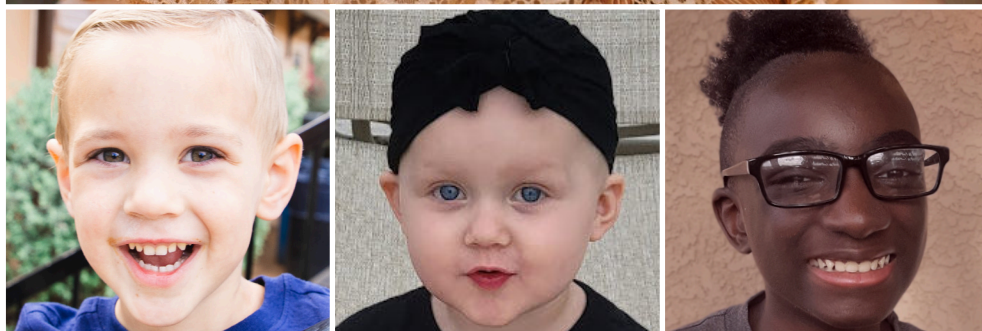


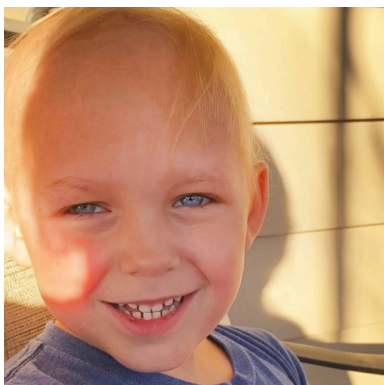
2022 ANNUAL REPORT



Because no family should go
through childhood cancer alone.™



MEET ONE OF OUR BRAVE WARRIORS!



Levi, Medulloblastoma Warrior

In June of 2022, Levi started having stomach aches. Tummy aches were not out of the norm for many 6-year-olds, but when he started experiencing nausea, vomiting, and constipation, his mom, Danielle, took him to the pediatrician for answers. Levi's doctor strongly felt he was simply experiencing constipation, and they were sent home. As he continued to experience these symptoms, his mom took him back to the doctor. This time, his doctor said in addition to constipation, he felt Levi was experiencing anxiety. As someone who knew Levi better than anyone, Danielle knew something was not right.

On July 12th, they took Levi to his pediatrician because he had developed a sudden lazy eye and began having issues keeping his balance. The doctors immediately knew what was wrong with him. Levi was diagnosed with medulloblastoma, a cancerous tumor in the brain. Levi and his family had no choice but to travel over an hour to get to every appointment for treatment. He underwent a 10-hour surgery to remove as much of the tumor as the doctors could.

Levi's family has been through a long journey and continues to fight. Levi's mother has expressed how thankful she is for the travel assistance provided by the NCCS: "The assistance we received from the NCCS has helped to support our transportation to and from hospital visits and appointments as well as gave us one less thing that we had to worry about."

While Levi is still receiving treatment for his cancer, he has handled each hurdle with grace and joy. He continues to smile, laugh, and be a constant source of happiness and hope for his friends and family.



Dear friends,

As we emerge from the pandemic, The National Children's Cancer Society (NCCS) would like to thank our donors for their support. We continue to make great strides in our unwavering commitment that no family should go through childhood cancer alone. Our "no matter what" approach assures that we continue to offer emotional, financial, and educational support for children with cancer and their families, whether across town or the country.

Learning a child has cancer is devastating for any family. Each year, thousands of other families walk this path, just like Levi and his family. High emotions, long nights, and chaotic schedules.

Levi's story, along with so many others, serves as daily inspiration for the mission of the NCCS. But we can't do this alone. Since the inception of the NCCS, we have helped nearly 48,000 children with cancer and distributed over \$69 million in financial assistance thanks to the generosity of our donors. We have reached children in 54 different countries through our initiatives. We have awarded 602 scholarships worth over \$2 million to childhood cancer survivors, pursuing their dreams of higher education and moving forward with their lives in meaningful ways.

If the past few years have taught us anything, it's the value of perseverance, which is evident in the children and families that come to us for assistance. To provide families with a clear way to navigate the world of childhood cancer, and most importantly, survivorship, we appreciate your continuing support.

Please stay safe and well,

A handwritten signature in black ink, reading "Mark R. Slocomb".

Mark Slocomb
Chairman of the Board

A handwritten signature in black ink, reading "Mark Stolze".

Mark Stolze
President and Chief Executive Officer



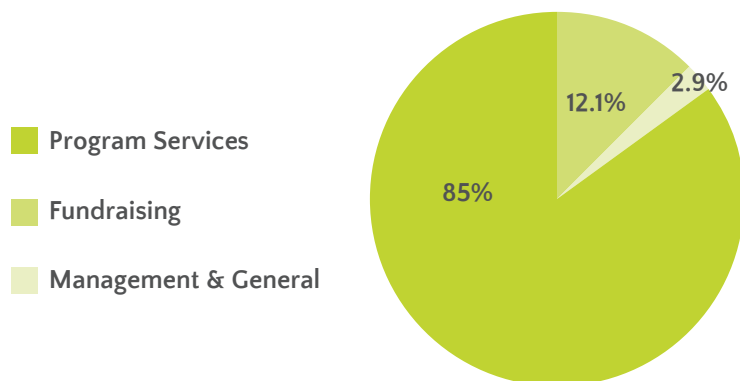
MISSION

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 nearly **48,000 children** with cancer and their families by **providing over \$69 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.

FY2022 REVENUE ALLOCATION



BECAUSE NO FAMILY SHOULD GO THROUGH CHILDHOOD CANCER ALONE™

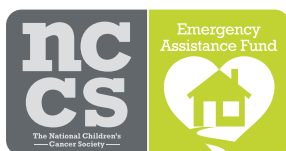
Pediatric oncology nurses and social workers at one hundred eighty-one (181) treatment centers across the country referred families battling childhood cancer to the NCCS in FY2022, resulting in one thousand, five hundred and five (1,505) families receiving the help they need to save their child.

HOW WE HELP DURING TREATMENT

When a family is facing the tragedy of childhood cancer, the only thing they should have to focus on is getting their child well again. They shouldn't be overwhelmed with the costs of getting their child to treatment. But, how many of us have a savings plan in place for childhood cancer? 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 while getting 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 who has been inpatient or away from home for an extended period of time. 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 can be devastating. Our **Family Support Program** helps ease the emotional strain that accompanies a childhood cancer diagnosis by providing an NCCS case manager who stands by a family's side from diagnosis through survivorship. These dedicated individuals are specially 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
St. Jude Affiliate Clinic at Huntsville Hospital for Women & Children, Huntsville
USA Children's & Women's Hospital, Mobile

ARIZONA

Banner Children's at Desert, Mesa
Banner – University Medical Center, Tucson
Phoenix Children's Hospital, Phoenix

ARKANSAS

Arkansas Children's Hospital, Little Rock
Arkansas Children's Northwest, Springdale

CALIFORNIA

Children's Hospital Los Angeles, Los Angeles
CHOC, Orange
City of Hope, Duarte
Cottage Children's Medical Center, Santa Barbara
Kaiser Permanente, Fontana
Kaiser Permanente, Los Angeles
Kaiser Permanente, Roseville
Loma Linda University Children's Health, Loma Linda
Loma Linda University Children's Health, San Bernardino
Miller Children's & Women's Hospital, Long Beach
Rady Children's Hospital, San Diego
Stanford Medicine Children's Health–Lucile Packard Children's Hospital, Palo Alto
Sutter Medical Center, Sacramento
UC Davis Medical Center, Sacramento
UCSF Benioff Children's Hospital, Oakland
UCSF Benioff Children's Hospital, San Francisco
Valley Children's Healthcare, Madera

COLORADO

Children's Hospital Colorado, Aurora
Children's Hospital Colorado, Colorado Springs
Rocky Mountain Hospital for Children, Denver

CONNECTICUT

Connecticut Children's, Hartford

DELAWARE

Nemours Children's Hospital, Wilmington

DISTRICT OF COLUMBIA

Children's National, Washington, DC

FLORIDA

AdventHealth for Children, Orlando
Ascension Sacred Heart Hospital, Pensacola
Bascom Palmer Eye Institute, Miami
Golisano Children's Hospital – SW Florida, Ft. Myers
Jackson Health System, Miami
Joe DiMaggio Children's Hospital, Hollywood
Johns Hopkins All Children's Hospital, St. Petersburg
Johns Hopkins All Children's Hospital, Tampa
Kids Cancer Foundation, Loxahatchee
Kids Cancer Foundation, West Palm Beach
Nemours Children's Health at Wolfson Children's Hospital, Jacksonville
Nemours Children's Hospital, Orlando
Nicklaus Children's Hospital, Miami
Orlando Health Arnold Palmer Hospital for Children, Orlando
Orlando Health Cancer Institute, Orlando
St. Joseph's Children's Hospital, Tampa
St. Mary's Medical Center, West Palm Beach
Tampa General Hospital, Tampa
UF Health Shands Children's Hospital, Gainesville
Wolfson Children's, Jacksonville

GEORGIA

Atrium Health Navicent, Macon
Beverly Knight Olson Children's Hospital Navicent Health, Macon
Children's at Meridian Mark, Atlanta
Children's Egleston Hospital, Atlanta
Children's Hospital of Georgia, Augusta
Children's Scottish Rite Hospital, Atlanta
Memorial Health Dwaine & Cynthia Willett Children's Hospital, Savannah

IDAHO

St. Luke's Mountain States Tumor Institute, Boise

ILLINOIS

Advocate Children's Hospital, Oak Lawn
Advocate Children's Hospital, Park Ridge
Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago
Loyola University Medical Center, Maywood
The Jim & Trudy Maloof St. Jude Midwest Affiliate Clinic, Peoria
UChicago Medicine Comer Children's, Chicago

INDIANA

Beacon Children's Hospital, South Bend
Peyton Manning Children's Hospital at Ascension St. Vincent, Indianapolis
Riley Hospital for Children, Indianapolis

IOWA

University of Iowa Stead Family Children's Hospital, Iowa City

KENTUCKY

Kentucky Children's Hospital, Lexington
Norton Children's Cancer Institute, Louisville

LOUISIANA

Children's Hospital, New Orleans
LSU Health, Shreveport
Ochsner Medical Center, New Orleans
St. Jude Baton Rouge Affiliate Clinic, Baton Rouge

MARYLAND

Johns Hopkins Children's Center, Baltimore

MASSACHUSETTS

Baystate Medical Center, Springfield
Boston Children's Hospital, Boston
Dana-Farber Cancer Institute, Boston
UMass Memorial Health, Worcester

MICHIGAN

Beaumont Hospital, Royal Oak
C.S. Mott Children's Hospital, Ann Arbor
Children's Hospital of Michigan, Detroit
Helen DeVos Children's Hospital, Grand Rapids
Hurley Medical Center, Flint

MINNESOTA

Children's Minnesota, Minneapolis
Mayo Clinic Hospital, St. Mary's, Rochester
Mayo Eugenio Litta Children's Hospital, Rochester

MISSOURI

Children's Mercy, Kansas City
Mercy Clinic Children's Cancer and Hematology, St. Louis
SSM Health Cardinal Glennon Children's Hospital, St. Louis
St. Jude Affiliate Clinic at Mercy Children's Hospital, Springfield
St. Louis Children's Hospital, St. Louis
University Hospital, Columbia
Washington University School of Medicine, St. Louis

MONTANA

Billings Clinic, Billings

NEBRASKA

Children's Hospital & Medical Center,
Omaha
Nebraska Medical Center, Omaha

NEVADA

Cure 4 the Kids Foundation, Las Vegas
Nevada Childhood Cancer Foundation,
Las Vegas
Summerlin Hospital Medical Center,
Las Vegas
Sunrise Children's Hospital, Las Vegas

NEW HAMPSHIRE

Dartmouth Health Children's, Lebanon

NEW JERSEY

Hackensack University Medical Center,
Hackensack
MD Anderson Cancer Center at Cooper,
Camden

NEW MEXICO

Presbyterian Hospital, Albuquerque
UNM Children's Hospital, Albuquerque

NEW YORK

Albany Medical Center Hospital, Albany
Beth Israel Medical Center, New York
Cohen Children's Medical Center,
New Hyde Park
Memorial Sloan Kettering Cancer Center,
New York
New York-Presbyterian Morgan Stanley
Children's Hospital, New York
NYU Langone Health, New York
Roswell Park Comprehensive Cancer
Center, Buffalo
Stony Brook Children's, Stony Brook
Strong Memorial Hospital, Rochester
Upstate Golisano Children's Hospital,
Syracuse

NORTH CAROLINA

Atrium Health Wake Forest Baptist,
Winston-Salem
Duke University Hospital, Durham
Levine Children's Hospital, Charlotte
Sanford Roger Maris Cancer Center,
Fargo
Vidant Medical Center, Greenville

OHIO

Akron Children's Hospital, Akron
Cincinnati Children's, Cincinnati
Cleveland Clinic Children's, Cleveland
Dayton Children's, Dayton
Nationwide Children's, Columbus
Nationwide Children's, Toledo
ProMedica Russell J. Ebeid Children's
Hospital, Toledo
University Hospitals Rainbow Babies
and Children's, Cleveland

OKLAHOMA

Oklahoma Children's Hospital,
Oklahoma City
St. Francis Hospital, Tulsa

OREGON

Doernbecher Children's Hospital, Portland
Randall Children's Hospital at Legacy
Emanuel, Portland

PENNSYLVANIA

Children's Hospital of Philadelphia,
Philadelphia
St. Christopher's Hospital for Children,
Philadelphia
UPMC Children's Hospital of Pittsburgh,
Pittsburgh

SOUTH CAROLINA

MUSC Children's Health, Charleston
Prisma Health Greenville Memorial
Hospital, Greenville
Sanford Children's Hospital, Sioux Falls

TENNESSEE

Children's Hospital at Erlanger,
Chattanooga
East Tennessee Children's Hospital,
Knoxville
Monroe Carell Jr. Children's Hospital at
Vanderbilt, Nashville
Niswonger Children's Hospital,
Johnson City
St. Jude Children's Research Hospital,
Memphis
St. Jude Tri Cities Affiliate Clinic,
Johnson City
The Children's Hospital at TriStar
Centennial, Nashville
Vanderbilt University Medical Center,
Nashville

TEXAS

Baylor Scott & White McLane Children's,
Temple
Children's Medical Center, Dallas
Children's Medical Center, Plano
Children's Memorial Hermann Hospital,
Houston
Cook Children's Medical Center, Ft. Worth
Covenant Medical Center, Lubbock
Dell Children's Medical Center of Central
Texas, Austin
Driscoll Children's Hospital, Corpus Christi
El Paso Children's Hospital, El Paso
M.D. Anderson Foundation, Houston
Medical City Children's Hospital, Dallas
Methodist Children's Hospital, San Antonio
Texas Center for Proton Therapy, Irving
Texas Children's Hospital, Houston
Texas Children's Hospital - Baylor College
of Medicine, Houston
The University of Texas MD Anderson
Cancer Center, Houston
UMC Health System, Lubbock
University Hospital, San Antonio

UTAH

Primary Children's Hospital,
Salt Lake City

VIRGINIA

Carilion Roanoke Memorial Hospital,
Roanoke
Children's Hospital of Richmond at VCU,
Midlothian
Children's Hospital of The King's Daughters,
Norfolk
University Hospital, Charlottesville
Virginia Commonwealth University,
Richmond

WASHINGTON

Mary Bridge Children's, Tacoma
Sacred Heart Children's Hospital, Spokane
Seattle Children's, Seattle

WEST VIRGINIA

CAMC Women and Children's Hospital,
Charleston

WISCONSIN

American Family Children's Hospital,
Madison
Children's Wisconsin, Milwaukee
Ministry St. Joseph's Hospital, Marshfield

BEYOND THE CURE



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

One of the largest issues survivors face is post-treatment physical and cognitive issues known as “late effects.” Most survivors will experience one or more late effects in their lifetime, which are caused more by the treatment than the disease itself.

Our **Late Effects After Treatment Tool (LEATT)** is a valuable resource that provides survivors with a private, customized online assessment of potential late effects based on their diagnosis and treatment. The assessment includes important information that can be shared with a survivor's healthcare team throughout their lifetime.

The LEATT was developed in collaboration with NCCS board member, Robert Hayashi, M.D., Professor of Pediatrics, Director, Late Effects Clinic, and St. Louis Children's Hospital/Washington University School of Medicine.

Beyond the Cure also awards college scholarships to childhood cancer survivors through the **Beyond the Cure Ambassador Scholarship Program**. Fifty-eight (58) college-bound childhood cancer survivors around the country received scholarships totaling \$203,000 during FY2022.

First-time applicants are required to submit an essay addressing how cancer has affected their lives and future, as well as how they plan to give back to the childhood cancer community.

More than \$2 million has been distributed to survivors to help them achieve their educational goals. 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-sponsors survivorship conferences with long-term follow-up clinics across the country. One conference was held in FY2022 at Advocate Children's Hospital in Oaklawn, IL.

EDUCATIONAL PUBLICATIONS

The organization distributed 2,848 free publications during FY2022. 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 families.

MICHELE HERTLEIN GLOBAL OUTREACH PROGRAM



Michele Hertlein
July 15, 1968 – August 5, 2020

Most childhood cancers can be cured if treated promptly and effectively. However, a shocking 85% of children diagnosed with cancer in low- and middle-income countries will not survive due to the lack of information, early detection, and access to effective treatment.

The Michele Hertlein Global Outreach Program addresses the inadequate or nonexistent medical care for children with cancer in developing countries around the globe, at absolutely no cost to the family or the hospital.



Over \$28 million in donated pharmaceuticals and medical supplies were sent free of charge to 10 pediatric oncology treatment centers, totaling 38 hospitals and their associated clinics in 22 countries this fiscal year.

Since its inception, this unique program has distributed in excess of \$466 million in donated pharmaceuticals to 105 facilities in 53 countries, helping to save the lives of an estimated 196,000 children with cancer worldwide.

The program's namesake, Michele Hertlein, worked tirelessly for 24 years to secure and ship donated pharmaceuticals and medical supplies to pediatric treatment centers around the world. Michele lost her own 10-year battle with cancer in 2020 and is dearly missed. She leaves a legacy of compassionate, relentless pursuit to support children and their families in their battle against childhood cancer.

WORLDWIDE FACILITY PARTNERS

FRANCE

Groupe Franco-
Africain d'Oncologie Pédiatrique

EL SALVADOR

Centro Médico Fundación Ayúdame a
Vivir, San Salvador

GUATEMALA

Fundación Ayudame a Vivir, Unidad
Nacional de Oncología Pediátrica,
Guatemala City

HAITI

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

HONDURAS

Fundación Hondureña para el Niño
con Cancer Hospital, Tegucigalpa

KYRGYZSTAN

National Center of Oncology,
Bishkek City

LEBANON

Children's Cancer Center of Lebanon
(CCCL), Beirut

MOROCCO

Service d'Hématologie et d'Oncologie
Pédiatrique, Casablanca

NICARAGUA

MINSA – Hospital Infantil la Mascota,
Managua

ZIMBABWE

Children's Cancer Relief – KidzCan
Zimbabwe, Harare



INDEPENDENT AUDITORS' REPORT

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

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of The National Children's Cancer Society, Inc., which comprise the statement of financial position as of September 30, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

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, 2022, and the changes in net assets, and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The National Children's Cancer Society, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management 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; and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The National Children's Cancer Society, Inc.'s ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 National Children's Cancer Society, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The National Children's Cancer Society, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Other Information Included in the Annual Report

Our responsibility for other information included in your annual report does not extend beyond the financial information identified in our opinion on the financial statements. We have no responsibility for determining whether such other information is properly stated and do not have an obligation to perform any procedures to corroborate other information contained in your annual report. We are required by professional standards to read the other information and consider whether a material inconsistency exists between the other information and the financial statements because the credibility of the financial statements and our auditors' report thereon may be undermined by material inconsistencies between the audited financial statements and other information. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

CliftonLarsonAllen LLP

St. Louis, Missouri
February 21, 2023

STATEMENT OF FINANCIAL POSITION

SEPTEMBER 30, 2022

ASSETS

CURRENT ASSETS	
Cash	\$ 3,681,333
Accounts Receivable, Net	511,265
Inventory	2,477,311
Prepaid Expenses and Other Assets	31,994
Total Current Assets	<u>6,701,903</u>
NONCURRENT ASSETS	
Investments	3,882,934
Property and Equipment, Net	3,332
Total NonCurrent Assets	<u>3,886,266</u>
Total Assets	<u><u>\$10,588,169</u></u>

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES	
Accounts Payable	\$ 1,758,986
Annuities Payable	18,181
Accrued Expenses	116,966
Unearned Revenue	11,659
Total Current Liabilities	<u>1,905,792</u>
LONG-TERM LIABILITIES	
Annuities Payable	106,569
Total Long-Term Liabilities	<u>106,569</u>
NET ASSETS	
Without Donor Restrictions	5,032,966
With Donor Restrictions	<u>3,542,842</u>
Total Net Assets	<u>8,575,808</u>
Total Liabilities and Net Assets	<u><u>\$ 10,588,169</u></u>

STATEMENT OF ACTIVITIES

YEAR ENDED SEPTEMBER 30, 2022

	Without Donor Restrictions	With Donor Restrictions	Total
PUBLIC SUPPORT AND REVENUE			
Contributions	\$ 8,394,417	\$ 3,015,000	\$ 11,409,417
List Rental Income	75,538	-	75,538
Event Revenue	156,821	-	156,821
Less Direct Costs of Events	(18,429)	-	(18,429)
In-Kind Contributions	28,126,835	-	28,126,835
Investment Loss	(739,899)	(152,341)	(892,240)
Net Assets Released from Restrictions -			
Satisfaction of Program Restrictions	13,434	(13,434)	-
Total Public Support and Revenue	<u>36,008,717</u>	<u>2,849,225</u>	<u>38,857,942</u>
EXPENSES			
Program Services:			
Division of Patient and Family Services	28,296,978	-	28,296,978
Supplemental Family Support	857,549	-	857,549
Public Information and Education	277,572	-	277,572
Total Program Services	<u>29,432,099</u>	<u>-</u>	<u>29,432,099</u>
Supporting Services:			
Management and General	1,003,773	-	1,003,773
Fundraising	4,205,570	-	4,205,570
Total Supporting Services	<u>5,209,343</u>	<u>-</u>	<u>5,209,343</u>
Total Expenses	<u>34,641,442</u>	<u>-</u>	<u>34,641,442</u>
OTHER INCOME			
Change in Value of Annuities	4,617	-	4,617
NET CHANGE IN NET ASSETS	<u>1,371,892</u>	<u>2,849,225</u>	<u>4,221,117</u>
Net Assets - Beginning of Year	<u>3,661,074</u>	<u>693,617</u>	<u>4,354,691</u>
NET ASSETS-END OF YEAR	<u><u>\$ 5,032,966</u></u>	<u><u>\$ 3,542,842</u></u>	<u><u>\$ 8,575,808</u></u>

See accompanying Notes to Financial Statements.

STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED SEPTEMBER 30, 2022

	Program Services			Supporting Services		
	Division of Patient and Family Services	Supplemental Family Support	Public Information and Education	Management and General	Fundraising	Total
Aid Grants	\$ 25,664,919	\$ 707,899	\$ -	\$ -	\$ -	\$ 26,372,818
Production Services	-	-	-	619,253	3,820,519	4,439,772
Family Services and Education	1,676,953	1,367	2,535	-	-	1,680,855
Salary Expense	411,079	84,111	156,010	216,120	185,381	1,052,701
Professional Services	83,889	17,164	31,837	44,103	37,830	214,823
Insurance	73,893	15,120	28,044	38,849	33,323	189,229
In-Kind Program Shipping	182,660	-	-	-	-	182,660
Rent and Utilities	50,972	10,429	19,345	26,798	22,986	130,530
Other Expenses	41,788	8,550	15,859	21,970	18,845	107,012
Payroll Taxes	29,351	6,006	11,138	15,431	13,236	75,162
Cause Related Marketing	-	-	-	-	58,236	58,236
UPS Donation Processing Center	47,289	-	-	-	-	47,289
Retirement	17,549	3,591	6,660	9,226	7,914	44,940
Direct Costs of Events	-	-	-	-	18,429	18,429
Telephone	5,789	1,184	2,197	3,043	2,610	14,823
Office Supplies and Services	1,996	408	757	4,561	900	8,622
Equipment Rental	3,064	627	1,163	1,611	1,382	7,847
Postage, Shipping, and Handling	3,062	626	1,162	1,610	1,381	7,841
Meetings and Travel	1,205	247	457	634	543	3,086
Depreciation Expense	1,074	220	408	564	484	2,750
Shipping and Procurement	446	-	-	-	-	446
Total	28,296,978	857,549	277,572	1,003,773	4,223,999	34,659,871
Less: Direct Costs of Events	-	-	-	-	(18,429)	(18,429)
Total Expenses	<u>\$ 28,296,978</u>	<u>\$ 857,549</u>	<u>\$ 277,572</u>	<u>\$ 1,003,773</u>	<u>\$ 4,205,570</u>	<u>\$ 34,641,442</u>

STATEMENT OF CASH FLOWS

YEAR ENDED SEPTEMBER 30, 2022

CASH FLOWS FROM OPERATING ACTIVITIES

Net Change in Net Assets	\$ 4,221,117
Adjustments to Reconcile Net Change in Net Assets to	
Net Cash Provided by Operating Activities	
Proceeds from Sales of Contributed Investments	48,196
Depreciation	2,750
Change in Value of Annuities	(4,617)
Unrealized Loss on Investments	1,129,631
Realized Gain on Investments	(121,662)
(Increase) Decrease in:	
Accounts Receivable	(244,270)
Employee Retention Credit Receivable	363,906
Inventory	(2,460,429)
Prepaid Expenses and Other Assets	4
Increase (Decrease) in:	
Accounts Payable	699,447
Annuity Payable	10,746
Accrued Expenses	(11,009)
Unearned Revenue	3,763
Net Cash Provided by Operating Activities	<u>3,637,573</u>

CASH FLOWS FROM INVESTING ACTIVITIES

Purchases of Property and Equipment	(910)
Proceeds from Sale of Investments	896,706
Purchases of Investments	(960,709)
Net Cash Used by Investing Activities	<u>(64,913)</u>

CASH FLOWS FROM FINANCING ACTIVITIES

Net Payments on Line of Credit	<u>(413,288)</u>
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NET CHANGE IN CASH

3,159,372

Cash - Beginning of Year

521,961

CASH - END OF YEAR

\$ 3,681,333

See accompanying Notes to Financial Statements.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2022

NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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 Financial Accounting Standards Board (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, 2022, the Organization had \$3,542,842 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 (GAAP).

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, 2022, deposits at the bank were in excess of federally insured limits were \$3,413,004.

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. Management writes off receivables when it determines that an amount will not be collected and considers all receivables at September 30, 2022 to be collectible. Therefore, no allowance for doubtful accounts is recorded at September 30, 2022. All receivables are considered current at September 30, 2022; therefore, no discount has been recorded. Accounts receivables at October 1, 2021 totaled \$266,995.

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 pharmaceutical and medical supplies, program literature and patient, and family service items and is stated at the lower of cost or net realizable value, 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:

Furniture and Fixtures	7 Years
Equipment	3 to 7 Years
Software	3 Years
Leasehold Improvements	7 Years

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.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2022

NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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.

In-Kind Non-Financial Contributions

Contributed non-financial assets are recognized within the financial statements of activities as follows for the year end September 30, 2022:

Non-Financial Asset	2022 Revenue Recognition	Monetized or Utilized	Utilization Function	Donor Restrictions	Valuation Technique
Basic Pharmaceutical Drugs	\$ 28,126,835	Utilized	Distributed to medical providers & hospitals for use with children	None	Value based on wholesale price in a national pharmaceutical database

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 3.6% was applied to determine the liability at September 30, 2022. Fair value at September 30, 2022 is \$240,363, while the recorded liability is \$124,750.

Event Revenue

Event revenue consists of money raised from fundraising events to support mission goals and is consistent and anticipated in future periods.

List Rental Income

Rental Income received from consistent payments on a monthly basis. The amount recorded aligns with prior amounts recorded and these payments are expected to continue.

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 GAAP 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.

NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements (continued)

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.

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 mortgaged 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 GAAP, 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, 2022, 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 Pronouncement

In September 2020, FASB issued Accounting Standards (ASU) 2020-07, *Not-for-Profit Entities* (Topic 958): *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. This ASU was issued to improve the transparency of contributed nonfinancial assets through enhancements to presentation and disclosure. The amendment to this ASU requires Not-for-Profits to (1) present contributed nonfinancial assets as a separate line item in the statement of activities, apart from contributions of cash and other financial assets and (2) include a disclosure of the disaggregation of the amount of contributed nonfinancial assets recognized by category that depicts the type of contributed nonfinancial assets. No cumulative-effect adjustment in net assets was recorded as a result of the adoption.

Subsequent Events

In preparing these financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through February 21, 2023, the date the financial statements were available to be issued..

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2022

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, 2022:

Cash and Cash Equivalents	\$ 3,681,333
Accounts Receivable	511,265
Investments	3,882,934
Total Current Financial Assets	8,075,532
Less: Net Assets With Donor Restrictions Relating to Current Financial Assets	(3,542,842)
Financial Assets Available to Meet Cash Needs for General Expenditures Within One Year	<u>\$ 4,532,690</u>

The Organization classifies investments as noncurrent assets due to the intended purpose of holding them long-term but could be used as a source of current liquidity. 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. The Organization also has a line of credit with available credit of \$2,616,476 that could be used if needed.

NOTE 3 INVESTMENTS

Investments consist of the following at September 30, 2022:

Government and Agency Securities	\$ 458,263
Equity Securities	2,668,798
Mutual Funds	755,873
Total Investments	<u>\$ 3,882,934</u>

Investment return for the year ended September 30, 2022 is summarized as follows:

Interest and Dividend Income	\$ 115,729
Unrealized Loss on Equity Securities	(1,129,631)
Realized Gain on Sale of Investments	121,662
Total Investment Loss	<u>\$ (892,240)</u>

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, 2022:

	Total	(Level 1)	(Level 2)	(Level 3)
Government and Agency Bonds	\$ 458,263	\$ –	\$ 458,263	\$ –
Equity Securities	2,668,798	2,668,798	–	–
Mutual Funds	755,873	755,873	–	–
Total	<u>\$ 3,882,934</u>	<u>\$ 3,424,671</u>	<u>\$ 458,263</u>	<u>\$ –</u>

NOTE 5 NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions at September 30, 2022 consist of:

Purpose Restriction For RCCJ Grant	\$ 3,000,000
Purpose Restriction For GP M.A.D.E. Foundation	6,773
Purpose Restriction For Cancer Treatment in Minnesota	536,069
Total Net Assets with Donor Restrictions	<u>\$ 3,542,842</u>

Assets released from restrictions for the year ended September 30, 2022 are as follows:

Satisfaction of Purpose Restriction	<u>\$ 13,434</u>
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NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2022

NOTE 6 PROPERTY AND EQUIPMENT

Property and equipment consists of the following at September 30, 2022:

Furniture and Fixtures	\$ 17,878
Equipment	50,711
Software	298,611
Leasehold Improvements	6,800
Total	<u>374,000</u>
Less: Accumulated Depreciation	<u>(370,668)</u>
Property and Equipment	<u>\$ 3,332</u>

Depreciation expense was \$2,750 for the year ended September 30, 2022.

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 objective 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's total joint costs incurred and functional classifications for the year ended September 30, 2022 are as follows:

Functional Classification:	
Program Services	\$ 1,680,855
Management and General	619,253
Fundraising	3,820,519
Total Joint Costs	<u>\$ 6,120,627</u>
Type of Activity:	
Direct Mail	<u>\$ 6,120,627</u>
Total Joint Costs	<u>\$ 6,120,627</u>

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 of \$8,603 per month over the remaining term of the lease expiring September 30, 2023.

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, 2022 are as follows:

Year Ending September 30,	Amount
2023	<u>107,037</u>

Total rental expense under operating leases with a term in excess of one month was \$116,274 for the year ended September 30, 2022.

NOTE 9 RETIREMENT PLAN

The Organization has a defined contribution retirement plan covering substantially all of its employees. Contributions to the plan and related expenses were \$44,940 for the year ended September 30, 2022..

NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2022

NOTE 10 AID GRANTS

The Organization receives and disburses both cash and in-kind grants to individuals and organizations. During the year ended September 30, 2022, the Organization received \$28,126,835 and disbursed \$25,664,919 of in-kind contributions, consisting primarily of pharmaceuticals and medical supplies. The grants were recorded at their estimated fair value in the financial statements based on valuations provided by the donors, primarily manufacturers or distributors, and comparison with other industry sources.

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 at September 30, 2022 was \$2,616,476. At September 30, 2022, borrowings under the agreement were \$-0-, 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, 2022 is 5.05%. Cash paid for interest on the line of credit was \$9,606 for the year ended September 30, 2022.

NOTE 12 RELATED PARTY TRANSACTIONS

During the year ended September 30, 2022, the Organization received \$65,335 in contributions from various members of the board of directors (Directors). In addition, during the year ended September 30, 2022, the Organization received \$12,500 from companies in which Directors serve as a director or officer. The Organization also received \$24,374 in in-kind gifts from various board members of the board of directors during the year ended September 30, 2022.

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, 2022 totaled \$52,179. The board member was not directly compensated for services provided.

NOTE 13 RISKS AND UNCERTAINTIES

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 sheets and the statements of activities.

BOARD OF DIRECTORS

Mark Slocomb
Chairman

Scott Stringer
Vice Chairman

Sue Engelhardt
Secretary/Treasurer

Mark Stolze
President & CEO

Dr. Timothy Dilg

Michael Gallagher

Tom Guebert

Scott Hammack

Robert Hayashi, M.D.

Brad Hermann

Brad Loos

Jeff Michalski, M.D.

Harry Mueller

Tamara Walls, M.D.



Elias Walker
Scholarship Receipient



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