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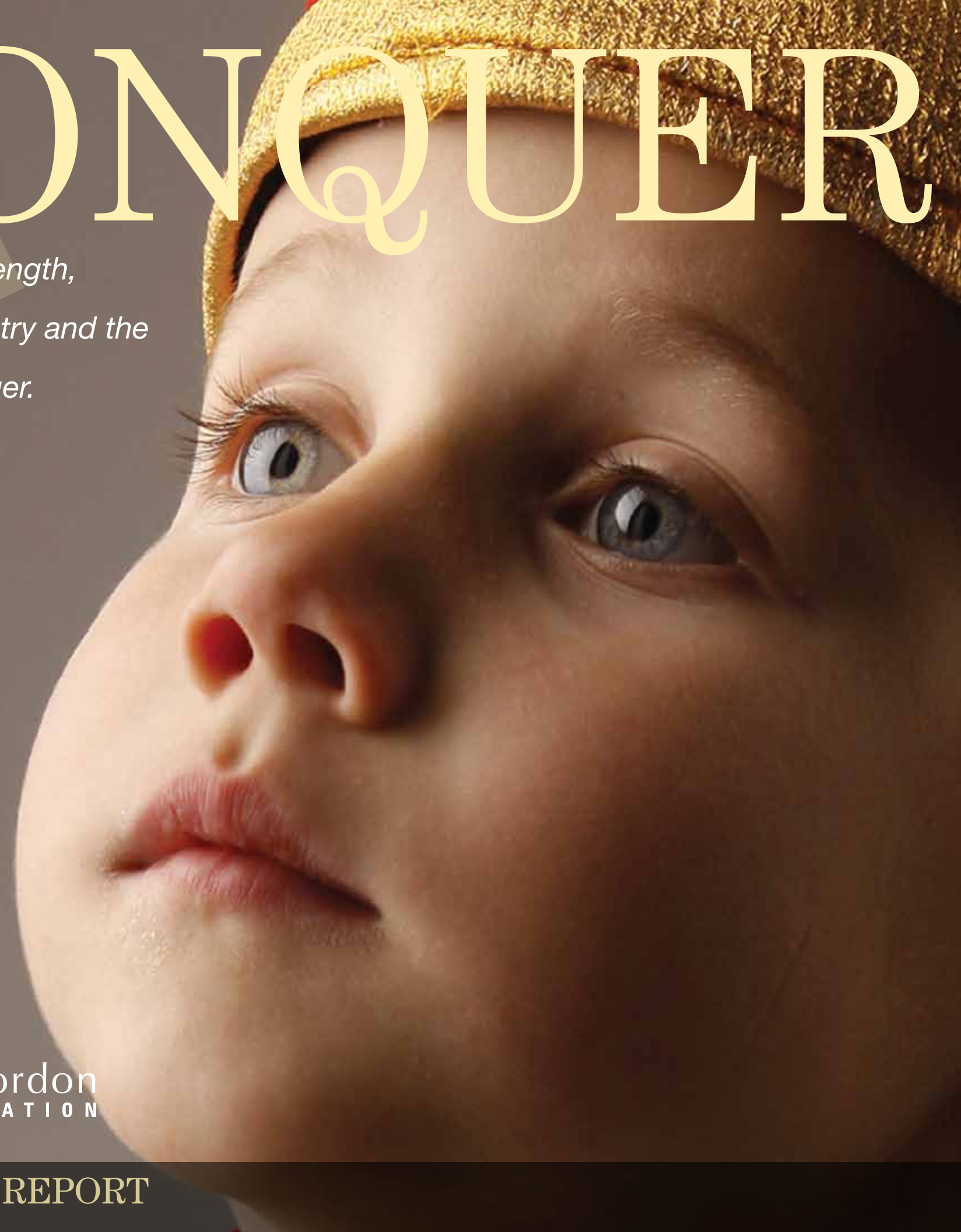
*Hope gives strength,
the courage to try and the
ability to conquer.*



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Charlotte, NC 28262
704-455-0625
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2009 ANNUAL REPORT



MISSION

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The mission of the Jeff Gordon Foundation is to support children battling cancer by funding programs that improve patients' quality of life, treatment programs that increase survivorship and pediatric medical research dedicated to finding a cure.

Additionally, the Foundation provides support to the Jeff Gordon Children's Hospital in Concord, North Carolina, which serves children in the community by providing a high level of primary and specialty pediatric care.

Our Vision: Each child is special and deserves a healthy life that is full of possibilities. Our vision is that there will be a day when no child will face the uncertainty of cancer and that successful treatments will not result in negative, long-term effects.

Additionally, we envision that the Jeff Gordon Children's Hospital will serve as a model to other communities who want to provide the highest quality of care to all of their children, regardless of their ability to pay.

Our Values: The Jeff Gordon Foundation relies on a set of values to define our environment and guide our decisions and relationships. These values reflect the collective ideals and professional expectations of those working to realize the mission of The Jeff Gordon Foundation.

Compassion — We recognize that helping children facing medical adversity is the purpose of our work. Compassion for these children and passion for their potential are what drive our thoughts, decisions and actions.

Integrity — We are committed to conducting ourselves with the highest standards of integrity. We are honest, ethical and fair in all of our activities. Our personal and professional conduct ensures that The Jeff Gordon Foundation is an organization worthy of trust and that our actions are always in the best interest of the children we serve.

Accountability — We serve as stewards of resources provided by those who share in our vision. As such, we will allocate resources to ensure that they are invested in activities that most effectively and efficiently move our mission forward. We will actively seek information and advice that will ensure we are knowledgeable and responsible.

Teamwork — We work toward common goals and strive to deliver beyond expectations. We cooperate with, collaborate with and empower our partners and one another. We consider suggestions and criticism as challenges for improvement and innovation, and when we succeed, we succeed as a team.



TOGETHER WE
SHALL SLAY
THE DRAGONS





Places to go...

Things to see...

A life to

LIVE

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When the Jeff Gordon Foundation began in 1999, we never dreamed of the impact the Foundation would have on children facing serious illness. Now, ten years later, we are proud to say that with your help, we have touched tens of thousands of children and have granted nearly \$10 million to some of the country's most recognized health organizations.

Through the years we have funded programs that provide life-saving medical equipment, aid to patients and their families to help minimize the financial burdens created when a child faces serious illness, and funding for the most promising cancer research. We've also built the Jeff Gordon Children's Hospital in Concord, North Carolina.

We are extremely proud of these accomplishments and the partnerships that they represent. Partnerships that provide for ground-breaking research and treatment, celebrate the innocence and potential of a child, and declare that we are a community that will not waiver in our commitment to children's health.

On behalf of the facilities, programs, families and children we are honored to serve, we thank you for your continued support. We believe that every child deserves a healthy life that is full of possibilities, and we hope there will be a day when no child will face the uncertainty of cancer and that successful treatment will not result in life-limiting, negative effects. With your continued support, we know we'll get there.

Jeff Gordon





A Decade of CARING



J

eff Gordon founded The Jeff Gordon Foundation in 1999, several years after his former crew chief, Ray Evernham, received word that his son, Ray J., had been diagnosed with leukemia. Jeff watched as Ray J. struggled through years of chemotherapy and treatment and as Ray J.'s family faced the fear and anguish that comes when someone you love is diagnosed with cancer.

That experience solidified Jeff's personal mission to help others and to start a foundation that would provide financial support and advocacy for children facing adversity.

What started as a small project driven by one special child has grown into an organization that has helped tens of thousands of children and has granted nearly \$10 million to some of the country's most recognized children's health organizations.

Highlights of the last ten years:

- 1999 Founding of the Jeff Gordon Foundation dedicated to help support the physical, social and intellectual needs of children
 - 2000 Partnership established with Riley Hospital for Children
 - 2001 Inaugural Go-Kart and Bowling Events
 - 2002 Total contributions to charities reached \$1 million mark
 - 2003 Jeff Gordon Foundation sponsors camper cabin at Victory Junction Gang Camp
 - 2004 Jeff Gordon advocates for the National Marrow Donor Program on Capitol Hill for the first time
 - 2005 Annual contributions exceed \$1 million dollars for the first time
 - 2006 Jeff Gordon Children's Hospital opens
 - 2007 Jeff Gordon Foundation recognized for ten years of support by the Leukemia & Lymphoma Society
 - 2008 Jeff Gordon recognized for granting over 200 wishes through the Make-A-Wish Foundation
 - 2009 Mission of the organization updated to focus on pediatric cancer and the Jeff Gordon Children's Hospital
- Establishment of the Jeff Gordon Pediatric Cancer Research Fund at Riley Hospital for Children
- Partnership established with CureSearch and the Children's Oncology Group





A

fter meeting hundreds of children through visits to children’s hospitals and granting wishes through the Make-A-Wish Foundation, Jeff was searching for a way to give back to the children in his own community.

In May 2005, Carolinas Medical Center — NorthEast (then known as NorthEast Medical Center) approached Jeff and The Jeff Gordon Foundation with a unique opportunity to give back to the local community through the establishment of a children’s hospital.

Jeff and his Foundation focused on building a children’s hospital that would provide highly specialized treatment using state-of-the-art equipment. The hospital setting would be a nurturing, healing environment, staffed by the most talented and caring medical professionals in the area.

Construction of the hospital took a year-and-a-half to complete, opening its doors to patients in December 2006.

The Jeff Gordon Children’s HOSPITAL

The Jeff Gordon Children’s Hospital provides the highest level of primary and specialty pediatric care, including: cardiology, endocrinology, oncology, neurology, pulmonology and several other specialties. The hospital includes a 28-bed pediatric floor, Pediatric Intensive Care Unit (PICU), Neonatal Intensive Care Unit (NICU), and the Pediatric Pavilion, which offers subspecialty pediatric patient care. The Jeff Gordon Foundation is proud to support a quality healthcare facility dedicated to compassionate care and excellence for children.

“Our relationship with The Jeff Gordon Foundation has been ideal,” said Adam Cook, NorthEast Foundation executive director. “It has been a true partnership in every sense of the word. Their commitment to the Jeff Gordon Children’s Hospital and the patients we serve has afforded our medical center with necessary equipment and state-of-the-art technology. We are truly grateful for their ongoing support and involvement.”

NICU Beds Donated to Tanzania

In August 2008, The Jeff Gordon Foundation began a campaign to provide funding to purchase eight state-of-the-art neonatal incubators for the Jeff Gordon Children’s Hospital. By the end of the year, the Foundation provided funding to purchase a total of ten beds — four of which

were GE Giraffe Omnibeds — featuring the highest quality and most modern components.

When the NICU received these new beds, Tinky Whittington, NICU nurse manager, and her staff wanted to do something with the beds they replaced that were still in working condition. Martie Collins, the manager of Central Receiving and Distribution at CMC-NE, knew that these beds would be appreciated by Ron and Carol McDonald, two missionaries who live in Concord, NC, who founded CHaRA — the Construction Health and Relief Acts.



In 1999, Ron and Carol had made their first trip to Tanzania, where they lived and worked for seven years as part of a mission organization building structures, and training and helping people. CHaRA works to build schools, orphanages, clinics (specializing in malaria and wellness for children age 5 and younger) and drilling wells. The incubators were donated to CHaRA, fit for babies up to fifteen pounds and to provide additional heat to maintain a stable body temperature for extremely ill children.

“When we moved the beds out of the NICU to the loading dock, some of us had tears in our eyes,” said Tinky Whittington. We were thinking of all the babies we helped with those beds, and it was amazing to know they were going to continue to be used to help more babies.”

“The incubators were sent to Pemba Island, Tanzania,” said Carol McDonald. “They are the first incubators in the health facilities on this island. Many babies are born underweight here, and survival is difficult. These incubators will give so many babies a better chance to live.”

“This never would have happened had The Jeff Gordon Foundation not given our NICU the new beds,” said Martie Collins. “It was great for us to be part of sharing their (the Foundation’s) wealth.”



Jeff Gordon Children's Hospital 2009 Funded PROGRAMS

Pulmonary Lab & Spirometry Program

Bringing pediatric sub-specialists to the community has been one of the primary focuses of the administrative team at the Jeff Gordon Children's Hospital since it opened its doors.

In May 2008, Dr. Alan D. Harsch, a board certified pediatric pulmonologist, joined the staff of the Jeff Gordon Children's Hospital Pediatric Pavilion. A pediatric pulmonologist treats children with respiratory conditions and diseases, including chronic coughs, difficulty breathing, recurring pneumonia, asthma, cystic fibrosis, apnea, chronic lung diseases in premature infants, noisy breathing, and conditions that require special equipment to monitor and/or help with breathing at home.



In 2009, The Jeff Gordon Foundation provided nearly \$190,000 in grants to provide technology for Dr. Harsch and his nursing staff and an adequate laboratory space — the Pediatric Pulmonary Lab — to support specialized care for asthma and other chronic pulmonary diseases. The grant also created a new program to increase the number of children having annual spirometry tests. These tests are crucial measurements taken to help children with asthma better understand their state of asthma control and are not typically administered in many primary care clinics.

“The Pulmonary Lab and Spirometry Program supports our ability to provide the children of our community with the best care possible, particularly those children living with asthma,” said Kate Grew, chief nursing officer at CMC-NE.

Children's Advocacy Center

The Children's Advocacy Center, now part of the Jeff Gordon Children's Hospital, opened in February 1988 and is dedicated to caring for the needs of abused children by providing a safe and caring environment.

Children suspected of abuse are often referred for examination and interviewing to the Children's Advocacy Center from child protective services, law enforcement, or at the request of a medical doctor.

“The Children's Advocacy Center (CAC) is an invaluable asset to the Jeff Gordon Children's Hospital,” said Julie Bonds, lead coordinator for the Child Advocacy Center. “The structure of the CAC affords us the ability to have physically or sexually abused children present for a safe and private interview and examination. This prevents the child from having to relive their encounter multiple times. The healing process can begin as soon as possible for the child.”

“Our goal is to try to make children feel at ease about talking about something that is so personal,” said Bonds. “We handle children and their families with a lot of compassion and understanding. Our hope is that they leave here feeling as though their voices have been heard, and we're able to provide the information we collect to the appropriate agencies to get them the protection and guidance they need.”



“We're grateful for The Jeff Gordon Foundation, as it has donated a great deal of support to our center for salaries, equipment, and clothing that we need for the children.”

2009 Jeff Gordon Children's Hospital Statistics

- 15 Neonatal Intensive Care Unit (NICU) beds
- 5 Pediatric Intensive Care Unit (PICU) beds
- 48 bed hospital — 28 Pediatric beds
- There are an average 13.3 babies per day in the NICU
- Approximately 26 children are in the hospital on any given day
- There are an average of 1.8 children per day in the PICU
- There are an average of 10.7 children per day in the Pediatric unit
- The NICU volume grew an average of 11% from 2008-2009
- The 24/7 Neonatology program launched September 2009
- The Mobile Intensive Care Unit made 20 Neonatal and 123 Pediatric transport trips
- Approximately 1 child per day is seen in the Child Advocacy Center for physical or sexual abuse
- 373 children were seen in the Child Advocacy Center in 2009
- Child Life Services were expanded to cover NICU, Surgery and Radiology

PARKER



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Parker Fritsch was the kind of child that was always happy. He was vivacious and talkative, speaking in full sentences when he was just one year old. By the time he was two, Parker knew his ABCs and numbers, and he could even paint with acrylics. He immediately showed a love for painting and paid close attention to every brush stroke. Since Parker seemed to catch every cold and virus imaginable, painting became a fun hobby for him during the first two years of his life.

In May 2002, Parker's health had grown increasingly worse. He caught one cold after another, and he began limping. The medications he was prescribed weren't working and his parents — Richard and Melissa — began to worry. Initially, the doctors attributed his health to growing pains, but by Parker's fifth doctor visit, suspicion of leukemia was mentioned. Parker's parents were advised to go to the Oncology Department at the Children's Hospital of Central California.

Melissa and Richard watched as their nearly three-year-old son was sent in for testing. Samples of his spinal fluid and bone marrow were also taken. Parker was diagnosed with Acute Lymphoblastic Leukemia (ALL) and began chemotherapy treatment that same day. The family was told that with three-and-a-half years of chemotherapy, Parker's long-term survival rate was 95%. Melissa and Richard were crushed but hopeful, and they tried to stay strong for Parker and his new baby brother, Connor.

Parker was instantly adored by everyone at the hospital and quickly became friends with everyone on his floor. He would ride up and down the hallways in a peddle car with his



I.V. pole behind him, making lap after lap and talking and laughing with everyone he passed.

Just two days after his original diagnosis, Richard and Melissa were called into their doctor's office as Parker's diagnosis had now changed. The doctor explained that Parker had a chromosome mutation that makes his leukemia multiply faster. His new diagnosis was Philadelphia Positive ALL, which decreased Parker's chance for survival to less than 20% and added the need for a bone marrow transplant.

Parker was admitted to the hospital for a five-night stay for high dose chemotherapy every twenty-one days. His muscles broke down, and he lost the ability to walk. This once talkative, always laughing, fun-loving little boy was now quiet, broken and in the fight of his life at just three years old.

Parker continued to live in and out of the hospital. During this time, his Aunt Mel asked if he would make some paintings for her to hang in her office. He began painting, and to the surprise of his family, the paintings were quite wonderful. So much so that a family friend decided to take the paintings around to some art museums to show the world the talent of this little boy.

The Fresno Art Museum quickly jumped on board, and before they knew it, Parker was having his first art showing at the tender age of four. Of the twenty-five paintings in the show, ten were auctioned off to benefit local charities. Major television shows such as Oprah and Good Morning America heard of Parker's journey with Philadelphia Positive Acute Lymphoblastic Leukemia and shared the story and his amazing paintings with their viewers.

13



Parker's paintings raised thousands of dollars for blood banks, hospitals and the Leukemia & Lymphoma Society.

PEDIATRIC CANCER

- Pediatric cancers are the number one disease killer of children — more than asthma, cystic fibrosis, diabetes and pediatric AIDS combined.
- In the U.S., approximately forty-six children and adolescents are diagnosed with cancer every weekday.

M

eanwhile, Melissa and Richard began researching different options to try and help Parker live as normal a life as possible. Parker began taking a drug called Gleevec that was developed by Dr. Brian Druker and funded by the Leukemia/Lymphoma Society's "Team in Training." The drug was designed to turn off Parker's chromosome mutation to possibly cure him. Parker had to take twenty pills each day, which was difficult because they were very large and difficult for him to swallow. On the advice of Dr. Druker, Melissa and Richard moved their family to a temporary home near Parker's new treatment facility, Duke University Medical Center in Durham, NC, where Parker received an umbilical cord blood transplant in March 2005. After the procedure, he spent every waking moment in complete isolation from the outside world because his immune system was



fragile and could not withstand viruses or infections. The family lived in Durham for a little more than four months before returning home to California. Parker turned six one week later.

After a long year post-transplant, Parker finally returned to school in September 2006. His immune system was extremely weak and even though he was smaller than most of the kids, it was the first time in four long years that Parker was able to live and enjoy life.

Two years after his transplant, the doctors at Duke University Medical Center told Parker and his family that they no longer needed to worry about the leukemia. The only two concerns left were rejection of the transplant and the risk of catching a virus or infection from his weakened immune system.

During his treatment, the Hendrick Marrow Program invited Parker and his family to visit Hendrick Motorsports while they were in North Carolina. Parker developed a strong bond with several people at Hendrick Motorsports and rather than focusing on the medical appointments during his trips to North Carolina, he would focus on his visits to the shop.

Parker has also developed a strong bond with Jeff Gordon and has been invited as Jeff's guest to several events for the Foundation.

"The people at the Jeff Gordon Foundation and Hendrick Motorsports are fantastic, good-hearted people," said Melissa Fritsch. "We visit every time we go to Duke; it's fun because they

send us messages ahead of time, and everyone knows Parker's name when he walks in."

Parker is now ten years old and cured of his leukemia. He's been going in for checkups every three months, and his last checkup — Tuesday, February 9, 2010 — went very well. If everything continues to look good, Parker won't have to go back for a year!

While Parker is cured of his leukemia, he is currently battling skin cancer as a result of one of the post-transplant medications that made him more susceptible to the sun. There is only one other child in the U.S. that has the same type of skin cancer that Parker has. Every three to four weeks Parker sits under a UV light for about twenty painful minutes to remove precancerous skin cells on his head, neck, arms and legs. While it has been a set-back, Parker is taking it all in stride, and his prognosis is great.

Parker continues to paint, and now that he's able to live a more normal life, he loves fishing, baseball and, of course, NASCAR.

"Our dream is that they find a cure because it just has to stop," said Melissa. "One more child going through this is one child too many."

PEDIATRIC CANCER

- Childhood cancer occurs regularly, randomly and spares no ethnic group, socioeconomic class, or geographic region. In the U.S., the incidence of cancer among adolescents and young adults is increasing at a greater rate than any other group, except those over sixty-five years.



EMILY

On September 20, 2007, three-year-old Emily Jones suddenly developed a fever of 104.7 degrees. Her parents, Jim and Dana Jones, immediately took their baby girl to their pediatrician. During the examination, Emily's doctor discovered a large mass on Emily's left side. A sonogram later confirmed a large tumor on Emily's kidney.



On the advice of both their pediatrician and the radiologist, Jim and Dana took Emily to Children's Medical Center in Dallas to have a more conclusive set of tests done — including a CT scan and blood work. After thirteen long hours in the ER, the doctors sent the devastated family home with a diagnosis of Bilateral Wilms' Tumors. Wilms' Tumor or nephroblastoma, is a rare cancer that causes a tumor to develop on either one or both of the kidneys.

"It's surreal to hear that your child has cancer," said Jim Jones, Emily's father. "We weren't prepared to accept the diagnosis, and yet we immediately had to move into action. Our life was normal one minute and seemed like someone else's nightmare the next — and there was no time to absorb all the changes to our feelings, hopes and dreams for Emily and our family.

We chose to deal with the diagnosis as a problem that needed to be solved to keep ourselves from emotionally falling apart. Emily was mortal in our eyes for the first time."

The CT scan confirmed that Emily had a nine centimeter tumor on her left kidney and a more dangerous (because of its location) but smaller three centimeter tumor on her right kidney. The traditional procedure would call for an immediate removal of the affected kidney with chemotherapy to follow; however, Emily's tumors were such that the traditional course of treatment could not be given. Since both of Emily's kidneys were affected, she could not have surgery until the tumors had reduced in size. In order to shrink the tumors, Emily began chemotherapy and had fifteen rounds over twenty-six weeks. Doctors were hopeful that through surgery they could remove the tumors and leave the healthy part of each kidney.

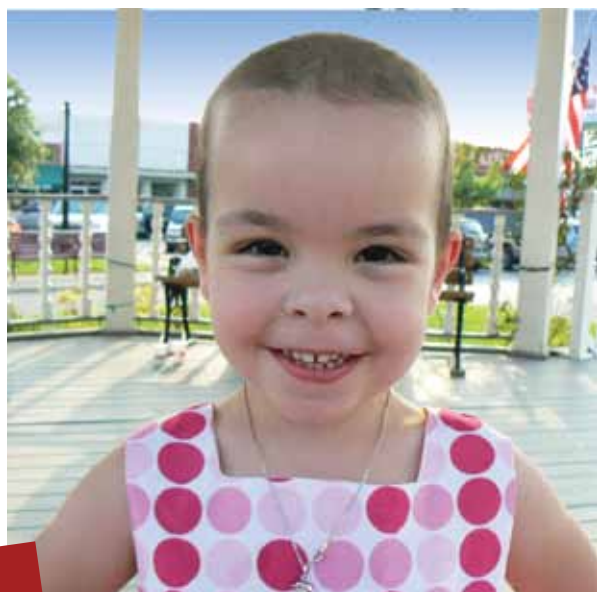
On November 13, 2007, Emily and her family flew to New York City for her surgery on November 15 at Memorial Sloan Kettering Cancer Center. The surgery lasted approximately nine hours. The pathology of the tumors came back eleven days later and Emily's diagnosis was changed to Unilateral Wilms' Tumor on the left kidney and benign tumor (adenoma) on the right kidney. This was good news for the family who were able to return to Dallas with their little girl to continue treatment.

"Emily's setbacks, which included five additional surgeries to correct drainage problems with her right kidney, were emotionally draining," said Jim. "But we held on to our faith and patience hoping that it would see us through."

PEDIATRIC CANCER

- The cause of most childhood cancers are unknown at present and cannot be prevented.
- One in every 330 Americans will develop cancer by the age of twenty. One average, 12,500 children and adolescents in the U.S. are diagnosed with cancer each year.





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uring Emily's treatment, her family became involved with their local chapter of the Make-A-Wish Foundation. "Emily's dream of going on a Disney Cruise was granted," said Jim Jones. "It was great because it took her mind off of what was coming up."

"When you get involved with Make-A-Wish, they're not just with you for your trip or wish, they become intertwined in your life," added Dana Jones. The Jeff Gordon Foundation heard about Emily's story and contacted her family to see if she would like to be in a commercial with Jeff.

"The experience of filming the commercial was great for Emily," said Dana. "What touched me the most was that when Jeff first met Emily he introduced himself to her and asked if she would be his friend. It was really amazing because Jeff and Emily have really bonded now."

"In going through this experience we've become friends with so many people — including several families with survivors about the same age as Emily — and that common experience binds us together in a way that transcends friendship," said Jim.

April 2010 marks Emily's two-year anniversary free of treatments. Emily will continue with MRI and CT scans every six months for the next few years, but her prognosis is promising.

"Emily's tumor is rare, and she has a high rate of recurrence," said Dana Jones. "Each year only thirty kids in the United States are diagnosed with Bilateral Wilms' Tumors, so this form of cancer is rare. But the further she is away from her original date of diagnosis and surgery the better."

Like most pediatric cancer patients, the treatment Emily has gone through puts her at risk for additional cancer in the future. Puberty is likely to bring on another set of complications because of the new hormones.

Now, at six years old, Emily is enjoying a more normal life with her family. Recently, Emily learned how to ride a two-wheel bike. She never had much of a chance to learn how to ride a bike until now due to catheters in her kidney and her parents' fear of her getting hurt.

"After a family ride to and from a nearby park and watching Emily struggle to try to balance herself on her bike only to end up relying on her training wheels as a safety net, I took out my tool box, found a wrench and immediately took off Emily's training wheels," said Jim. "With my wife (Dana) on the other side of the garage, we all took a deep breath, counted to three and Emily balanced perfectly on her bike and rode to the other side."

"To say that we were all thrilled with this accomplishment would be an understatement," said Jim. "Cancer had robbed Emily of having this experience two years earlier like most kids, and knowing that Emily was behind in any fashion never sat well with us as her parents. Cancer takes more away from your family than you ever realize."

Emily is so confident in her riding skills now that she's riding with speed, making figure-eights and taking long bike trips with her family.

"The canals of Valley Ranch are near our home and they're beautiful this time of year, so we love to ride there," said Jim. "But the sight of all that beauty pales to what is in my view — my little girl proudly riding her bike, ringing her bell and smiling all the way. Life is good!"



PEDIATRIC CANCER

- One in every four elementary schools has a child with cancer. The average high school has two students who are a current or former cancer patient.
- Childhood leukemia — making up the largest group of childhood cancers — was once a certain death sentence, but now it can be cured almost 78% of the time.

UPDATE

Pediatric Cancer

CureSearch

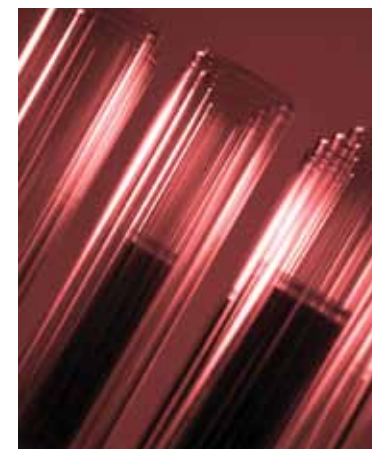
In 2009, The Jeff Gordon Foundation formed a partnership with CureSearch National Childhood Cancer Foundation, the premier childhood cancer research organization in the world. CureSearch is dedicated to raising private funds for childhood cancer research for the Children's Oncology Group, the world's largest cooperative cancer research organization. CureSearch and the Children's Oncology Group are committed to conquering childhood cancer through scientific discovery and compassionate care.

CureSearch Children's Oncology Group is a network of more than 5,000 physicians, nurses and scientists whose collaboration, research and care have turned cancer from a virtually incurable disease to one with an overall 78% cure rate.

Our partnership with CureSearch fits perfectly with our goal to align with those who are able to provide the most promising outcomes in terms of both treatment and research. We are fortunate to have established this great relationship with this organization and others who will help us to steer this process and increase visibility that will allow us to open new doors to groups and organizations that are leading the way in pediatric oncology initiatives.

Facts & Statistics:

- Since the 1950s, cooperative research has improved the survival rates for childhood cancer from less than 10% to more than 78% overall.
- Pediatric cancer research has paid dividends in understanding the basic biology of cancer, treating adults with cancer and providing principles of therapy and advances for other diseases of children and adults.
- Chemotherapy was first shown to be effective in curing children with cancer.
- The discovery of the first tumor suppressor gene occurred in children with cancer.



Caroline Pryce Walker Conquer Childhood Cancer Act

On June 12, 2008, the U.S. House of Representatives passed H.R. 1553 — the Caroline Pryce Walker Conquer Childhood Cancer Act, which promised to significantly increase federal investment into childhood cancer research.

The bill was named in memory of Caroline Pryce Walker, daughter of Congresswoman Deborah Pryce (R-OH), who succumbed to neuroblastoma in 1999 at the age of nine.

The bill authorized \$30 million annually over five years, providing funding for collaborative pediatric cancer clinical trials research, to create a population-based national childhood cancer database, and to further improve public awareness and research for children with cancer and their families.

In March 2010, the Pediatric Cancer Caucus, led by Congressman Joe Sestak, was joined by forty-eight members of Congress and sent a letter urging the Appropriations Committee to include \$30 million for pediatric cancer research in the Fiscal Year 2011 Labor-Health and Human Services-Education Appropriations bill.

In 2008 and 2009, nothing was given to the Act. The House Appropriations Committee

included \$10 million for pediatric cancer research in Fiscal Year 2010; however, only \$4 million was included in the Consolidated Appropriations Act.

Recently forty-nine members of Congress led by co-chairs of the Pediatric Cancer Caucus, Joe Sestak of Pennsylvania and Michael McCaul of Texas, sent a letter urging the Appropriations Committee to include \$30 million for pediatric cancer research in the FY 2011 Labor-Health and Human Services-Education Appropriations bill. The letter also called for the introduction of a resolution recognizing September 13th as National Childhood Cancer Awareness Day.

The Jeff Gordon Foundation encourages supporters to get involved at all levels, including advocacy. "It is critical for everyone committed to fighting pediatric cancer to get involved in many ways," said Trish Kriger, Director of The Jeff Gordon Foundation. "We strongly recommend conducting research on your Senators and Congressional Representatives, finding out where they stand on the issue of pediatric cancer and either supporting their fight or encourage them to join the fight against pediatric cancer."

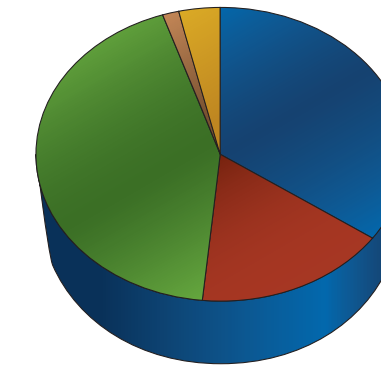
PEDIATRIC CANCER

- While the cancer death rate has dropped more dramatically for children than for any other age group, 2,300 children and teenagers will die each year from cancer.
- More than 75% of drugs used to treat adults with cancer originated from studies in children with cancer.
- Currently, there are approximately 300,000 people living in the U.S. who have a history of childhood cancer.



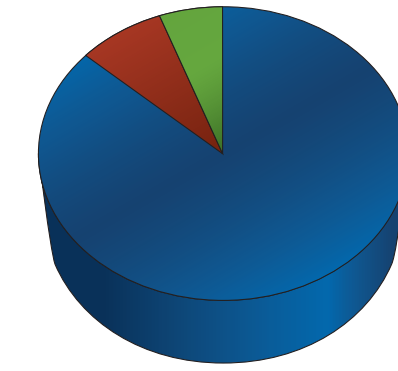
Financial Position STATEMENT

December 31, 2009, With Prior Year Comparative Totals	2009	2008
ASSETS		
Current Assets:		
Cash and equivalents	\$448,239	\$622,461
Accounts receivable	35,703	169,907
Investments	523,205	196,940
Total Current Assets	1,007,147	989,308
Equipment, net of accumulated depreciation	5,206	8,676
TOTAL ASSETS	\$1,012,353	\$997,984
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts payable and accrued expenses	\$2,024	\$17,077
Current portion of grant payable	296,484	-
Total Current Liabilities	298,508	17,077
Long-Term Liabilities:		
Grant payable, less current portion	848,643	-
Total Liabilities	1,147,151	17,077
Net Assets:		
Unrestricted	(184,798)	977,757
Temporarily restricted	50,000	3,150
Total Net Assets	(134,798)	980,907
TOTAL LIABILITIES AND NET ASSETS	\$1,012,353	\$997,984



Support & Revenue

Cash Contributions	34.67%	\$629,042
In-kind Contributions	17.69%	\$320,924
Special Events	42.72%	\$775,118
Royalties	1.29%	\$23,466
Investment Income	3.62%	\$65,669
Total	100.00%	\$1,814,219



2009 Functional Expenses

Program Services	86.57%	\$2,536,341
Management & General	7.65%	\$231,416
Fundraising	5.78%	\$162,167
Total	100.00%	\$2,929,924

Note: Program Services includes grants paid and pledged

Grant Highlights

The Jeff Gordon Foundation Pediatric Cancer Research Fund at *Riley Hospital for Children* in Indiana to provide for immediate research needs and an endowment to ensure ongoing pediatric cancer research.

Phase 1 Long-Term Follow-Up Study conducted by *CureSearch* in conjunction with the Children's Oncology Group, the world's leading pediatric cancer research collaborative that treats 90% of all children with cancer.

State-of-the-Art Pediatric Pulmonary Lab, Community Outreach Spirometry Program & Children's Advocacy Center at the *Jeff Gordon Children's Hospital* serving Cabarrus County, NC, and the region.

Tissue Typing for 30,000 New Potential Marrow Donors on the *Be The Match Registry* to expand the registry and increase patients' chances of finding their life-saving match.

Pediatric Blood Cancer Research Portfolio through the *Leukemia & Lymphoma Society* to provide funding to nine researchers conducting promising work in basic biology and transitional and clinical oncology research.

Competitive Grant Program Recipients

Cancer Center for Kids — New York

Children's Brain Tumor Foundation — National

Children's Cancer Research Fund — Minnesota

CURE Childhood Cancer — Georgia

Rainbow Babies & Children's Hospital — Ohio

The Children's Inn at the National Institute of Health — National

The Wellness Community — Ohio

Making a DIFFERENCE

\$250,000 +

Mr. and Mrs. Jeff Gordon
Jeff Gordon, Inc.

\$100,000 +

GlaxoSmithKline — Nicorette
ICAP Securities USA, LLC

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