ANNUAL REPORT
2017-18
INTRODUCTION

• We are a National Society registered under the Societies Registration Act, with valid 12A, 80G and FCRA Certificates, all documentation and compliance

• We are the only pan India Foundation that works across the spectrum of care for children with cancer and their families – from grass root level to policy and research.

• We have an established track record of more than 14 years experience in running our projects and programmes.

• Under Schedule VII of the Indian CSR Act we qualify in areas of: Healthcare, Reducing Child Mortality, Eradication of Poverty and Malnutrition, Women Empowerment (PSG), Employment enhancement (PSG & KCK), Gender Equity - (Girl Child Project), & Promotion of Education.

OUR MISSION

Enabling
• Children faced with cancer and their families

Ensuring
• The best possible treatment
• Social Economic support
• Reintegration into society
• Emotional Support

Committing
• Continuity of care
• To the rights of the health impaired child with cancer to a childhood, to the highest standards of health and education.

OUR VALUES

• Low –cost sustainable models and programs involving parents, survivors and community
• Working with honesty and transparency
• Ensuring that 80% of all funds raised are utilized directly to support the children & their families.
• Professional working to ensure efficiency & accountability.
• Creating a strong, sustainable organization to make the change for childhood cancer
• Collaboration and partnerships
• Working with a passion, dedication and emotion that will always keep the children and their families as the central focus.

CONTENT

Introduction 01
Creating Impact 02
Thanks to You 03
Our Vision 04
Enabling Global Standards of Survival 05
Ensuring Quality of Life & Holistic Care 08
Continuity of Care 10
Child Rights 12
Our Team 14
Resource Mobilisation & Partnership 16
Cankids Model 18
Our Growth Story 20
Book of Accounts 21
Creating Impact

13 things we did to create Sustainable Impact and make a Change for Childhood Cancer in India.

1. Developed 2 strong models to achieve the Vision.
2. A pan India network of access to care.
3. Patient Centric Care at grass root level through Social Support Teams & a range of Social Support Services.
4. Strengthened the hands of the treating doctors through the CHSU model.
5. Built up and empowered Parent Support groups & Survivor groups as Patient Navigators and Patient Advocates thereby ensuring patient participation.
6. Focused on building capacities through manpower & skill building.
7. Projects, studies and research for access to care & improving treatment standards.
8. Launched vCAN – virtual Cancer Assistance Network on Salesforce as a patient based decision support system.
9. Partnerships & Stakeholder Engagement including with State & Central government at all levels.
10. A strong organization with structures, systems and capacities.
13. Increasingly raised funding requirements through project grants and strong donor partnerships.

Thanks to You..

On the following pages we are proud to share with you the work team Cankids has done together with many partners and treating centers in the financial year 2017-18 for Children with Cancer & their families in India.

We recognize all those who have supported us in this journey and extend our heartfelt gratitude to every single expression of support received.

From the Board of Governors,
Cankids...Kidscan
Our Vision

CanKids Vision is the Impact it seeks to make. It strives to achieve 3 Key Impact Measures:

- To enable Global Standards of Survival, 70-95%, for childhood cancer in India.
- To ensure Quality of Life and Holistic Care for the child with cancer & his/her family through his/her cancer journey.
- To secure the 5 Rights of health impaired children with cancer i.e. To Health, To Education, To Childhood, To Pain & Palliative Care & To be Heard.

Enabling Global Standards of Survival

Two key measures for improved survival are reduction in abandonment and improved access to care. We work to build a network of access to care and support, provide medical & social support teams, create awareness and advocate for childhood cancer control plans, policies & programs.

We work in partnership with treating centers and increasingly with state governments to improve access & standards of treatment and support.

CanKids’s Footprint in Hospitals

75 17 States 24 Cities

North India – 26
South India – 10
East India – 8
West India – 9
Outstation* – 24

*JDF Partnering Centers & ABDO

1. Building a Network of Cankids Hospitals Support Units, Care Centers & Statewise Projects

CanKids Care Centres
8
- 4 Home Away from Home
- 1 Pediatric Palliative Care Centre
- 2 Canshala
- 1 Reintegration Centre

Regional Care Coordination Offices
4
- Delhi
- Mumbai
- Kolkata
- Chennai

Change for Childhood Cancer State-wise Projects
6
- Punjab
- Delhi NCR
- Rajasthan
- Uttar Pradesh
- West Bengal
- Tamil Nadu

Punjab
Delhi NCR
Rajasthan
Uttar Pradesh
West Bengal
Tamil Nadu
There are a total of 20 research studies, of which 4 are disease specific projects - Hodgkins, Retinoblastoma, ALL and BMT. CanKids was the primary sponsors for the Hodgkins study which had 27 participating centres. Relapsed Hodgkins protocol study is now underway.

The QCRI Program aims to encourage better survival rates by driving best practices through 4 defined verticals of intervention – Epidemiology, Medical, Impact and Supportive Care. It supports and monitors all projects & studies being conducted by CanKids or in partnership with InPOG (Indian Pediatric Oncology Group of PHO Chapter) to evaluate services, assess impact and conduct research.

- There are a total of 20 research studies, of which 4 are disease specific projects - Hodgkins, Retinoblastoma, ALL and BMT.
- CanKids was the primary sponsors for the Hodgkins study which had 27 participating centres. Relapsed Hodgkins protocol study is now underway.

In LMICs like India, the success of childhood cancer treatment regime depends in large measure on the availability & quality of supportive care, better diagnostic and financial support for treatment. CanKids model of Medical Support is focused on providing affordable and quality diagnostic and drugs at the treating centers where we partner through the CHSU model, while advocating for standard of care. CanKids model of Medical Support is focused on providing affordable and quality diagnostic and drugs at the treating centers where we partner through the CHSU model, while advocating for standards of care.

- Direct medical support was provided to 5,275 patients of INR 6.39 Cr. Up from Rs 4 crores in 2016-17 – increase of 55%
  - Of this direct medical support INR 3.50 Cr. was provided for drugs, INR 1.07 Cr. for diagnostics, INR 1.82 Cr. for surgeries, BMT, Blood, etc.
  - 15 patients were provided support for Bone Marrow transplants
  - 356 patients received support for MRD worth INR 30 Lakh
- Indirect medical support was provided to 1,054 patients of INR 16.19 Cr (22% increase).
- Sum Total INR 22.58 Cr. (30% increase) in Medical Support (Direct + Indirect)

Treatment Supportive care is also vital to reduce infections and improve standards of hygiene, improve the nutritional status of the child, provide blood support and holistic accommodation for outstation families.
Ensuring Quality of Life & Holistic Care

Cankids Provided Assistance to

<table>
<thead>
<tr>
<th>8530 Families</th>
<th>5799 Families Assisted for Finances for Medical Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>with Childhood Cancer child in</td>
<td>3355 Counselling sessions &amp; 308 Group Therapy Sessions conducted by Psychologists</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>54 Cankids Hospital Support Units &amp; 28 Outstation Hospitals</th>
<th>6130 New Families were registered with Cankids</th>
</tr>
</thead>
<tbody>
<tr>
<td>6598 RUTF (Ready to use Therapeutic Food) packets were distributed for 345 children</td>
<td></td>
</tr>
<tr>
<td>242 Children Received Education Support through Cankids Canshala in Mumbai</td>
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<tr>
<td>3293 Learning Activity Clinics were held in 21 hospitals on every OPD day</td>
<td></td>
</tr>
<tr>
<td>429 Scholarships were Provided worth ₹ 28 Lakhs</td>
<td></td>
</tr>
<tr>
<td>4600 Hygiene Kits were distributed</td>
<td></td>
</tr>
<tr>
<td>4149 ward beside clinics &amp; 1638 school room at CHSU were conducted Pan India</td>
<td></td>
</tr>
<tr>
<td>172 Units of Blood collected by Cankids from 4 Blood Donation Camps</td>
<td></td>
</tr>
<tr>
<td>591 Families were provided Holistic Accommodation at Cankids 4 HAH Locations</td>
<td></td>
</tr>
<tr>
<td>1054 Families were Facilitated for Govt. Funds worth ₹ 16.19 Crores</td>
<td></td>
</tr>
<tr>
<td>6 Survivors Received Higher Education Scholarship worth ₹ 2.55 Lakhs</td>
<td></td>
</tr>
<tr>
<td>₹6.39 Crores Cankids Spent on Direct Medical Support of Families</td>
<td></td>
</tr>
<tr>
<td>₹3.5 Crores were spent on Drugs</td>
<td></td>
</tr>
<tr>
<td>₹1.07 Crores were spent on Diagnostics</td>
<td></td>
</tr>
<tr>
<td>₹1.82 Crores were spent on Surgeries, BMT, Blood support etc</td>
<td></td>
</tr>
<tr>
<td>₹28 Crores</td>
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</tr>
<tr>
<td>₹16.19 Crores</td>
<td></td>
</tr>
</tbody>
</table>
Licences have been provided to SST and donor management teams, and data is being entered by all 54 CHSUs, 20 outstation units and 6 care centres.

Support of various types, provided to 8,530 patients, have been tracked using vCAN system in 2017-18.

All donor data is also entered in vCan by Resource Mobilization Team.

On June 12th 2017, Cankids launched vCAN-virtual Cankids Assistance Network as a Patient based Decision Support System to expedite & enhance patient care. Over the next 2-3 years we will use this system to measure impact. Majority of the data in the below report is available because of vCAN.

- 45 Licences have been provided to SST and donor management teams, and data is being entered by all 54 CHSUs, 20 outstation units and 6 care centres.
- Support of various types, provided to 8,530 patients, have been tracked using vCAN system in 2017-18.
- All donor data is also entered in vCan by Resource Mobilization Team.

New Technologies - Creating a Patient based Decision Support System

Survivors

25% YoY growth, engaged as employees

Reintegration

40,34,000 worth salaries/stipends received by 51 P3SG members

Survivorship

6,71,000 sum received by 8 KCK survivor interns in Delhi, Mumbai, Kolkata, Lucknow & Ahmedabad

68 P3SG Group total membership of Regular and Awaaz members

71 survivor passport issued

Palliative Care

225 patients were provided palliative care support services through the Out Patient Department.

148 in-patient admissions 88 new patients & 60 readmissions at Palliative Pediatric Care Center- Subhita

367 ambulatory clinics held- seeing 663 unique patients

1468 patients attended Social Support OPDs

Reintegration

68 Mothers participated in reintegration activities at Chirag Trivandrum & 9 families started their own business

15 Survivors 25% YoY growth, engaged as employees

Survivorship

3 Mentorship Talks 3 National Level Conference 2 International Conferences

467 KCK (Survivor Group) total Membership 9 KCK Chapters pan India

Palliative Care

Y A N A
Family Centred Holistic Care
"Holding their hands through their cancer journey"
Serving the Rights of the Child with Cancer

CanKids works towards Child Rights for the health impaired child in the following 5 domains.

- **Right to Health**
- **Right to Education**
- **Right to Childhood**
- **Right to Pain free Treatment & Palliative Care**
- **Right to Be Heard**

### Advocacy Campaigns

Four Advocacy campaigns were started by Cankids to engage with and focus the attention of relevant stakeholders.

Through both its direct and indirect models, cankids serves these Rights. However, in 2017-18 significant progress was made in developing and running the following 4 advocacy campaigns.

**GO GOLD INDIA** - This is a Survivor led Advocacy Awareness Campaign which aims to raise awareness about Childhood Cancer and Gold, which represents Childhood cancer. It engages all Stakeholders to raise Funds for Children with Cancer, Survivors & their Families and advocates “I Deserve Best Treatment Care and Support” through 8 Reasons & 8 Demands. The campaign helps to drive policy changes at the state and central government to make Childhood cancer to be distinct part of cancer control plans and a child health priority in India. In 2017-18 Go Gold India launched Punjab Goes Gold in September with a survivor led rally. The campaign’s success was the 6th cankids Access to Care Car Rally in 2017, supporting change for childhood cancer in Punjab. A Memorandum of Understanding was signed with the Punjab Government and concerned health departments with CanKids as the knowledge and technical partner for Childhood Cancer at a Pediatric Oncology Sensitization Workshop on 15th September 2017 in Patiala.

**THE 8 REASONS 8 DEMANDS** is a charter of demands addressed to Central and State Governments as well as Hospital Managements outlining 8 Reasons for Childhood Cancer to be a Child health priority. The 8 Demands are for appropriate infrastructure, Pediatric Oncology Centers of excellence, Access to care networks and referral pathways, Pediatric Oncology Health care professionals, Appropriate treatment and diagnostics, Quality and affordable drugs, Disease specific interventions & Patient & civil society engagement.

**I DESERVE** - This is an advocacy campaign which is primarily based in hospitals and care centers where CanKids works. It aims to build and strengthen patient voice of the children and through them of the parents at our learning activity education clinics. We have conducted poster campaigns. The International Childhood Cancer Day theme in 2018 was “Mera Haq Mera Bachpan Mera Jeevan” – “I Deserve: My Childhood My Life” where children were encouraged to write on kites.

**I PLEDGE** - This campaign is led by our Childhood Cancer survivors & interns. Under this pledge campaign we aim to collect 300,000 Signatures, one pledge for each child diagnosed with cancer worldwide, from doctors, hospitals, parents; donors & other stakeholders to advocate to the state government and make Childhood Cancer a Child Health Priority in India. In the year 2017-18, we have collected 124,000 signatures through both online and offline pledges (pledge books) in CanKids partnered schools and hospitals.
Our Team

A Unique Model of Empowering Parents as Patient Navigators to provide better Care for Children with Cancer in India.

They are trained and empowered to become Patient Navigators & Care Coordinators. The majority, are from lesser privileged backgrounds & have never worked outside their homes or even attended high school.

P3SG (Path Pradarshak Parivarik Sahayak Group)


At the end of treatment – Childhood cancer survivors are encouraged to join KidsCan Konnect (KCK), the Teenage and young adult Survivor group of Cankids Kidscan – the national society for change for childhood cancer in India, at the age of ≥13.

Staff Categorization | March-18
--- | ---
Employees | 162
Consultants & Contractual Staff | 22
Grant Staff | 16
Total | 200

Volunteer | March-18
--- | ---
Regular Volunteers | 60
KCK Members | 290
PSG Members | 595
Board & Advisors | 40
Total | 985
Resource Mobilisations & Partnership

In FY 2017-18

USD 2.18 million ~ INR 14.19 crores (@65)
USD 2.43 million ~ INR 15.8 crores (@65)

Where the Funds came From

- Corporate & CSR: 19%
- Foundation & Trust: 30%
- HUF & Individuals: 17%
- Project Partners: 17%
- Others: 19%

Where the Funds were Spent

- CanKids Hospital Support Units: 44%
- CanKids Care Centres: 11%
- Core Services: 14%
- Administration Expenses: 14%
- Depreciation: 0%

Total receipts was INR 14.18 Cr. A 15% increase from the previous year’s INR 12.35 Cr & 130% increase from INR 6.15 crores 5 years ago in 2013-14

INR 7.54 crores from 28 CSR partners
INR 2.41 crores from 29 HNIs giving INR 2 lakhs & above
INR 86 lakhs from CCI India Fund
INR 11.5 crores - 81% is from Project Grants
INR to FCRA ratio is 71:29 against 61:39 in the previous year and 60:40 in 2013-14

Where the Funds were Spent

- CanKids Support Units: 44%
- CanKids Care Centres: 11%
- Core Services: 14%
- Administration Expenses: 14%
- Depreciation: 0%

Project Partners

- Aditi Krishna Kumar
- Alok & Sohna Agarwal
- Anuradha Narasimswamy & Usha Narasimswamy
- Chirawilliams
- Manju Jain
- Piyash & Ruchira Gupta
- Poonam Bajaj
- Ravi Mehrota
- Reet Singh
- Seema Talwar
- Sunit Kapatid

CCI Fund Donors

- Anjali Heer Raj Foundation
- ABHI Media Pvt. Ltd. and Asian news International
- India Shelter Finance Corporation
- Max India Foundation
- Orangejuicer Wind Energy Pvt Ltd
- Sahyog Holding Pvt Ltd.
- Select Infrastructure Pvt. Ltd
- Sud Chmiela India Pvt. Ltd.
- Vodh Finvest Pvt. Ltd

Medical Assistance Fund

- British School, New Delhi
- DPS, Gurugram
- Jamnabai Narsee International School, Mumbai
- Pathways World School, Gurugram
- Hansraj College, New Delhi

Adopt A Child Fund

- Bajaj Finserv Ltd.
- Orange Renewable Power Pvt Ltd
- Dr. Sadhna Shankar

School & College Partnerships

- British School, New Delhi
- DPS, Gurugram
- Jambalai Narsee International School, Mumbai
- Pathways World School, Gurugram
- Hansraj College, New Delhi

Other Donors (≤ 2 lakhs)

- Ajay Vohra
- DCM Shriram Limited
- Eashwar
- Galgotia University
- Global Project Hope
- Grand Royale Enterprises Limited
- Hema Cydes
- KDDI Ethics Foundation
- Michael & Rumi Fernandis
- My room Foundation
- Omna Appliances
- Panik Dhanabhardha
dhanabhardha
- Prime Securities Limited
- Rahul Malhavji
- Rakesh Chandra
- Roshanlal Public Charitable Trust
- Sahyog Holding Pvt Ltd.
- Shalabh Garg
- Soma Eeim Private Limited.
- Srikanth Verlaatachari
- Sushil Kumar Tamiya
- Tata Trust
- Trident Ltd.
- VanDhan Textiles Ltd.
- Venkataramanam Anantharaman

Other Small Donors

- 436+ Donors

Other Small Donors

- Adopt A Child Fund
- School & College Partnerships
- Medical Assistance Fund
- CCI Fund Donors
- Other Donors (≤ 2 lakhs)
- Other Small Donors

Corpus Donors

- Mahendra Mishra Foundation
- Prusan Chand Jain

Donation in Kind Donors

- Benefaction Group (Clothes)
- Soma Eeim Pvt. Ltd. (Clothes)
- Mithil Agarwall (MAK Kolhata)
- Dr. Lindsay Crack [*]
- Mr. Shantaru Dhami (Grocery, INR Delhi & PPC)
- PepsiCo India Pvt. Ltd. (Juice)
- Dabur India Pvt. Ltd. (Juice)
- Hero Cycles
- Jindal Group
- KDDL Ethos Foundation
- My room Foundation
- Omna Appliances
- VanDhan Textiles Ltd.
- Venkataramanam Anantharaman

Umbrella Partnerships

- Indo - American Cancer Association, USA
- Letchafoundation, India
- Letzdream Foundation, UK
- UK Fund for Charities, Chapel and New York Limited
- Adopt A Child Fund
**YANA - You Are Not Alone**
Holistic care for children with cancer & their families
(10 Program Areas, 25 Core Services), we have reached 80,000 children with cancer and their families.

**Models Enabling Change**
- Model Of Partnerships & Stakeholder Engagement
- Patient & Family Engagement
- Capacity Building & Empowerment
- Awareness & Advocacy
- Quality Care

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**CANKIDS MODELS FOR CHANGE FOR CHILDHOOD CANCER IN INDIA**

**CHANGE FOR CHILDHOOD CANCER IN INDIA**
In It’s 14 year history, Since 2004, Cankids developed 2 Key models

<table>
<thead>
<tr>
<th>Direct Model</th>
<th>Indirect Model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Model of Support &amp; Model of Outreach</strong></td>
<td><strong>Models Enabling Change</strong></td>
</tr>
<tr>
<td>- Education &amp; Reintegration</td>
<td>- Model Of Partnerships &amp; Stakeholder Engagement</td>
</tr>
<tr>
<td>- Emotional &amp; Psychological Support</td>
<td>- Patient &amp; Family Engagement</td>
</tr>
<tr>
<td>- Medical Support</td>
<td>- Capacity Building &amp; Empowerment</td>
</tr>
<tr>
<td>- Hygiene, Nutrition, Blood &amp; Treatment Support</td>
<td>- Awareness &amp; Advocacy</td>
</tr>
<tr>
<td>- Care Centers (Home Away From Home, Palliative Care Center, Canshala)</td>
<td>- Quality Care</td>
</tr>
<tr>
<td>- Palliative Care</td>
<td></td>
</tr>
<tr>
<td>- Patient Navigation &amp; Care Coordination</td>
<td></td>
</tr>
</tbody>
</table>

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**Support**
YANA - You Are Not Alone Holistic care for children with cancer & their families (10 Program Areas, 25 Core Services), we have reached 80,000 children with cancer and their families.

---

**Outreach**
Change for Childhood cancer in India has reached 18 states and 22 cities with 4 Home Away from Home 1 Pediatric Palliative Care Center 2 Canshala 1 Reintegration Center.

---

**Partnerships**
To partner with doctors, treating centers & Government & work with volunteers & advisors. It is supported by generous individuals, foundations & corporate bodies all over the world. It works & networks with professionals and organizations in India & abroad.

---

**Family Engagement**
To run a P3SG parent group & a KCK survivor group who are patient navigators, advocates and Childhood Cancer Ambassadors and ensure sustainability for the cause. It currently has 1,192 members.

---

**Awareness & Advocacy**
To provide information to families, create awareness, access to care and advocate to treating teams, hospital admin, professional bodies, State & Central government and civil society through campaigns like Go Gold India, I Deserve, I Pledge and 8 Reasons 8 Demands.

---

**Capacity & Skill Building**
To build a cadre of committed Pediatric Oncology Medical & Social Support professionals as well as parents and survivors across India, ranging from individuals, organizations, hospitals & other stakeholders through 7 defined verticals of intervention.

---

**Research**
To ensure quality patient navigation and care in the Pediatric Oncology domain in India, conduct studies, encourage and sponsor research for Pediatric Oncology, to promote and itself evaluate service and assess impact.

---

**Reaching out to 80,000 Children with Cancer in India**

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**1. Support**
- Change for Childhood cancer in India has reached 18 states and 22 cities with 4 Home Away from Home 1 Pediatric Palliative Care Center 2 Canshala 1 Reintegration Center

---

**2. Outreach**
- The P3SG parent group & a KCK survivor group who are patient navigators, advocates and Childhood Cancer Ambassadors and ensure sustainability for the cause. It currently has 1,192 members.

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**3. Partnerships**
- To partner with doctors, treating centers & Government & work with volunteers & advisors. It is supported by generous individuals, foundations & corporate bodies all over the world. It works & networks with professionals and organizations in India & abroad.

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- To provide information to families, create awareness, access to care and advocate to treating teams, hospital admin, professional bodies, State & Central government and civil society through campaigns like Go Gold India, I Deserve, I Pledge and 8 Reasons 8 Demands.

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**6. Capacity & Skill Building**
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---

**7. Research**
- To ensure quality patient navigation and care in the Pediatric Oncology domain in India, conduct studies, encourage and sponsor research for Pediatric Oncology, to promote and itself evaluate service and assess impact.
Our Growth story

CanKids closed the year 2017-18 with receipts at Rs. 14.18 cr and has come a long way since 2012-13 when the receipts were only 1.03 Cr. A seven (7) fold increase in 5 years. During this period the expenditure has grown to Rs. 15.74 Cr in 2017-18 from Rs. 2.28 cr in 2012-13. Our reach and impact too have gone up from only 22 CHSU in 2012-13 to 54 CHSU in 2017-18 and the number of new registered direct beneficiaries has gone up from 2412 to 6230 during this period.

The year on year growth in receipts is about 15 % while the expenditure has gone up by 27%. Though the expenditure is higher than the receipts by about Rs. 1.5 Cr, most of the excess expenditure was in Direct Expenditure. Direct expenditure on CHSU has gone up by Rs 2.25 Cr from Rs. 5.43 Cr to 7.67 Cr – 41.47% increase. The Administrative costs are 10.75% of the total expenditure.

ANNUAL GROWTH

- Receipts (Amount in Lakh)
- Expenditure (Amount in Lakh)

<table>
<thead>
<tr>
<th>Year</th>
<th>Receipts (Lakh)</th>
<th>Expenditure (Lakh)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-13</td>
<td>227.79</td>
<td>672.91</td>
</tr>
<tr>
<td>2013-14</td>
<td>615.41</td>
<td>678.09</td>
</tr>
<tr>
<td>2014-15</td>
<td>818.29</td>
<td>853.63</td>
</tr>
<tr>
<td>2015-16</td>
<td>1235.40</td>
<td>1235.19</td>
</tr>
<tr>
<td>2016-17</td>
<td>1418.36</td>
<td>1574.29</td>
</tr>
<tr>
<td>2017-18</td>
<td>1418.36</td>
<td>1574.29</td>
</tr>
</tbody>
</table>

Report on the Financial Statements

We have audited the accompanying Financial Statements of CanKids...KidsCan, Delhi which comprise the Balance Sheet as at 31st March, 2018, the Income & Expenditure Statement and also the Receipt & Payment Statement for the year then ended and a summary of significant accounting policies and other explanatory information on that date annexed thereto.

Management’s Responsibility for the Financial Statements

The Society Management is responsible for the preparation of these financial statements that give a true and fair view of the financial position, financial performance of the Society in accordance with the Accounting Standards issued by the Institute of Chartered Accountants of India. This Responsibility includes the design, implementation and maintenance of internal control relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

Auditor’s responsibility

Our Responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with the standards on Auditing issued by the Institute of Chartered Accountants of India. Those Standards require that we comply with ethical requirements and 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 auditor’s judgement, 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 Society preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the appropriateness of accounting policies.
used and reasonableness of the accounting estimates made by management, as well as
evaluating the overall financial 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 and to the best of our information and according to the explanations given to
us, the Financial Statements give the information in the manner so required and give a true
and fair view in conformity with the accounting principles generally accepted in India.

i) in the case of the Balance Sheet, of the state of affairs of the Society as at 31st March,
2018, and,

ii) In the case of the Income & Expenditure Statement, of the excess of income over
expenditure of the Society for the year ended on that date.

iii) In the case of the Receipt & Payment Statement, of the cash flow of the Society for
the year ended on that date.

**Report on Other Legal and Regulatory Requirements**

Further, we report that:

(a) We have obtained all the information and explanations which to the best of our
knowledge and belief were necessary for the purpose of our audit;

(b) In our opinion, proper books of account, as required by law have been kept by the
Society so far, as appears from our examination of such books;

(c) The Balance Sheet, Income & Expenditure Statement and Receipts & Payment
Statement dealt with by this Report are in agreement with the books of account;

For NDR & Co.
Chartered Accountants
Firm Reg. No. 007396N

(Sanjiv Nanda)
Partner
M. No. 086284

Place: New Delhi
Dated: September 06, 2018
## Statement of Income & Expenditure

### For the Year Ended on 31st March 2018

<table>
<thead>
<tr>
<th>Particulars</th>
<th>For the period Ended on 31st March 2018</th>
<th>For the Year Ended on 31st March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PE</td>
<td>OE</td>
</tr>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations Income</td>
<td>57,972,418</td>
<td>62,645,030</td>
</tr>
<tr>
<td>- Other Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Interest Earned</td>
<td>1,206,778</td>
<td>1,061,612</td>
</tr>
<tr>
<td>- (Out) Income (other than donations)</td>
<td>1,415,334</td>
<td>1,415,334</td>
</tr>
<tr>
<td>Total Income</td>
<td>69,488,194</td>
<td>70,369,564</td>
</tr>
<tr>
<td><strong>EXPENDITURE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Services</td>
<td>58,995,786</td>
<td>59,006,202</td>
</tr>
<tr>
<td>- General Admin. Exp.</td>
<td>12,740,143</td>
<td>12,740,143</td>
</tr>
<tr>
<td>- Medical &amp; Paramed. Exp.</td>
<td>36,255,643</td>
<td>36,266,060</td>
</tr>
<tr>
<td>- Depreciation</td>
<td>1,415,334</td>
<td>1,415,334</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>63,261,360</td>
<td>63,261,360</td>
</tr>
<tr>
<td><strong>Balance of Income over Expenditure for the year</strong></td>
<td>(5,726,804)</td>
<td>(5,705,089)</td>
</tr>
</tbody>
</table>

### Statement of Receipt & Payment

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Year Ended 31st March 2018</th>
<th>Year Ended 31st March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RECEIPTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Donations received</td>
<td>84,980</td>
<td>135,900</td>
</tr>
<tr>
<td>- Interest Earned</td>
<td>27,492,610</td>
<td>17,485,026</td>
</tr>
<tr>
<td>- Interest Earned</td>
<td>127,827,094</td>
<td>119,719,884</td>
</tr>
<tr>
<td>- Membership of Capital</td>
<td>4,727,127</td>
<td>1,151,718</td>
</tr>
<tr>
<td>- (Out) Income (other than donations)</td>
<td>725,011</td>
<td>725,011</td>
</tr>
<tr>
<td>- Amount realized on maturity of Investments</td>
<td>5,000,000</td>
<td>5,000,000</td>
</tr>
<tr>
<td>Total Receipts</td>
<td>137,840,898</td>
<td>138,624,825</td>
</tr>
</tbody>
</table>

### Payments

<table>
<thead>
<tr>
<th>Operating expenditure paid during the year</th>
<th>72,600,248</th>
<th>51,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>- General Admin. Exp.</td>
<td>20,122,920</td>
<td>15,252,340</td>
</tr>
<tr>
<td>- Medical &amp; Paramed. Exp.</td>
<td>13,873,223</td>
<td>13,873,223</td>
</tr>
<tr>
<td>- Depreciation</td>
<td>12,020,821</td>
<td>12,020,821</td>
</tr>
<tr>
<td>Total Payments</td>
<td>72,600,248</td>
<td>51,000,000</td>
</tr>
</tbody>
</table>

### Change in Balance of Fund

<table>
<thead>
<tr>
<th>Change in Balance of Fund</th>
<th>52,340</th>
<th>84,980</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Balance with scheduled bank in Saving Account</td>
<td>(7,061,119)</td>
<td>21,662,315</td>
</tr>
</tbody>
</table>
NOTE: 01 - SIGNIFICANT ACCOUNTING POLICIES
(Forming part of the Balance Sheet as at 31st March, 2018)

(a) Basis of Preparation
The Financial Statements are prepared under the historical cost convention on accrual basis and in accordance with the generally accepted accounting principles and the applicable Accounting Standards issued by the Institute of Chartered Accountants of India.

(b) Use of Estimates
The preparation of financial statements is in conformity with the generally accepted accounting principles which require the Management to make estimates and assumptions that affect the reported amounts of assets and liabilities on the date of financial statements. Actual results if they differ from those estimates are recognized in the current and future accounting periods.

(c) Revenue Recognition
Donation/Grants
General Donation/Grants Income is recognized as income on receipt basis. Donation/Grants Income for the specific ongoing projects/purpose are recognized as income on accrual basis to the extent of expenditure incurred during the year.

Grant/Donations received for the purpose of acquisition of eligible fixed assets are accounted as capital grants. Such grants/donations are allocated to income over the period and in the proportion in which depreciation on those assets is charged.

Interest Income
Interest income is accounted for on time proportionate basis at the applicable rate of interest.

(d) Fixed Assets and Depreciation
Fixed assets are stated at historical cost less accumulated depreciation. The depreciation is provided as per the written down value method as per Income Tax Act, 1961. However, Fixed Assets acquired from FCRA fund is fully depreciated in the year of purchase.

Further Fixed Assets received in kind as donation from individuals are shown at nominal value at Rupees 1/- in the books of account and Fixed Assets received in kind as donation from other institutions/societies/trust, if any, are recognized at certified value given by registered/independent valuer.

(e) Investments
All investments are stated at cost. Provision for diminution, if any, in the value of investments, other than temporary, is made in the books of accounts.

(f) Foreign Currency Transactions
Transactions in foreign currency are accounted for at the exchange rate prevailing on the date of transaction.

(g) Employee Benefits
Gratuity
Gratuity is calculated in the manner prescribed under Income Tax Act, 1961 and is recognized as expense on actual payment basis.

Provident Fund
The Society makes contribution to statutory provident fund account held with the Government in accordance with Employees’ Provident Fund and Miscellaneous Provisions Act, 1952. The plan is a defined contribution plan and contribution paid or payable is recognized as an expense in the period in which services are rendered by the employee.

Other short term benefits
Other short-term benefits are recognized as expenses on actual payment basis for the period during which services are rendered by the employee.

(h) Provisions and contingent liabilities
The Society creates a provision when there is a present obligation as a result of a past event that probably requires an outflow of resources and a reliable estimate can be made of the amount of the obligation. A disclosure for a contingent liability is made when there is a possible obligation or a present obligation that may but probably will not require an outflow of resources. Disclosure is also made in respect of a present obligation that probably requires an outflow of resources, where it is not possible to make a reliable estimate of the related outflow. Where there is a present obligation in respect of which the likelihood of outflow of resources is remote, no provision or disclosure is made.

(i) Allocation of Common Expenses
1. Central Core Services Allocation – of National Outreach Program (NOP) staff and administrative expenses of all the core service programs including Medical Support and Projects, Treatment Support Program (TSP), Pediatric Psycho-oncology Program (PPOP), Education Program, Communication Education Public Awareness & Advocacy (CEPA&A), Capacity Skill Building (CSB), Parent & Survivor Group. The allocation includes salaries and allowances of the staff. The allocation of Central
CANKIDS...KIDSCAN

Core Services to all the CHSUs is as fixed percentage of the net direct cost of the CHSU as decided by the management. Where funding is already secured from other donor the same is not charged as allocation.

2. Central Admin cost allocation: taken at a fixed percentage of each CHSU or Care Centre budget as decided by the management. (Central admin cost includes Accounts and finance, Audit, monitoring, HR and Resource mobilization expenses).

(i) The annual financials of the Cankids-Kidscan are the consolidation of all the charitable activities run by the Society across the country.

(x) Note 01 to Note 19 form an integral part of the Financial Statement.

(i) The figures have been rounded off to the nearest rupee.

---

**NOTE 02 - CORPUS FUND**

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2017</th>
<th>Received during the year</th>
<th>Utilized during the year</th>
<th>As at 31.03.2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corpus Fund</td>
<td>618,000</td>
<td>51,000</td>
<td>-</td>
<td>1,120,000</td>
</tr>
</tbody>
</table>

---

**NOTE 03 - LIFE MEMBERSHIP FUND**

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2017</th>
<th>Received during the year</th>
<th>Utilized during the year</th>
<th>As at 31.03.2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Membership Fund</td>
<td>247,000</td>
<td>-</td>
<td>-</td>
<td>247,000</td>
</tr>
</tbody>
</table>

---

**NOTE 04 - EARNARDED FUND**

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2017</th>
<th>Received during the year</th>
<th>Utilized during the year</th>
<th>As at 31.03.2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cankids Treating Fund</td>
<td>2,109,000</td>
<td>180,000</td>
<td>(93,300)</td>
<td>2,105,700</td>
</tr>
<tr>
<td>Cankids HAMS Corpus Fund</td>
<td>580,000</td>
<td>40,000</td>
<td>(43,000)</td>
<td>577,000</td>
</tr>
<tr>
<td>Super Cankids Rehabilitation Fund</td>
<td>4,100,000</td>
<td>360,000</td>
<td>365,000</td>
<td>4,100,000</td>
</tr>
<tr>
<td>House Children Fund</td>
<td>1,000,000</td>
<td>80,000</td>
<td>80,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Aster Cancer Treatment</td>
<td>1,200,000</td>
<td>-</td>
<td>-</td>
<td>1,200,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8,089,000</strong></td>
<td><strong>390,000</strong></td>
<td><strong>318,300</strong></td>
<td><strong>8,060,700</strong></td>
</tr>
</tbody>
</table>

---

**NOTE 05 - CAPITAL GRANT FUND**

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2017</th>
<th>Received/Expenditure during the year</th>
<th>Amount utilized during the year</th>
<th>As at 31.03.2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount received from other society</td>
<td>1,073,104</td>
<td>-</td>
<td>(22,700)</td>
<td>1,050,404</td>
</tr>
<tr>
<td>Expenditure in respect of above</td>
<td>-</td>
<td>-</td>
<td>538</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>1,073,104</td>
<td>538</td>
<td>(22,262)</td>
<td>1,050,344</td>
</tr>
<tr>
<td>Amount received from Capital fund</td>
<td>2,012,700</td>
<td>2,765,327</td>
<td>539,000</td>
<td>5,337,027</td>
</tr>
<tr>
<td>Amount utilized</td>
<td>2,012,700</td>
<td>2,765,327</td>
<td>539,000</td>
<td>5,002,941</td>
</tr>
</tbody>
</table>

**NOTE 06 - GENERAL RESERVE FUND**

<table>
<thead>
<tr>
<th>Particulars</th>
<th>As at 31.03.2017</th>
<th>As at 31.03.2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess/Deficit of Income</td>
<td>4,720,62</td>
<td>4,720,62</td>
</tr>
<tr>
<td>Excess/Deficit of Expenditure</td>
<td>82,592</td>
<td>-</td>
</tr>
<tr>
<td>Balance</td>
<td>4,638,028</td>
<td>4,703,102</td>
</tr>
</tbody>
</table>

---

For H & L Co: Chaitra Avasthy Email: h@l@l.com
For CANKIDS...KIDSCAN
### Annexure I: Medical Assistance Fund

<table>
<thead>
<tr>
<th>S. NO.</th>
<th>Donor</th>
<th>As at 31.03.2018 Received/Released during the year</th>
<th>Utilized during the year</th>
<th>As at 31.03.2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1(a)</td>
<td>JSW Medical Assistance Fund</td>
<td>- 2,200,000</td>
<td>2,200,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>a. Make India Foundation</td>
<td>- 2,200,000</td>
<td>2,200,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>b. M&amp;K Media Private Limited</td>
<td>- 800,000</td>
<td>800,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>c. United Nations Children's Fund</td>
<td>- 1,200,000</td>
<td>1,200,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>d. Arogya Saathi Cancer Charitable Trust</td>
<td>- 600,000</td>
<td>600,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>e. Blue Elephant India Private Limited</td>
<td>- 1,205,000</td>
<td>1,205,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>f. Red Cross India Private Limited</td>
<td>- 650,000</td>
<td>650,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>g. Muslim Missionary</td>
<td>- 920,000</td>
<td>920,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>h. RUPV General Life Insurance Co. Limited</td>
<td>- 2,280,000</td>
<td>2,280,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Sub-Total of (i)</td>
<td>- 10,371,000</td>
<td>10,371,000</td>
<td>7,220,000</td>
</tr>
<tr>
<td>1(b)</td>
<td>FCRF Medical Assistance Fund</td>
<td>- 2,000,000</td>
<td>2,000,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>a. kids Against Cancer Association</td>
<td>- 1,242,000</td>
<td>1,242,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>b. Yudh先进技术 Foundation</td>
<td>- 200,000</td>
<td>200,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Sub-Total of (ii)</td>
<td>- 2,442,000</td>
<td>2,442,000</td>
<td>2,242,000</td>
</tr>
<tr>
<td></td>
<td>Grand Total</td>
<td>- 12,813,000</td>
<td>12,813,000</td>
<td>9,462,000</td>
</tr>
</tbody>
</table>

### Annexure II: Change for Childhood Cancer (CC) in Uttar Pradesh Fund

<table>
<thead>
<tr>
<th>S. NO.</th>
<th>Donor</th>
<th>As at 31.03.2018 Received/Released during the year</th>
<th>Utilized during the year</th>
<th>As at 31.03.2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1(a)</td>
<td>FCRF Change for Childhood Cancer (CC) in Uttar Pradesh Fund</td>
<td>- 1,200,000</td>
<td>1,200,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>a. Great Leap Leaders</td>
<td>- 1,200,000</td>
<td>1,200,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>b. Pepsico India Private Limited</td>
<td>- 2,500,000</td>
<td>2,500,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Sub-Total of (i)</td>
<td>- 3,700,000</td>
<td>3,700,000</td>
<td>-</td>
</tr>
<tr>
<td>1(b)</td>
<td>FCRF Change for Childhood Cancer (CC) in Uttar Pradesh Fund</td>
<td>- 1,200,000</td>
<td>1,200,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>a. Pepsico India Private Limited</td>
<td>- 1,200,000</td>
<td>1,200,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Sub-Total of (ii)</td>
<td>- 2,400,000</td>
<td>2,400,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Grand Total</td>
<td>- 6,100,000</td>
<td>6,100,000</td>
<td>6,100,000</td>
</tr>
</tbody>
</table>

### Annexure III: Change for Childhood Cancer (CC) in Tamil Nadu Fund

<table>
<thead>
<tr>
<th>S. NO.</th>
<th>Donor</th>
<th>As at 31.03.2018 Received/Released during the year</th>
<th>Utilized during the year</th>
<th>As at 31.03.2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1(a)</td>
<td>FCRF Change for Childhood Cancer (CC) in Tamil Nadu Fund</td>
<td>- 3,000,000</td>
<td>3,000,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>a. JSW Foundation</td>
<td>- 3,000,000</td>
<td>3,000,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>b. Pepsico India Private Limited</td>
<td>- 600,000</td>
<td>600,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Sub-Total of (i)</td>
<td>- 3,600,000</td>
<td>3,600,000</td>
<td>-</td>
</tr>
<tr>
<td>1(b)</td>
<td>FCRF Change for Childhood Cancer (CC) in Tamil Nadu Fund</td>
<td>- 3,000,000</td>
<td>3,000,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>a. Pepsico India Private Limited</td>
<td>- 3,000,000</td>
<td>3,000,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Sub-Total of (ii)</td>
<td>- 6,000,000</td>
<td>6,000,000</td>
<td>6,000,000</td>
</tr>
<tr>
<td></td>
<td>Grand Total</td>
<td>- 9,600,000</td>
<td>9,600,000</td>
<td>9,600,000</td>
</tr>
</tbody>
</table>

### Annexure IV: Change for Childhood Cancer (CC) in West Bengal Fund

<table>
<thead>
<tr>
<th>S. NO.</th>
<th>Donor</th>
<th>As at 31.03.2018 Received/Released during the year</th>
<th>Utilized during the year</th>
<th>As at 31.03.2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1(a)</td>
<td>FCRF Change for Childhood Cancer (CC) in West Bengal Fund</td>
<td>- 2,000,000</td>
<td>2,000,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>a. JSW Foundation</td>
<td>- 2,000,000</td>
<td>2,000,000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Sub-Total of (i)</td>
<td>- 4,000,000</td>
<td>4,000,000</td>
<td>-</td>
</tr>
</tbody>
</table>

---

**For CANKIDS_KIDSCAN**

For NHR & Co., Chartered Accountants
For NHR & Co., Chartered Accountants

**For NHR & Co., Chartered Accountants**

For NHR & Co., Chartered Accountants

**For CANKIDS_KIDSCAN**

For M/s. NHR & Co., Chartered Accountants
NOTE: 01. FIXED ASSETS

<table>
<thead>
<tr>
<th>DESCRIPTION OF ASSETS</th>
<th>RATE %</th>
<th>AS AT 30/06/2017</th>
<th>ADDITIONS DURING THE YEAR</th>
<th>DEPRECIATION DURING THE YEAR</th>
<th>AS AT 30/06/2018</th>
<th>AS AT 30/06/2019</th>
<th>AS AT 30/06/2020</th>
<th>AS AT 30/06/2021</th>
<th>AS AT 30/06/2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. ASSETS PURCHASED (FNR Funds)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixtures &amp; Furniture</td>
<td>10%</td>
<td>977,666</td>
<td>23,192</td>
<td>94,016</td>
<td>961,677</td>
<td>942,437</td>
<td>942,437</td>
<td>942,437</td>
<td>942,437</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>15%</td>
<td>792,231</td>
<td>123,942</td>
<td>98,300</td>
<td>894,613</td>
<td>865,088</td>
<td>835,349</td>
<td>805,508</td>
<td>775,669</td>
</tr>
<tr>
<td>Plant &amp; Machinery</td>
<td>15%</td>
<td>319,477</td>
<td>64,860</td>
<td>77,527</td>
<td>379,816</td>
<td>433,630</td>
<td>487,455</td>
<td>543,280</td>
<td>596,030</td>
</tr>
<tr>
<td>Computers</td>
<td>40%</td>
<td>1,038,777</td>
<td>612,490</td>
<td>645,399</td>
<td>1,496,124</td>
<td>2,143,626</td>
<td>2,802,126</td>
<td>3,461,626</td>
<td>4,121,126</td>
</tr>
<tr>
<td>Software</td>
<td>45%</td>
<td>52,935</td>
<td></td>
<td></td>
<td>55,387</td>
<td>64,170</td>
<td>73,650</td>
<td>83,130</td>
<td>92,610</td>
</tr>
<tr>
<td>Vehicles</td>
<td>15%</td>
<td>92,451</td>
<td></td>
<td></td>
<td>101,476</td>
<td>116,558</td>
<td>132,640</td>
<td>148,720</td>
<td>164,800</td>
</tr>
<tr>
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<td>795,601</td>
<td>864,290</td>
<td>3,729,839</td>
<td>4,624,437</td>
<td>5,517,959</td>
<td>6,411,489</td>
<td>7,305,019</td>
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<td>B. ASSETS PURCHASED (FCRSA Funds)</td>
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<td>Fixtures &amp; Furniture</td>
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<td>116,000</td>
<td>2,148,600</td>
<td>2,262,000</td>
<td>2,375,400</td>
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<td>839,560</td>
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<td>72,000</td>
<td>379,477</td>
<td>433,477</td>
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<td></td>
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<td>116,558</td>
<td>132,640</td>
<td>148,720</td>
<td>164,800</td>
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<td>5,517,959</td>
<td>6,411,489</td>
<td>7,305,019</td>
</tr>
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<td>C. ASSETS RECEIVED FROM OTHER S</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>rities &amp; Tenants</td>
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<td>Office Equipment</td>
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<tr>
<td>Plant &amp; Machinery</td>
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<tr>
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<tr>
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<tr>
<td>Vehicles</td>
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<td>D. ASSETS RECEIVED IN DONATION</td>
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<td><strong>Total</strong></td>
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<td>515</td>
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<tr>
<td>E. ASSETS ACQUIRED FROM CAPITAL GRANT</td>
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</tr>
<tr>
<td>Fixtures &amp; Furniture</td>
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<tr>
<td>Office Equipment</td>
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<tr>
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<tr>
<td><strong>Grand Total</strong></td>
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</tr>
</tbody>
</table>

For CANKIDS, KIRSCAN

Poonam P. Shah
Sonal Sharma
Bashir Kumar
COOL & CO.
## NOTE 19 - NOTES TO ACCOUNTS

(a) During the year, Cankids...KidScan received donations of Rs. 178,650/- (Previous Year: Rs. 21,000/-) as anonymous donation. However, the aggregate amount is within the permissible limit (i.e. less than 5% of the total donation received during the year), hence not treated as taxable donation.

(b) During the year, the Society has incurred the expenses from INR account to facilitate the running of ongoing FCRA projects & program activities, and an amount of Rs. 25,13,517/- is outstanding as on March 31, 2018 (Previous Year: Rs. 22,11,527/-), which will be transferred to INR account in next financial year.

(c) The Society has opted to cover their employee, who are getting a salary of Rs. 21,000/- or less, under ESIC Rules and Regulations with effect from 01 May 2017.

(d) During the year, the management of Society has decided to accrue interest @9% per annum on the respective earmarked funds so that the same could be used for directed purposes.

(e) The Society follows project accounting in case of specific projects, resultant unutilized amount of specific project funds has been shown as a 'Project Fund' in the Balance Sheet. Similarly, in case if the Society spent excess amount against the amount received for specific projects, such amount has been shown as "Recoverable from Donor" up to the amount spent/utilized on the same projects.

(f) Figures for the previous year have been regrouped/reclassified/reinstated, wherever considered necessary.