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

Amelia - Retinoblastoma Warrior
Diagnosed at 10 months old

Kaeden - Wilms Tumor Warrior
Diagnosed at four years old

Rhyan - Neuroblastoma Warrior
Diagnosed at six years old
Dear Friends,

Learning a child has cancer is emotionally and financially devastating for any family. Emotions run high, nights are long, and getting that child to treatment – whether across town or across the country–is truly daunting.

Thousands of families go through this each year, and scores need support to live and to thrive in the new normal of childhood cancer.

With more than thirty years of experience serving over 43,000 children, NCCS has become a master navigator of the world of childhood cancer to help 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. Through our compassionate donors, we’ve been able to distribute nearly $66 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.

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 43,000 children with cancer and their families by providing nearly $66 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 has also earned a GuideStar Platinum Seal of Transparency.
BECAUSE NO FAMILY SHOULD GO THROUGH CHILDHOOD CANCER ALONE

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

Families are referred to NCCS from a network of nurses and social workers at pediatric oncology treatment centers across the country. This year, 190 treatment centers referred families to the NCCS and 2,139 families battling childhood cancer received financial assistance from the organization.

HOW WE HELP DURING TREATMENT

The Family Support Program helps ease the emotional strain a childhood cancer diagnosis takes on families by providing a case manager who stands by a family’s side throughout their journey. NCCS case managers are trained in providing practical and emotional support to parents and caregivers. These dedicated individuals provide emotional assistance during difficult times, educate parents and caregivers on how to best advocate for their child and provide referrals when needed.

The NCCS offers two programs to help ease the financial strain that can accompany a childhood cancer diagnosis.

Our Transportation Assistance Fund alleviates the financial burden of travel and lodging for families who have a child with cancer. This includes mileage, airfare and lodging when a child needs to stay near the hospital for treatment and nonprofit lodging is unavailable.

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 meal assistance, mortgage, rent, utility payments, childcare, health insurance premiums, car expenses or treatment-related costs such as prescriptions and parking.
THE NCCS ASSISTED FAMILIES BATTLING CHILDHOOD CANCER AT THE FOLLOWING PEDIATRIC ONCOLOGY FACILITIES ACROSS THE U.S.:

ALABAMA
Children's Hospital, Birmingham
Huntsville Hospital Women and Children, Huntsville
USA Children's & Woman's Hospital, Mobile

ALASKA
Providence Alaska Medical Center, Anchorage

ARIZONA
Banner Health Cardon's Children's Medical Center, Mesa
Banner Thunderbird Medical Center, Glendale
Phoenix Children's Hospital, Phoenix

ARKANSAS
Arkansas Children's Hospital, Little Rock

CALIFORNIA
Children's Hospital, Los Angeles
Children's Hospital, Orange County
Children's Hospital & Research Center, Oakland
City of Hope 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, San Diego
Kaiser Permanente, Santa Clara
Loma Linda University Children's Health, Loma Linda
Lucile Packard Children's Hospital, Palo Alto
Mattel Children's Hospital UCLA, Los Angeles
Miller Children's Hospital, Long Beach
Rady Children's Hospital, San Diego
Sutter Medical Center, Sacramento
UC Davis Medical Center, Sacramento
UCSF Benioff Children's Hospital, San Francisco

COLORADO
Children's Hospital, Aurora
Children's Hospital, Denver
St. Luke's Presbyterian Hospital, Denver

CONNECTICUT
Connecticut Children's Medical Center, Hartford
Yale New Haven Hospital, New Haven

DELWARE
Nemours/Alfred I. DuPont Hospital For Children, Wilmington

DISTRICT OF COLUMBIA
Children's National Medical Center, Washington, DC

FLORIDA
All Children's Hospital, St. Petersburg
Arnold Palmer Hospital for Children, Orlando
Florida Hospital Cancer Institute, Orlando
Jackson Memorial Hospital, Miami
Joe Dimaggio Children's Hospital, Hollywood
Johns Hopkins All Children's Hospital, Tampa
Kids Cancer Foundation, Loxahatchee
Miami Children's Hospital, Miami
Nemours Children's Clinic, Jacksonville
Nemours Children's Clinic, Orlando
Nemours Children's Clinic, Pensacola
Palm Beach Children's Hospital at St. Mary's, West Palm Beach
Sacred Heart Hospital, Pensacola
St. Joseph's Children's Hospital, Tampa
Tampa General, Tampa
University of Florida Health Shands Children's Hospital, Gainesville
University of Miami/Sylvester Comprehensive Cancer Center, Miami

GEORGIA
Augusta University Medical Center, Augusta
Children's Healthcare of Atlanta, Atlanta
Children's Healthcare of Atlanta at Egleston, Atlanta
Children's Healthcare of Atlanta at Scottish Rite, Atlanta
Children's Hospital of Georgia, Augusta
Medical Center Navicent Health, Macon
Memorial Health Dwaine & Cynthia Willett Children's Hospital, Savannah
Winship Cancer Institute, Atlanta

GUAM
FHP Cancer Center, Barrigada

HAWAII
Kapiolani Medical Center for Women & Children, Honolulu

IDAHO
St. Luke's Mountain States Tumor Institute, Boise

ILLINOIS
Advocate Hope Children's Hospital, Oak Lawn
Advocate Lutheran General Children's Hospital, Park Ridge
Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago
John H. Stroger Jr. Hospital of Cook County, Chicago
Rush University Medical Center, Chicago
University of Chicago Medicine Comer Children's Hospital, Chicago

INDIANA
Beacon Children's Hospital, South Bend
Lutheran Children's Hospital, Fort Wayne
Peyton Manning Children's Hospital at St. Vincent, Indianapolis
Riley Children's Hospital, Indianapolis

IOWA
Blank Children's Hospital, Des Moines
University of Iowa Stead Family Children's Hospital, Iowa City

KANSAS
Wesley Medical Center, Wichita

KENTUCKY
Norton Children's Hospital, Louisville
University of Kentucky Children's Hospital, Lexington
University of Louisville Physicians, Louisville

LOUISIANA
Children's Hospital, New Orleans
Ochsner Medical Center for Children, New Orleans
St. Jude Affiliate Clinic, Baton Rouge
Tulane Medical Center, New Orleans
Women's & Children's Hospital, Lafayette

MAINE
Maine Children's Cancer Program, Scarborough

MARYLAND
Johns Hopkins All Children's Center, Baltimore
The Herman & Walter Samuelson Children's Hospital at Sinai, Baltimore
University of Maryland Medical Center, Baltimore

MASSACHUSETTS
Baystate Medical Center, Springfield
Dana-Farber Cancer Institute, Boston
Floating Hospital for Children at Tufts Medical Center, Boston

MICHIGAN
Bronson Children's Hospital, Kalamazoo
Children's Hospital, Detroit
Helen DeVos Children's Hospital, Grand Rapids
University of Michigan Hospital, Ann Arbor
William Beaumont Hospital, Royal Oak

MINNESOTA
Children's Hospital and Clinic of Minnesota, Minneapolis
Essentia Health – St. Mary's Medical Center, Duluth
Mayo Eugenio Litta Children's Hospital, Rochester
St. Mary's Hospital, Rochester
University of Minnesota Masonic Children's Hospital, Minneapolis
<table>
<thead>
<tr>
<th>State</th>
<th>Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISSOURI</td>
<td>Children's Hospital, St. Louis, Children's Mercy Hospital, Kansas City,</td>
</tr>
<tr>
<td></td>
<td>Mercy Clinic Children's Cancer &amp; Hematology, St. Louis, MUHC Women's</td>
</tr>
<tr>
<td></td>
<td>and Children's Hospital, Columbia, SSM Health Cardinal Glennon Children's</td>
</tr>
<tr>
<td></td>
<td>Hospital, St. Louis</td>
</tr>
<tr>
<td>MONTANA</td>
<td>Deaconess Billings Clinic, Billings</td>
</tr>
<tr>
<td>NEBRASKA</td>
<td>Children's Hospital &amp; Medical Center, Omaha, The Nebraska Medical Center,</td>
</tr>
<tr>
<td></td>
<td>Omaha</td>
</tr>
<tr>
<td>NEVADA</td>
<td>Children's Center for Cancer and Blood Diseases, Las Vegas, Nevada</td>
</tr>
<tr>
<td></td>
<td>Childhood Cancer Foundation, Las Vegas, Summerlin Hospital Medical Center,</td>
</tr>
<tr>
<td></td>
<td>Las Vegas, Sunrise Children's Hospital, Las Vegas</td>
</tr>
<tr>
<td>NEW HAMPSHIRE</td>
<td>Children's Hospital at Dartmouth-Hitchcock, Lebanon</td>
</tr>
<tr>
<td>NEW JERSEY</td>
<td>Children's Hospital of Philadelphia, Voorhees, MD Anderson Cancer Center</td>
</tr>
<tr>
<td></td>
<td>at Cooper, Camden, Procure Proton Therapy Center, Somerset</td>
</tr>
<tr>
<td>NEW MEXICO</td>
<td>Presbyterian Hospital, Albuquerque</td>
</tr>
<tr>
<td>NEW YORK</td>
<td>Albany Medical Center, Albany, Cohen Children's Medical Center, New Hyde</td>
</tr>
<tr>
<td></td>
<td>Park, Maria Fareri Children's Hospital at Westchester Medical Ctr.,</td>
</tr>
<tr>
<td></td>
<td>Valhalla Memorial Sloan Kettering Cancer Center, New York, New York</td>
</tr>
<tr>
<td></td>
<td>Presbyterian Hospital, New York, Stony Brook Children's, Stony Brook</td>
</tr>
<tr>
<td></td>
<td>Stony Brook University Medical Center, Strong Memorial Hospital, Rochester</td>
</tr>
<tr>
<td></td>
<td>Upstate Golisano Children's Hospital (SUNY), Syracuse</td>
</tr>
<tr>
<td>NORTH CAROLINA</td>
<td>Carolinas Medical Center, Charlotte Duke University Medical Center,</td>
</tr>
<tr>
<td></td>
<td>Durham Levine Children's Hospital, Charlotte Mission Health System,</td>
</tr>
<tr>
<td></td>
<td>Asheville UNC Health Care System, Chapel Hill Vidant Medical Center,</td>
</tr>
<tr>
<td></td>
<td>Greenville Wake Forest Baptist Health, Winston-Salem</td>
</tr>
<tr>
<td>NORTH DAKOTA</td>
<td>Sanford Health, Fargo</td>
</tr>
<tr>
<td>OHIO</td>
<td>Akron Children's Hospital, Akron, Cincinnati Children's Hospital Medical</td>
</tr>
<tr>
<td></td>
<td>Center, Cincinnati, Cleveland Clinic Children's Hospital, Cleveland</td>
</tr>
<tr>
<td></td>
<td>Dayton Children's Hospital, Dayton Hospice of Northwest Ohio, Perrysburg</td>
</tr>
<tr>
<td></td>
<td>Mercy Children's Hospital, Toledo, Nationwide Children's Hospital,</td>
</tr>
<tr>
<td></td>
<td>Columbus ProMedica Toledo Children's Hospital, Toledo, Rainbow Babies &amp;</td>
</tr>
<tr>
<td></td>
<td>Children's Hospital, Cleveland, The Cleveland Foundation, Cleveland</td>
</tr>
<tr>
<td>OKLAHOMA</td>
<td>Children's Hospital, Oklahoma City, St. Francis Health System, Tulsa</td>
</tr>
<tr>
<td>OREGON</td>
<td>Doernbecher Children's Hospital, Portland</td>
</tr>
<tr>
<td>PENNSYLVANIA</td>
<td>Children's Hospital, Philadelphia, Children's Hospital, Pittsburgh,</td>
</tr>
<tr>
<td></td>
<td>PennState Health Milton S. Hershey Medical Center, Hershey, St. Christopher's</td>
</tr>
<tr>
<td></td>
<td>Hospital for Children, Philadelphia</td>
</tr>
<tr>
<td>RHODE ISLAND</td>
<td>Hasbro Children's Hospital, Providence</td>
</tr>
<tr>
<td>SOUTH CAROLINA</td>
<td>Greenville Memorial Hospital, Greenville MUSC Children's Hospital,</td>
</tr>
<tr>
<td></td>
<td>Charleston Palmetto Health Children's Hospital, Columbia</td>
</tr>
<tr>
<td>SOUTH DAKOTA</td>
<td>Sanford Children's Hospital at Sioux, Sioux Falls</td>
</tr>
<tr>
<td>TENNESSEE</td>
<td>Children's Hospital at Erlanger, Chattanooga, East Tennessee Children's</td>
</tr>
<tr>
<td></td>
<td>Hospital, Knoxville, Monroe Carell Jr. Children's Hospital at Vandenburg,</td>
</tr>
<tr>
<td></td>
<td>Nashville, St. Jude Children's Research Hospital, Memphis, The Children's</td>
</tr>
<tr>
<td></td>
<td>Hospital at TriStar Centennial Medical Center, Nashville Vanderbilt</td>
</tr>
<tr>
<td>TEAS</td>
<td>Baylor Scott &amp; White Health, Temple Children's Hospital – UTMB Galveston,</td>
</tr>
<tr>
<td></td>
<td>Galveston, Children's Medical Center, Dallas, Cook Children's Medical</td>
</tr>
<tr>
<td></td>
<td>Center, Ft. Worth, Driscoll Children's Hospital, Corpus Christi, MD</td>
</tr>
<tr>
<td></td>
<td>Anderson Cancer Center, Houston, Methodist Children's Hospital – SW Texas,</td>
</tr>
<tr>
<td></td>
<td>San Antonio, Texas Children's Hospital, Houston, Texas Children's Hospital</td>
</tr>
<tr>
<td></td>
<td>– Baylor College of Medicine, Houston, University Hospital, San Antonio</td>
</tr>
<tr>
<td>UTAH</td>
<td>Primary Children's Hospital, Salt Lake City</td>
</tr>
<tr>
<td>VERMONT</td>
<td>The University of Vermont Children's Hospital, Burlington</td>
</tr>
<tr>
<td>VIRGINIA</td>
<td>Carilion Children's Hospital, Roanoke Children's Hospital of The King's</td>
</tr>
<tr>
<td></td>
<td>Daughters, Norfolk, University of Virginia Health System, Charlottesville,</td>
</tr>
<tr>
<td></td>
<td>Virginia Commonwealth University, Richmond</td>
</tr>
<tr>
<td>WASHINGTON</td>
<td>MultiCare Deaconess Hospital, Spokane Seattle Children's Hospital, Seattle</td>
</tr>
<tr>
<td>WEST VIRGINIA</td>
<td>CAMC Women and Children's Hospital, Charleston West Virginia University</td>
</tr>
<tr>
<td></td>
<td>Medicine Children's, Morgantown</td>
</tr>
<tr>
<td>WISCONSIN</td>
<td>Children's Hospital, Milwaukee, Gunderson Lutheran Medical Center,</td>
</tr>
<tr>
<td></td>
<td>Lacrosse, Ministry St. Joseph's Hospital, Marshfield, UW Health American</td>
</tr>
<tr>
<td></td>
<td>Family Children's Hospital, Madison</td>
</tr>
</tbody>
</table>
The Beyond the Cure survivorship program prepares survivors and their families for life after cancer. Our Late Effects After Treatment Tool (LEATT), which was created 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 private, customized online assessment of potential late effects based on their diagnosis and treatment.

Beyond the Cure also awards college scholarships to childhood cancer survivors. More than $1.2 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 about what survivorship means to them. Fifty-eight college-bound childhood cancer survivors around the country were awarded scholarships totaling $203,000 during FY2018. The NCCS is deeply grateful to Centene Charitable Trust and the Englehardt Family Foundation for their generous support of the program.

SURVIVORSHIP CONFERENCES
Beyond the Cure co-sponsored nine regional survivorship conferences across the country. These conferences provided vital information to survivors and their families on the many issues common to childhood cancer survivorship.

- Children’s Hospital of the King’s Daughter – Norfolk, VA
- Advocate Children’s Hospital – Oak Lawn, IL
- University of Minnesota Masonic Children’s Hospital, Minneapolis, MN
- Children’s Healthcare of Atlanta – Atlanta, GA
- Rutger’s Cancer Institute of New Jersey – Brunswick, NJ
- Children’s Hospital of Richmond at VCU – Richmond, VA
- Lutheran Children’s Hospital – Fort Wayne, IN
- Nationwide Children’s Hospital – Columbus, OH
- The National Children’s Cancer Society – St. Louis, MO

EDUCATIONAL RESOURCES
The organization continued to provide free educational materials during FY2018 by distributing more than 5,500 NCCS publications. Our resource 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. All publications may be requested from the NCCS website.
GLOBAL OUTREACH PROGRAM

Each year, more than 300,000 children are diagnosed with cancer worldwide. Sadly, half of children with cancer in developing countries will not survive due to lack of information, early detection and effective treatment. The Global Outreach Program 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 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 $350 million in donated pharmaceuticals and medical supplies to 61 facilities in 39 countries, helping to save the lives of 150,000 children with cancer.

GLOBAL OUTREACH PROGRAM FACILITY PARTNERS

BOLIVIA
Hospital del Niño
“Dr Ovidio Aliaga Uria”
La Paz, Bolivia
Instituto Oncologico del Oriente Boliviano – Servicios de Pediatria, Santa Cruz

CHILE
Fundacion Nuestros Hijos, 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
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 Pediactrica, Guatemala City

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

KYRGYZSTAN
National Center of Oncology, Bishkek

HONG KONG
General Hospital

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

NICARAGUA
CONANCA – Comision Nicaraguanse de Ayuda al Nino con Cancer, “Hospital Infantil Manuel de Jesus Rivera,” Managua

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

Since 1993, the Global Outreach Program has sent needed children’s oncology products to hospitals and foundations in 62 hospitals located in 40 countries including: Armenia, Yerevan; Argentina, Posadas Missione; Bangladesh, Dhaka; Brazil, Ijui, Recife and Sao Paulo; China, Shanghai; Colombia, Bogota; Cuba, Havana; Ecuador, Guayaquil and Quito; Ethiopia, Gondar; Haiti, Port Au Prince, St. Michel Du Sud and Tabarre; India, Mumbai; Jordan, Amman; Kenya, Nairobi; Latvia, Riga; Lebanon, Beirut; Mexico, Aguascalientes, Culiacan, Delgacion Coyocan, Merida Yucatan, Monterrey, Puebla and Xalapa; Nepal, Kathmandu; Paraguay, Asuncion; Philippines, Camarines del Sur and Davao; Romania, Bucharest, Cluj-Napoca and Iasi; Russia, Moscow and Irkutsk; Rwanda, Kigali; Slovakia, Bratislava; Syria, Aleppo; Uganda, Mbarara; Venezuela, Caracas; Vietnam, Hanoi; and Yugoslavia, Belgrade.
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, 2018, 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, 2018, 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.
STATEMENT OF FINANCIAL POSITION
SEPTEMBER 30, 2018

ASSETS

CURRENT ASSETS
Cash  $ 753,859
Accounts Receivable, Net  326,759
Inventory  21,803
Prepaid Expenses and Other Assets  36,050
Total Current Assets  1,138,471

NON-CURRENT ASSETS
Investments  4,767,615
Property and Equipment, net  8,757
Total Non-Current Assets  4,775,372

Total Assets  $ 5,914,843

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES
Accounts Payable  $ 2,069,762
Annuities Payable  9,858
Accrued Expenses  203,533
Unearned Revenue  10,470
Line of Credit  19,822
Total Current Liabilities  2,313,465

LONG-TERM LIABILITIES
Annuities Payable  35,112
Total Long-Term Liabilities  35,112

NET ASSETS
Unrestricted  2,931,940
Temporarily Restricted  634,326
Total Net Assets  3,566,266

Total Liabilities and Net Assets  $ 5,914,843

See accompanying Notes to Financial Statements.

STATEMENT OF ACTIVITIES
YEAR ENDED SEPTEMBER 30, 2018

PUBLIC SUPPORT AND REVENUE

<table>
<thead>
<tr>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>$ 9,250,992</td>
<td>$ -</td>
</tr>
<tr>
<td>List Rental Income</td>
<td>176,917</td>
<td>-</td>
</tr>
<tr>
<td>Event Revenue</td>
<td>332,295</td>
<td>-</td>
</tr>
<tr>
<td>Less Direct Costs of Events</td>
<td>(178,740)</td>
<td>-</td>
</tr>
<tr>
<td>In-Kind Contributions</td>
<td>16,255,454</td>
<td>-</td>
</tr>
<tr>
<td>Investment Income</td>
<td>320,599</td>
<td>27,676</td>
</tr>
<tr>
<td>Net Assets Released from Restrictions - Satisfaction of Program Restrictions</td>
<td>13,908</td>
<td>(13,908)</td>
</tr>
<tr>
<td>Total Public Support and Revenue</td>
<td>26,171,425</td>
<td>13,768</td>
</tr>
</tbody>
</table>

EXPENSES

Program Services:
- Division of Patient and Family Services  19,672,118
- Supplemental Family Support  1,287,644
- Public Information and Education  349,789
Total Program Services  21,309,551

Supporting Services:
- Management and General  980,310
- Fundraising  4,998,817
Total Supporting Services  5,979,127

Total Expenses  27,288,678

NET CHANGE IN NET ASSETS

(1,117,253)  13,768  (1,103,485)

Net Assets - Beginning of Year  4,049,193  620,558  4,669,751

NET ASSETS-END OF YEAR  $ 2,931,940  $ 634,326  $ 3,566,266

See accompanying Notes to Financial Statements.
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED SEPTEMBER 30, 2018

Program Services   Supporting Services

<table>
<thead>
<tr>
<th>Division of Patient and Family Services</th>
<th>Supplemental Family Support</th>
<th>Public Information and Education</th>
<th>Management and General</th>
<th>Fundraising</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aid Grants</td>
<td>$ 16,248,354</td>
<td>$ 1,130,189</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 17,378,543</td>
</tr>
<tr>
<td>Production Services</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Family Services and Education</td>
<td>2,412,594</td>
<td>853</td>
<td>1,962</td>
<td>659,215</td>
<td>4,345,892</td>
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<tr>
<td>Salary Expense</td>
<td>547,575</td>
<td>92,966</td>
<td>208,497</td>
<td>187,149</td>
<td>1,216,833</td>
</tr>
<tr>
<td>Cause Related Marketing</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>343,813</td>
<td>343,813</td>
</tr>
<tr>
<td>Insurance</td>
<td>97,041</td>
<td>16,475</td>
<td>36,595</td>
<td>33,167</td>
<td>215,647</td>
</tr>
<tr>
<td>Professional Services</td>
<td>88,606</td>
<td>15,043</td>
<td>33,415</td>
<td>30,284</td>
<td>196,903</td>
</tr>
<tr>
<td>Direct Costs of Events</td>
<td>178,740</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>178,740</td>
</tr>
<tr>
<td>Rent and Utilities</td>
<td>54,453</td>
<td>9,245</td>
<td>20,534</td>
<td>18,611</td>
<td>121,006</td>
</tr>
<tr>
<td>In-Kind Program Shipping</td>
<td>87,690</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>87,690</td>
</tr>
<tr>
<td>Payroll Taxes</td>
<td>38,195</td>
<td>6,485</td>
<td>14,404</td>
<td>13,054</td>
<td>84,878</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>37,672</td>
<td>6,422</td>
<td>14,310</td>
<td>12,909</td>
<td>83,949</td>
</tr>
<tr>
<td>Retirement</td>
<td>25,358</td>
<td>4,305</td>
<td>9,562</td>
<td>8,666</td>
<td>56,349</td>
</tr>
<tr>
<td>Telephone</td>
<td>9,769</td>
<td>1,658</td>
<td>3,684</td>
<td>3,338</td>
<td>21,708</td>
</tr>
<tr>
<td>Meetings and Travel</td>
<td>7,399</td>
<td>1,296</td>
<td>2,790</td>
<td>2,528</td>
<td>16,441</td>
</tr>
<tr>
<td>Office Supplies and Services</td>
<td>4,937</td>
<td>838</td>
<td>1,862</td>
<td>3,466</td>
<td>12,750</td>
</tr>
<tr>
<td>Postage, Shipping and Handling</td>
<td>4,894</td>
<td>829</td>
<td>1,842</td>
<td>1,669</td>
<td>10,853</td>
</tr>
<tr>
<td>Depreciation Expense</td>
<td>3,114</td>
<td>529</td>
<td>1,175</td>
<td>1,066</td>
<td>6,923</td>
</tr>
<tr>
<td>Equipment Rental</td>
<td>3,068</td>
<td>521</td>
<td>1,157</td>
<td>1,049</td>
<td>6,818</td>
</tr>
<tr>
<td>Vehicle Donation Program</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4,139</td>
<td>5,619</td>
</tr>
<tr>
<td>Shipping and Procurement</td>
<td>1,409</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,409</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$ 19,850,858</td>
<td>$ 1,287,644</td>
<td>$ 349,789</td>
<td>$ 980,310</td>
<td>$ 27,467,418</td>
</tr>
<tr>
<td>Less: Direct Costs of Events</td>
<td>178,740</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>178,740</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$ 19,672,118</td>
<td>$ 1,287,644</td>
<td>$ 349,789</td>
<td>$ 980,310</td>
<td>$ 27,288,678</td>
</tr>
</tbody>
</table>

See accompanying Notes to Financial Statements.

STATEMENT OF CASH FLOWS
YEAR ENDED SEPTEMBER 30, 2018

CASH FLOWS FROM OPERATING ACTIVITIES
Net Change in Net Assets $ (1,103,485)
Adjustments to Reconcile Net Change in Net Assets to Net Cash Provided by Operating Activities
Depreciation 6,923
Unrealized Gain on Investments (61,701)
Realized Gain on Sale of Investments (164,126)
(Increase) Decrease in:
Accounts Receivable 164,125
Inventory 506
Prepaid Expenses and Other Assets 398,004
Increase (Decrease) in:
Accounts Payable 881,510
Annuity Payable 44,970
Accrued Expenses 8,966
Unearned Revenue (1,657)
Net Cash Provided by Operating Activities 174,035

CASH FLOWS FROM INVESTING ACTIVITIES
Purchases of Property and Equipment (1,310)
Proceeds from Sale of Investments 1,205,827
Purchases of Investments (1,184,152)
Net Cash Provided by Investing Activities 20,365

CASH FLOWS FROM FINANCING ACTIVITIES
Net Payments on Line of Credit (1,382)
Net Cash Used by Financing Activities (1,382)

NET CHANGE IN CASH
Cash - Beginning of Year 560,841
CASH - END OF YEAR $ 753,859

See accompanying Notes to Financial Statements.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2018

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
Net assets, revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and the changes therein are classified and reported as follows:
- **Unrestricted** – Resources not subject to donor-imposed stipulations
- **Temporarily Restricted** – Resources subject to donor-imposed stipulations that may be met by actions of the Organization and/or the passage of time.
- **Permanently Restricted** – Resources subject to donor-imposed stipulations requiring that they be maintained permanently by the Organization.

Generally, the donors of these assets permit the Organization to use all or part of the income earned on related investments for specific purposes.

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.

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, 2018 to be collectible. Therefore, no allowance for doubtful accounts is recorded at September 30, 2018. All receivables are considered current at September 30, 2018; 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 unrestricted 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>Asset Type</th>
<th>Useful 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 unrestricted, temporarily restricted, or permanently restricted 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), temporarily restricted net assets are reclassified to unrestricted net assets 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 unrestricted net assets if the restrictions expire within the fiscal year the contributions are recognized.

Annuities Payable
Annuities payable represent 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 value is valued at fair value. The Organization reviews AFR in determining the discount rate to apply for the present value calculation. A discount rate of 3.4% was applied to determine the liability at September 30, 2018. Fair value at September 30, 2018 is $121,067, while the recorded liability is $44,970.

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. 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 priced), 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.

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.

Subsequent Events
In preparing these financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through January 8, 2019, the date the financial statements were available to be issued.

NOTE 2 INVESTMENTS
Investments consist of the following at September 30, 2018:

<table>
<thead>
<tr>
<th>Investment Type</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government and Agency Securities</td>
<td>$565,797</td>
<td>$565,797</td>
<td></td>
</tr>
<tr>
<td>Equity Securities</td>
<td>3,359,633</td>
<td>3,359,633</td>
<td></td>
</tr>
<tr>
<td>Mutual Funds</td>
<td>842,185</td>
<td>842,185</td>
<td></td>
</tr>
<tr>
<td><strong>Total Investments</strong></td>
<td>$4,767,615</td>
<td>$4,767,615</td>
<td>$4,767,615</td>
</tr>
</tbody>
</table>

Investment return for the year ended September 30, 2018, is summarized as follows:

<table>
<thead>
<tr>
<th>Investment Return</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and Dividend Income</td>
<td>$122,448</td>
</tr>
<tr>
<td>Unrealized Gain on Equity Securities</td>
<td>61,701</td>
</tr>
<tr>
<td>Realized Gain on Sale of Investments</td>
<td>164,126</td>
</tr>
<tr>
<td><strong>Total Investment Gain</strong></td>
<td>$348,275</td>
</tr>
</tbody>
</table>

NOTE 3 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, 2018:

<table>
<thead>
<tr>
<th>Investment Type</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>$565,797</td>
<td>$565,797</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity Securities</td>
<td>3,359,633</td>
<td>3,359,633</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mutual Funds</td>
<td>842,185</td>
<td>842,185</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$4,767,615</td>
<td>$4,767,615</td>
<td>$4,767,615</td>
<td></td>
</tr>
</tbody>
</table>

NOTE 4 NET ASSETS
Temporarily restricted net assets totaling $634,326 at September 30, 2018 are available for the purpose of providing aid to families with children going through cancer treatment in Minnesota.

Net assets released because the purpose was met totaled $13,908 for the year ended September 30, 2018.

NOTE 5 PROPERTY AND EQUIPMENT
Property and equipment consists of the following at September 30, 2018:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture and Fixtures</td>
<td>$15,878</td>
</tr>
<tr>
<td>Equipment</td>
<td>44,372</td>
</tr>
<tr>
<td>Software</td>
<td>298,611</td>
</tr>
<tr>
<td>Leasehold Improvements</td>
<td>6,800</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>365,661</td>
</tr>
<tr>
<td>Less: Accumulated Depreciation</td>
<td>(356,904)</td>
</tr>
<tr>
<td>Property and Equipment</td>
<td>$8,757</td>
</tr>
</tbody>
</table>

Depreciation expense was $6,923 for the year ended September 30, 2018.
NOTE 6  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 total joint costs incurred by the Organization and their functional classifications are as follows:

<table>
<thead>
<tr>
<th>Functional Classification</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Services</td>
<td>$2,455,439</td>
</tr>
<tr>
<td>Management and General</td>
<td>$650,215</td>
</tr>
<tr>
<td>Fundraising</td>
<td>$4,345,892</td>
</tr>
<tr>
<td>Total Joint Costs</td>
<td>$7,420,546</td>
</tr>
</tbody>
</table>

NOTE 7  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, 2018 are as follows:

<table>
<thead>
<tr>
<th>Year Ending September 30,</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>$124,584</td>
</tr>
<tr>
<td>2020</td>
<td>121,494</td>
</tr>
<tr>
<td>2021</td>
<td>71,207</td>
</tr>
<tr>
<td>2022</td>
<td>4,561</td>
</tr>
<tr>
<td>2023</td>
<td>4,180</td>
</tr>
<tr>
<td>Total</td>
<td>$326,026</td>
</tr>
</tbody>
</table>

Total rental expense under operating leases with a term in excess of one month was $108,078 for the year ended September 30, 2018.

NOTE 8  COMMITMENTS AND CONTINGENCIES
At September 30, 2018, the Organization is committed to several contracts for fundraising and program services, which are scheduled to expire on various dates through December 2018. 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 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 $56,349 for the year ended September 30, 2018.

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, 2018, the Organization recognized and disbursed $56,248,354 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  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 sheet and the statement of activities.

The Organization maintains cash and cash equivalents and short and long-term investments with major banks and financial institutions. Accounts at banks are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 at each institution as of September 30, 2018. At times, account balances may exceed FDIC limits.

NOTE 12  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, 2018 was $2,889,541. At September 30, 2018, borrowings under the agreement were $19,822, 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, 2018 is 4.47%.

Cash paid for interest on the line of credit was $306 for the year ended September 30, 2018.

NOTE 13  RELATED PARTY TRANSACTIONS
During the year ended September 30, 2018, the Organization received $41,145 in contributions from various members of the board of directors (Directors). In addition, during the year ended September 30, 2018, the Organization received $14,000 from companies in which Directors serve as a director or officer. The Organization also received $12,121 in in-kind gifts from various board members of the board of directors during the year ended September 30, 2018. At September 30, 2018, 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, 2018 totaled $53,124. The board member was not directly compensated for services provided.
### BOARD OF DIRECTORS

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Slocomb</td>
<td>Chairman</td>
</tr>
<tr>
<td>Joe AuBuchon</td>
<td>Vice Chairman</td>
</tr>
<tr>
<td>Sue Engelhardt</td>
<td>Secretary/Treasurer</td>
</tr>
<tr>
<td>Mark Stolze</td>
<td>President &amp; CEO</td>
</tr>
<tr>
<td>Tim Dilg</td>
<td></td>
</tr>
<tr>
<td>Kristy Dougherty</td>
<td></td>
</tr>
<tr>
<td>Tom Guebert</td>
<td></td>
</tr>
<tr>
<td>Scott Hammack</td>
<td></td>
</tr>
<tr>
<td>Robert Hayashi, M.D.</td>
<td></td>
</tr>
<tr>
<td>Katy Jamboretz</td>
<td></td>
</tr>
<tr>
<td>Jeff Michalski, M.D.</td>
<td></td>
</tr>
<tr>
<td>Harry Mueller</td>
<td></td>
</tr>
<tr>
<td>Timm Schowalter</td>
<td></td>
</tr>
<tr>
<td>Eric S. Stange</td>
<td></td>
</tr>
<tr>
<td>Scott Stringer</td>
<td></td>
</tr>
</tbody>
</table>

### MEDICAL ADVISORY BOARD

- Daniel Armstrong, Ph.D.
  Sylvester Comprehensive Cancer Center
- Henry S. Friedman, M.D.
  Duke University Medical Center
- Joanne Kurtzberg, M.D.
  Duke University Medical Center
- Lillian Meacham, MD
  Children’s Healthcare of Atlanta
- Eric Sandler, M.D.
  Nemours Children’s Specialty Care Clinic

### NCCS EXECUTIVE STAFF

- Mark Stolze
  President & CEO
- Cail Crawford
  Chief Financial Officer
- Julie Komanetsky
  Vice President, Patient & Family Services
- Lori Millner
  Vice President of Marketing
- Michele Scherpenberg
  Vice President, Global Outreach Program