific section but provide for the overall support and direction of the Organization.

Tax Status

The Organization qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. However, the Organization is liable for federal income taxes on certain unrelated business income.

Management analyzed the tax positions taken by the Organization and concluded that, as of September 30, 2019, there were no uncertain tax positions taken or are expected to be taken. Accordingly, no interest or penalties related to uncertain tax positions have been accrued in the accompanying financial statements.

Change in Accounting Principle

On August 18, 2016, FASB issued Accounting Standards Update (ASU) 2016-14, Not-for-Profit Entities (Topic 958) – Presentation of Financial Statements if Not-for-Profit Entities. The update addresses the complexity and understandability of net asset classification deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. We have implemented ASU 2016-14 and have adjusted the presentation in these financial statements accordingly.

Subsequent Events

In preparing these financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through January 13, 2020, the date the financial statements were available to be issued.

NOTE 2 LIQUIDITY AND AVAILABILITY

Financial assets available for general expenditure, this is, without donor or other restrictions limiting their use, within one year of the statement of financial position date, comprise the following at September 30:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents</td>
<td>$4,244,640</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>$312,927</td>
</tr>
<tr>
<td>Investments</td>
<td>$4,233,069</td>
</tr>
<tr>
<td>Total Current Financial Assets</td>
<td>$4,970,636</td>
</tr>
<tr>
<td>Less: Net Assets With Donor Restrictions</td>
<td></td>
</tr>
<tr>
<td>Related to Current Financial Assets</td>
<td></td>
</tr>
<tr>
<td>Financial Assets Available to Meet Cash Needs for General Expenditures Within One Year</td>
<td>$4,360,566</td>
</tr>
</tbody>
</table>

The Organization receives significant contributions without donor restrictions, and are considered for programs which are ongoing, major, and central to its annual operations. Contributions without donor restrictions are to be available to meet cash needs for general expenditures, which include administrative and general expenses, fund raising expenses, and grant commitments expected to be paid in the subsequent year. Annual operations are defined as activities occurring during the Organization’s fiscal year.

NOTE 3 INVESTMENTS

Investments consist of the following at September 30, 2019:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government and Agency Securities</td>
<td>$548,698</td>
</tr>
<tr>
<td>Equity Securities</td>
<td>2,853,561</td>
</tr>
<tr>
<td>Mutual Funds</td>
<td>830,810</td>
</tr>
<tr>
<td>Total Investments</td>
<td>$4,233,069</td>
</tr>
</tbody>
</table>

Investment return for the year ended September 30, 2019, is summarized as follows:

<table>
<thead>
<tr>
<th>Income/Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and Dividend Income</td>
<td>$129,884</td>
</tr>
<tr>
<td>Unrealized Gain on Equity Securities</td>
<td>(105,702 )</td>
</tr>
<tr>
<td>Realized Gain on Sale of Investments</td>
<td>193,438</td>
</tr>
<tr>
<td>Total Investment Gain</td>
<td>$217,620</td>
</tr>
</tbody>
</table>

NOTE 4 FAIR VALUE MEASUREMENTS

The Organization uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. For additional information on how the Organization values all other assets and liabilities refer to Note 1 – Organization and Summary of Significant Accounting Policies.

The following table presents the fair value hierarchy for the balances of the assets of the Organization measured at fair value on a recurring basis as of September 30, 2019:

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>(Level 1)</th>
<th>(Level 2)</th>
<th>(Level 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government and Agency Bonds</td>
<td>$548,698</td>
<td>–</td>
<td>$548,698</td>
<td>–</td>
</tr>
<tr>
<td>Equity Securities</td>
<td>2,853,561</td>
<td>2,853,561</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Mutual Funds</td>
<td>830,810</td>
<td>830,810</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Total</td>
<td>$4,333,069</td>
<td>$3,684,371</td>
<td>$548,698</td>
<td>–</td>
</tr>
</tbody>
</table>

NOTE 5 NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions at September 30, 2019 consist of:

<table>
<thead>
<tr>
<th>Restriction</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose Restriction For Cancer Treatment in Minnesota</td>
<td>$610,070</td>
</tr>
</tbody>
</table>

Assets released from restrictions for the year ended September 30, 2019 are as follows:

<table>
<thead>
<tr>
<th>Restriction</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction of Purpose Restriction</td>
<td>$22,710</td>
</tr>
</tbody>
</table>
NOTE 6 PROPERTY AND EQUIPMENT

Property and equipment consists of the following at September 30, 2019:

<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture and Fixtures</td>
<td>$17,878</td>
</tr>
<tr>
<td>Equipment</td>
<td>$45,868</td>
</tr>
<tr>
<td>Software</td>
<td>$304,611</td>
</tr>
<tr>
<td>Leasehold Improvements</td>
<td>$6,800</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$375,157</strong></td>
</tr>
<tr>
<td>Less: Accumulated Depreciation</td>
<td>(381,730)</td>
</tr>
<tr>
<td><strong>Property and Equipment</strong></td>
<td><strong>$13,427</strong></td>
</tr>
</tbody>
</table>

Depreciation expense was $6,848 for the year ended September 30, 2019.

NOTE 7 ALLOCATION OF JOINT COSTS

The Organization combines the costs of its joint activities that combine fundraising appeals with other functions, and allocates those costs to their functional classifications. Such costs include printing, caging, donor search, public information, computer expenses, list development, direct mail expense, postage, and production fees. The physical units method is used to allocate these costs. This allocation process is based on lines of print from the documents and scripts used in the joint activities. Each line of print is analyzed and a determination is made as to its purpose. The number of lines for each activity is totaled and weighed against the total number of lines in the document as well as the frequency of use of the document.

The Organization follows standards for accounting and reporting costs of joint activities that combine fundraising appeals with other functions including definitions for the criteria of purpose, audience, and content. In accordance with the standard, the compensation structure of the joint activity is considered, as well as the target audience of the activity and the content of the information conveyed. If any of the criteria of purpose, audience, and content is not met, all costs of the joint activity are considered fundraising.

NOTE 8 OPERATING LEASES

The Organization leases office space, office equipment, and a vehicle under operating leases. The Organization’s office lease has escalating lease payments ranging from $8,916 to $9,521 per month over the remaining term of the lease expiring April 30, 2021.

The future minimum rental payments required under operating leases that have initial or remaining noncancellable lease terms in excess of one year as of September 30, 2019 are as follows:

<table>
<thead>
<tr>
<th>Year Ending September 30</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>$129,416</td>
</tr>
<tr>
<td>2021</td>
<td>83,927</td>
</tr>
<tr>
<td>2022</td>
<td>9,861</td>
</tr>
<tr>
<td>2023</td>
<td>3,860</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$227,004</strong></td>
</tr>
</tbody>
</table>

Total rental expense under operating leases with a term in excess of one month was $126,246 for the year ended September 30, 2019.

NOTE 9 COMMITMENTS AND CONTINGENCIES

At September 30, 2019, the Organization is committed to several contracts for fundraising and program services, which are scheduled to expire on various dates through December 2019. Payments under these contracts are to be made by the Organization based on hourly rates with certain minimum performance guarantees. These contracts are a principal funding source of the Organization.

NOTE 10 RETIREMENT PLAN

The Organization’s assets include investments in various securities which, in general, are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is reasonably possible that changes in risks in the near term would materially affect the amounts reported in the balance sheet and the statement of activities.

NOTE 11 LINE OF CREDIT

The Organization has a Loan Management Account Agreement with a bank which allows the Organization to borrow under a revolving line of credit arrangement. Available credit is subject to borrowing base limitations determined by the bank based upon the market value of pledged securities. Advances under the agreement can be made under variable rate, fixed rate and term advances agreed upon at the time of the advance. Advances are due upon demand. Investments held by Merrill Lynch are pledged as collateral. Available credit under the agreement was $220,120, all in principal. The balance is subject to interest at a variable rate of LIBOR plus the spread. The interest rate as of September 30, 2019 is 4.28%.

Cash paid for interest on the line of credit was $4,963 for the year ended September 30, 2019.

NOTE 12 RELATED PARTY TRANSACTIONS

During the year ended September 30, 2019, the Organization received $51,706 in contributions from various members of the board of directors (Directors). In addition, during the year ended September 30, 2019, the Organization received $67,000 from companies in which Directors serve as a director or officer. The Organization also received $450 in In-Kind gifts from various board members of the board of directors during the year ended September 30, 2019. At September 30, 2019, there were no receivables from related parties.

One of the asset custodians is a financial institution for which a member of the board of the National Children’s Cancer Society is an officer. The amount paid to the asset custodian during the year ended September 30, 2019 totaled $48,591. The board member was not directly compensated for services provided.
<table>
<thead>
<tr>
<th>Joe AuBuchon</th>
<th>Scott Hammack</th>
<th>Mark Slocomb</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Dilg</td>
<td>Robert Hayashi, M.D.</td>
<td>Eric S. Stange</td>
</tr>
<tr>
<td>Kristy Dougherty</td>
<td>Jeff Michalski, M.D.</td>
<td>Mark Stolze</td>
</tr>
<tr>
<td>Sue Engelhardt</td>
<td>Harry Mueller</td>
<td>Scott Stringer</td>
</tr>
<tr>
<td>Tom Ciebert</td>
<td>Timm Schowalter</td>
<td></td>
</tr>
</tbody>
</table>