

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

2002Open to Public
Inspection**A** For the 2002 calendar year, or tax year period beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific instructions.

C Name of organization**CHILDRENS' ONCOLOGY CAMP FOUNDATION, INC**

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 1450

City or town, state or country, and ZIP + 4

MISSOULA, MT 59806**D** Employer identification number**81-0472959****E** Telephone number**(406) 549-5987****F** Accounting method ☐ Cash ☒ Accrual
(specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**6** Web site ▶ **WWW.CAMPDREAM.ORG****J** Organization type (check only one) ☒ 501(c) (3) (Insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,800,480.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	1,624,209.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 1,624,209. noncash \$)	1d	1,624,209.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	10,215.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a	150,554.	
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	150,554.	
7	Other investment income (describe ▶)	7			
Expenses	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
	8d				
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a	Gross revenue from sales of inventory, less returns and allowances	10a	15,502.	
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	15,502.	
Net Assets	11	Other revenue (from Part VII, line 103)	11		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,800,480.	
	13	Program services (from line 44, column (B))	13	479,316.	
	14	Management and general (from line 44, column (C))	14	165,926.	
	15	Fundraising (from line 44, column (D))	15	126,855.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 13 and 14, column (A))	17	772,097.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,028,383.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,202,606.	
	20	Other changes in net assets or fund balances (attach explanation)	20	<7,281.>	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	3,223,708.	

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ noncash \$				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	0.	0.	0.	0.
26	Other salaries and wages	210,780.	100,068.	83,034.	27,678.
27	Pension plan contributions				
28	Other employee benefits	27,494.	16,496.	8,248.	2,750.
29	Payroll taxes	29,330.	17,598.	8,799.	2,933.
30	Professional fundraising fees				
31	Accounting fees	4,500.		4,500.	
32	Legal fees				
33	Supplies	48,833.	25,179.	3,773.	19,881.
34	Telephone	9,310.	5,586.	2,793.	931.
35	Postage and shipping	6,052.	3,686.	1,775.	591.
36	Occupancy	17,605.	10,563.	5,282.	1,760.
37	Equipment rental and maintenance	30,370.	21,543.	2,162.	6,665.
38	Printing and publications	38,070.	25,851.	8,017.	4,202.
39	Travel	17,939.	4,912.	13,027.	
40	Conferences, conventions, and meetings	1,657.		1,657.	
41	Interest	7,866.	7,473.	393.	
42	Depreciation, depletion, etc (attach schedule)	108,574.	103,145.	5,429.	
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 4	43e	213,717.	137,216.	17,037.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	772,097.	479,316.	165,926.

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$,

(iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	SEE STATEMENT 6	
	(Grants and allocations \$)	479,316.
b		
	(Grants and allocations \$)	
c		
	(Grants and allocations \$)	
d		
	(Grants and allocations \$)	
e	Other program services (attach schedule)	(Grants and allocations \$)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	479,316.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	257,007.	45 741,713.
	46 Savings and temporary cash investments	243,348.	46 336,671.
	47 a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a 580,000.	
	b Less: allowance for doubtful accounts	48b	48c 580,000.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	4,727.	52 5,501.
	53 Prepaid expenses and deferred charges	11,712.	53 8,188.
	54 Investments - securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other	48,547.	56	
57 a Land, buildings, and equipment basis	57a 2,954,498.		
b Less: accumulated depreciation	57b 698,972.	2,344,815.	
58 Other assets (describe ►)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	2,910,156.	59 3,927,599.	
Liabilities	60 Accounts payable and accrued expenses	9,255.	60 23,190.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	STMT 8 STMT 9 698,295.	64b 680,701.
	65 Other liabilities (describe ►)		65
	66 Total liabilities (add lines 60 through 65)	707,550.	66 703,891.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	1,967,758.	67 1,897,501.
	68 Temporarily restricted	33,500.	68 1,105,634.
	69 Permanently restricted	201,348.	69 220,573.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	2,202,606.	73 3,223,708.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	2,910,156.	74 3,927,599.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	66,000.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under: section 4911 0., section 4912 0., section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed	90b	11
b	Number of employees employed in the pay period that includes March 12, 2002		
91	The books are in care of GALUSHA, HIGGINS, & GALUSHA, PC Telephone no. (406) 728-1800		
	Located at 127 E. FRONT, MISSOULA, MT ZIP + 4 59807		

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

Note Enter gross amounts unless otherwise indicated

93 Program service revenue

a _____
b _____
c _____
d _____
e _____

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets

other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue

a _____
b _____
c _____
d _____
e _____

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions.)

Line No Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

102 **ENHANCES THE CAMP WHICH PROVIDES EXPERIENCES FOR THE YOUTH AND YOUNG ADULTS WITH CANCER BY PROMOTION AND HELPING KEEP IT A COST FREE CAMP.**

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete information of which preparer has any knowledge.

JTS/03

Gregg A. Denecker, Esq. Dir.
Type or print name and title

Department of the Treasury
Internal Revenue Service

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2002

CHILDRENS' ONCOLOGY CAMP FOUNDATION, INC

Employer identification number
81 0472959

(See page 1 of the instructions. List each one. If there are none, enter "None".)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE ----- 		

Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See page 2 of the instructions)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3** Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)

3 X

- 4** Do you have a section 403(b) annuity plan for your employees?

4 X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	668,289.	748,211.	657,379.	751,771.	2,825,650.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	14,974.	13,865.	11,205.		40,044.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	149,181.	139,289.	106,108.	69,468.	464,046.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	832,444.	901,365.	774,692.	821,239.	3,329,740.
24 Line 23 minus line 17	817,470.	887,500.	763,487.	821,239.	3,289,696.
25 Enter 1% of line 23	8,324.	9,014.	7,747.	8,212.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					65,794.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					344,206.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					3,289,696.
d Add: Amounts from column (e) for lines 18 464,046. 19 22 344,206.					808,252.
e Public support (line 26c minus line 26d total)					2,481,444.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					75.4308%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2001) (2000) (1999) (1998)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2001) (2000) (1999) (1998)					
c Add. Amounts from column (e) for lines: 15 16 17 20 21					N/A
d Add Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

	Yes	No
29		

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30		
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31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31		
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If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)

32 Does the organization maintain the following:

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

32a		
32b		
32c		
32d		

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34a		
-----	--	--

b Has the organization's right to such aid ever been revoked or suspended?

34b		
-----	--	--

If you answered "Yes" to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

35		
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Schedule A (Form 990 or 990-EZ) 2002

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated groupCheck ☐ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - <div style="display: flex; justify-content: space-between;"> <div> <p>If the amount on line 40 is -</p> <p>Not over \$500,000</p> <p>Over \$500,000 but not over \$1,000,000</p> <p>Over \$1,000,000 but not over \$1,500,000</p> <p>Over \$1,500,000 but not over \$17,000,000</p> <p>Over \$17,000,000</p> </div> <div> <p>The lobbying nontaxable amount is -</p> <p>20% of the amount on line 40</p> <p>\$100,000 plus 15% of the excess over \$500,000</p> <p>\$175,000 plus 10% of the excess over \$1,000,000</p> <p>\$225,000 plus 5% of the excess over \$1,500,000</p> <p>\$1,000,000</p> </div> </div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution If there is an amount on either line 43 or line 44, you must file Form 4720			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
		0.

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
REAL ESTATE - GOLD CREEK, MONTANA	1	150,554.
TOTAL TO FORM 990, PART I, LINE 6A		150,554.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

1. GROSS RECEIPTS	15,502	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		15,502
4. COST OF GOODS SOLD (LINE 13)		
5. GROSS PROFIT (LINE 3 LESS LINE 4)		15,502

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	
7. MERCHANDISE PURCHASED	
8. COST OF LABOR	
9. MATERIALS AND SUPPLIES	
10. OTHER COSTS	
11. ADD LINES 6 THROUGH 10	
12. INVENTORY AT END OF YEAR	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION

AMOUNT

UNREALIZED LOSSES

<7,281.>

TOTAL TO FORM 990, PART I, LINE 20

<7,281.>

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	1,648.			1,648.
FUNDRAISING	22,588.			22,588.
IN-KIND EXPENSES	104,214.	76,906.	6,909.	20,399.
INSURANCE	23,564.	22,386.	1,178.	
LEASE EXPENSE	1,269.	761.	381.	127.
MISCELLANEOUS	11,228.	6,737.	3,368.	1,123.
OUTSIDE SERVICES	3,782.			3,782.
TAXES & LICENSES	1,695.	1,017.	509.	169.
UTILITIES	30,245.	18,147.	3,025.	9,073.
VEHICLE EXPENSES	5,556.	3,334.	1,667.	555.
PURCHASES	7,928.	7,928.		
TOTAL TO FM 990, LN 43	213,717.	137,216.	17,037.	59,464.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	5
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EXPLANATION

PROVIDE A COST FREE CAMP FACILITY AND EXPERIENCE FOR YOUTHS
AND YOUNG ADULTS WITH CANCER.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6
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DESCRIPTION OF PROGRAM SERVICE ONE

5 TWO-WEEK CAMPS WERE PROVIDED FOR CHILDREN WITH CANCER.
ALL EXPENSES INCLUDING TRANSPORTATION AND MEDICAL
SUPPLIES WERE PROVIDED BY THE CAMP. 164 CHILDREN
FROM 24 STATES AND CANADA ENJOYED THE CAMP EXPERIENCE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		479,316.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PROPERTY AND EQUIPMENT	2,856,198.	698,972.	2,157,226.
LAND	98,300.	0.	98,300.
TOTAL TO FORM 990, PART IV, LN 57	2,954,498.	698,972.	2,255,526.

FORM 990	MORTGAGES PAYABLE	STATEMENT	8
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DESCRIPTION	BALANCE DUE
FIRST INTERSTATE BANK	130,701.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	130,701.

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT	9
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LENDER'S NAME	TERMS OF REPAYMENT
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MR. GRANADER	
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DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
		550,000.	.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
UNSECURED	CONSTRUCTION

RELATIONSHIP OF LENDER

FRIEND

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	550,000.	550,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	550,000.
--	----------

CHILDREN'S ONCOLOGY CAMP FOUNDATION BOARD OF DIRECTORS

Ned Becker (Kim)

Nutritional Laboratories, VP Marketing
401 McLeod
Missoula, MT 59801
(wk) 273-5493 (hm) 721-8199
Fax 273-5498 (cell) 544-8726
E-mail nbecker@nutritionallabs.com

Scott Burke (Tana)

First Security Bank, Vice President
1704 Dearborn
Missoula, MT 59801
(wk) 728-3115 (hm) 829-8878 Direct # 329-1937
Fax 728-6736 E-mail sburke@fsbmsla.com

Tim Carte, MD

Western Montana Clinic, Physician
1 - 14th Avenue
Polson, MT 59860
(wk) 883-5680 (hm) 883-2577
Fax 883-8910 E-mail

Tom Copley (Pam)

Galusha, Higgins & Galusha, CEO
P O Box 8867
Missoula, MT 59807
(wk) 728-1800 (hm) 721-0589
Fax 721-2431 E-mail: tomc@ghg-cpa.com

Dave Cotner (Kathy)

Boone, Karlberg & Haddon, Attorney
201 W. Main Street
Missoula, MT 59802
(wk) 543-6646 (hm) 728-2396
Fax 549-6804 E-mail

Bruce Danielson

Bruce Danielson Agency, Owner
2100 Oxford Street
Missoula, MT 59801
(wk) 728-3237 (hm) 549-8965
Fax E-mail

Paulette Fisher (Dave)

Teacher, Retired
2220 Pauline Drive
Missoula, MT 59804
(hm) 542-0247
Fax 542-8776

Henry Gary (Linda)

Private Practice, Neurosurgeon
5113 Clearview Way
Missoula, MT 59803
(wk/hm) 251-8650
Fax E-mail

Angela Hardy (Stephen)

Child Life Specialist
8685 Jacot Lane
Missoula, MT 59808
(hm) 728-3208 (cell) 544-1533
Fax 728-3209 E-mail samrgla@aol.com

Wayne Hiett (Julie)

Galusha, Higgins & Galusha, CPA
P O Box 8867
Missoula, MT 59807-8867
(wk) 728-1800 (hm)
Fax E-mail

Bob Homer

Bitterroot Motors, Exec Asst & Finance Coord
P O Box 3388
Missoula, MT 59806-3388
(wk) 251-2525 (hm) 721-3539
Fax E-mail

Stuart Kaplan, MD

Physician
235 W 75th Street
New York, NY 100
(wk) 212-496-64401 (hm) 908-470-9529
Fax E-mail stukaplan@aol.com

Garyl Klein (Doug)

Community Volunteer
P O Box 7367
Missoula, MT 59807
(hm) 251-5856
Fax E-mail

Gary Koprivica (Paulie)

Bob Ward & Sons, General Manager
152 Fairway Drive
Missoula, MT 59803
(wk) 728-3220 (hm) 549-9673
Fax E-mail

CHILDREN'S ONCOLOGY CAMP FOUNDATION BOARD OF DIRECTORS

Brenda Lange (Hans)

Bitterroot Valley Bank, Vice President

home:

6375 Delarka Drive

Lolo, MT 59847

(wk) 273-2400 (hm) 273-2818

Fax: E-mail:

Pete Lawrenson (Pat)

Montana Rail Link, Director of Security

1850 Garden Grove Lane

Missoula, MT 59804

(wk) 523-1500 (hm) 549-3154 (cell) 239-6160

Fax: E-mail:

Jan Peussig (Mike)

Gateway Printing, Co-Owner

P O. Box 5086

Missoula, MT 59806

(wk) 728-4810 (hm) 728-6935 (cell) 880-1707

Fax 728-4911 E-mail:

Brian Salonen (JoMac)

Northern Rockies Securities

1014 South Ave. West

Missoula, MT 59801

(wk) 728-6699 (hm)

Fax 728-9226 E-mail:

Scott Seifert (Ivy)

Merrill-Lynch, Broker

4280 Wild Fox Drive

Missoula, MT 59802

(wk) 829-2440 (hm) 549-5541

Fax: E-mail:

Bob Shields, MD (Ane)

Community Hospital, Physician

3055 St Thomas

Missoula, MT 59803

(wk) 542-0391 (hm)

Fax: E-mail:

Eric Syvrud (Dana)

Rocky Mountain Forms & Graphics, Owner

2801 S. Russell

Missoula, MT 59801

(wk) 728-8102 (hm) 728-4260 (cell) 240-4761

Fax: E-mail:

Michigan members

Brian Granader, Pres "Friends of CMD"

Century 21 Real Estate, Realtor

30283 N Woodward Ave

Royal Oak, MI 48073

(wk) 248-280-4777 (cell) 888-288-6880

Fax: 248-280-4770

E-mail: bgranader@aol.com

Barry Shapiro

The Anderson Group, Inc.

121 W. Long Lake Road, 3rd Floor

Bloomfield, MI 48304

(wk) 248-645-8000

Fax 248-645-8001

• *Executive Committee Members in italic*

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ ► ☒
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)
Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete **Part I** only . . . ► ☐
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	Children's Oncology Camp Foundation	81-0472959
	Number, street, and room or suite no. If a P.O. box, see instructions	
	dba Camp Mak-A-Dream - 3700 So Russell	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Missoula MT 59801	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole group**, check this box ► ☐ . If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until August 15, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 02 or
► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions \$ 0.00

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►  Title ► CPA Date ► 5-13-03

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)