

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CHILDRENS' ONCOLOGY CAMP FOUNDATION INC		D Employer identification number 81-0472959
		Number and street (or P O box if mail is not delivered to street address) PO BOX 1450	Room/suite	E Telephone number (406) 549-5987
		City or town, state or country, and ZIP + 4 MISSOULA, MT 59806		
F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <input type="checkbox"/>				

<p>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p> <p>G Web site: www.campdream.org</p> <hr/> <p>J Organization type (check only one) <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <hr/> <p>K Check here <input type="checkbox"/> 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.</p> <hr/> <p>L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 1,203,405</p>	<p>H and I are not applicable to section 527 organizations.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) If "Yes" enter number of affiliates _____</p> <p>H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.)</p> <p>H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <hr/> <p>I Group Exemption Number _____</p> <hr/> <p>M Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).</p>
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Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	772,483		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ <u>630,967</u> noncash \$ <u>141,516</u>)			1d	772,483
	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	9,379
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a	152,780		
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	152,780
7	Other investment income (describe <input type="checkbox"/>)			7		
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
			8a			
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
Revenue	9	Special events and activities (attach schedule) If any amount is from gaming , check here <input checked="" type="checkbox"/>				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a) <input checked="" type="checkbox"/>	9a	252,810		
	b	Less direct expenses other than fundraising expenses	9b	23,464		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	229,346
	10a	Gross sales of inventory, less returns and allowances	10a	14,156		
Revenue	b	Less cost of goods sold	10b	7,026		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	7,130
	11	Other revenue (from Part VII, line 103)			11	1,797
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	1,172,915	
Expenses	13	Program services (from line 44, column (B))			13	629,237
	14	Management and general (from line 44, column (C))			14	181,726
	15	Fundraising (from line 44, column (D))			15	102,322
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses (add lines 16 and 44, column (A))			17	913,285
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	259,630
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	3,246,587
	20	Other changes in net assets or fund balances (attach explanation) <input checked="" type="checkbox"/>			20	-9,004
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	3,497,213

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 (See the instructions)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	100,000	100,000		
26 Other salaries and wages	26	232,765	99,659	99,830	33,276
27 Pension plan contributions	27				
28 Other employee benefits	28	31,804	19,082	9,541	3,181
29 Payroll taxes	29	40,747	24,448	12,224	4,075
30 Professional fundraising fees	30				
31 Accounting fees	31	6,145		6,145	
32 Legal fees	32				
33 Supplies	33	39,777	31,663	3,223	4,891
34 Telephone	34	8,534	5,120	2,560	854
35 Postage and shipping	35	9,031	5,554	2,608	869
36 Occupancy	36	17,820	10,692	5,346	1,782
37 Equipment rental and maintenance	37	24,714	21,014	2,996	704
38 Printing and publications	38	42,260	28,806	8,049	5,405
39 Travel	39	12,528	7,318	5,210	
40 Conferences, conventions, and meetings	40	4,385		4,385	
41 Interest	41	5,362	5,094	268	
42 Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	42	149,427	141,956	7,471	
43 Other expenses not covered above (itemize)					
a See Additional Data Table	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	913,285	629,237	181,726	102,322

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 (See the instructions.)

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.

What is the organization's primary exempt purpose? ► PROVIDE A COST FREE CAMP FACILITY AND EXPERIENCE FOR YOUTHS AND YOUNG ADULTS WITH CANCER	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a 6 TWO-WEEK CAMPS WERE PROVIDED FOR CHILDREN WITH CANCER. ALL EXPENSES INCLUDING TRANSPORTATION AND MEDICAL SUPPLIES WERE PROVIDED BY THE CAMP. 277 CHILDREN FROM 36 STATES, CANADA AND CHILE ENJOYED THE CAMP EXPERIENCE.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	629,237
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	629,237

Part IV Balance Sheets (See the instructions.)

Note:		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A)		(B)
				Beginning of year		End of year
Assets	45	Cash—non-interest-bearing		352,807	45	597,648
	46	Savings and temporary cash investments		355,008	46	254,303
	47a	Accounts receivable	47a		47c	
	b	Less allowance for doubtful accounts	47b			
	48a	Pledges receivable	48a	66,335	48c	66,335
	b	Less allowance for doubtful accounts	48b	5,138		
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a		51c	
	b	Less allowance for doubtful accounts	51b			
	52	Inventories for sale or use		3,490	52	2,737
	53	Prepaid expenses and deferred charges		2,737	53	4,814
	54	Investments—securities (attach schedule) . <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55a	Investments—land, buildings, and equipment basis	55a		55c	
	b	Less accumulated depreciation (attach schedule)	55b			
56	Investments—other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a	4,230,335	3,182,066	57c	3,149,754
b	Less accumulated depreciation (attach schedule)	57b	1,080,581			
58	Other assets (describe <input checked="" type="checkbox"/> _____)			58		
59	Total assets (must equal line 74) Add lines 45 through 58		3,901,246	59	4,075,591	
Liabilities	60	Accounts payable and accrued expenses		8,649	60	1,967
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)		646,010	64b	576,411
	65	Other liabilities (describe <input checked="" type="checkbox"/> _____)			65	
66	Total liabilities Add lines 60 through 65		654,659	66	578,378	
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		3,001,014	67	3,227,410
	68	Temporarily restricted		25,000	68	30,500
	69	Permanently restricted		220,573	69	239,303
	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)		3,246,587	73	3,497,213
	74	Total liabilities and net assets / fund balances Add lines 66 and 73		3,901,246	74	4,075,591

Part IV-A

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	1,228,591
b	Amounts included on line a but not on line 12		
1	Net unrealized gains on investments	b1	-9,004
2	Donated services and use of facilities	b2	34,190
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	30,490
	Add lines b1 through b4	b	55,676
c	Subtract line b from line a	c	1,172,915
d	Amounts included on line 12, but not on line a		
1	Investment expenses not included on line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	55,676
e	Total revenue (line 12) Add lines c and d	e	1,172,915

Part IV-B

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	977,965
b	Amounts included on line a but not on line 17		
1	Donated services and use of facilities	b1	34,190
2	Prior year adjustments reported on line 20	b2	
3	Losses reported on line 20	b3	
4	Other (specify) _____	b4	30,490
	Add lines b1 through b4	b	64,680
c	Subtract line b from line a	c	913,285
d	Amounts included on line 17, but not on line a:		
1	Investment expenses not included on line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (line 17) Add lines c and d	e	913,285

Part V-A

Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A		Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	20			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b			No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	75c			No
d	Does the organization have a written conflict of interest policy?	75d	Yes		

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI		Other Information <i>(See the instructions.)</i>		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			No
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			No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a			No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b			
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79			No
80a	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			No
b	If "Yes," enter the name of the organization ➤ _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt				
81a	Enter direct or indirect political expenditures (See line 81 instructions)	81a			
b	Did the organization file Form 1120-POL for this year?	81b			No

Part VII

Other Information (continued)

Yes

No

82a

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

Yes

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

34,190

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

Yes

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

No

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

85

501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

b

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

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 the prior year.

c

Dues assessments, and similar amounts from members

85c

d

Section 162(e) lobbying and political expenditures

85d

e

Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

f

Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

g

Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

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?

85h

86

501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12

86a

b

Gross receipts, included on line 12, for public use of club facilities

86b

87

501(c)(12) orgs. Enter a Gross income from members or shareholders

87a

b

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b

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

No

89a

501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

b

501(c)(3) and 501(c)(4) orgs. 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

No

c

Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d

Enter Amount of tax on line 89c, above, reimbursed by the organization

90a

List the states with which a copy of this return is filed

b

Number of employees employed in the pay period that includes March 12, 2005 (See instructions).

90b

11

91a

The books are in care of GALUSHA HIGGINS GALUSHA PC Telephone no (406) 728-1800

127 E FRONT

Located at MISSOULA, MT ZIP + 4 59807

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

91b

Yes

No

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c

At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

No

If "Yes," enter the name of the foreign country

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

Part VII

Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
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			14	9,379	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property			16	152,780	
b	non 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			01	229,346	
102	Gross profit or (loss) from sales of inventory					7,130
103	Other revenue a OTHER INCOME			01	1,797	
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))				393,302	7,130
105	Total (add line 104, columns (B), (D), and (E))					400,432

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 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 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
	%			
	%			
	%			
	%			

Part X

Information Regarding Transfers Associated with Personal Benefit Contracts (See 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

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer

2006-05-12

Date

STUART KAPLAN EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

WAYNE R HIETT

Firm's name (or yours if self-employed), address, and ZIP + 4

Galusha Higgins & Galusha PC

127 East Front Street 301

Missoula, MT 59802

Date

Check if self-employed ☒

Preparer's SSN or PTIN (See Gen Inst W)

EIN

Phone no (406) 728-1800

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILDRENS' ONCOLOGY CAMP FOUNDATION INC

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 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

2005

Employer identification number

81-0472959

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(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				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		

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, include 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 1 of Part VI-B)	1	No
	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 property?	2a	No
b	Lending of money or other extension of credit?	2b	No
c	Furnishing of goods, services, or facilities?	2c	No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	No
e	Transfer of any part of its income or assets?	2e	No
3a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	No
b	Do you have a section 403(b) annuity plan for your employees?	3b	No
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	No
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	No
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	No

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	
The organization is not a private foundation because it is (Please check only ONE applicable box)	
5	<input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6	<input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12	<input type="checkbox"/> 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	<input type="checkbox"/> 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 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	<input type="checkbox"/> 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	659,307	1,308,386	1,044,209	668,289	3,680,191
16 Membership fees received					0
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	13,797	14,073	15,502	14,974	58,346
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	138,997	177,230	160,769	149,181	626,177
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	812,101	1,499,689	1,220,480	832,444	4,364,714
24 Line 23 minus line 17	798,304	1,485,616	1,204,978	817,470	4,306,368
25 Enter 1% of line 23	8,121	14,997	12,205	8,324	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24			26a	86,127
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 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	1,118,640
c Total support for section 509(a)(1) test Enter line 24, column (e)				26c	4,306,368
d Add Amounts from column (e) for lines 18 626,177 19 0 22 26 b 1,118,640				26d	1,744,817
e Public support (line 26c minus line 26d total)				26e	2,561,551
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	5948 29 %
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 (2004) (2003) (2002) (2001)				
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 (2004) (2003) (2002) (2001)					
c Add Amounts from column (e) for lines 15 16 17 20 21				27c	
d Add Line 27a total and line 27 b total				27d	
e Public support (line 27c total minus line 27d total)				27e	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)				27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.)

(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		
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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		31		
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
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		


Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** ☐ if the organization belongs to an affiliated group

Check  **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
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><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div><div>Not over \$500,000</div><div>Over \$500,000 but not over \$1,000,000</div><div>Over \$1,000,000 but not over \$1,500,000</div><div>Over \$1,500,000 but not over \$17,000,000</div><div>Over \$17,000,000</div></div><div><div>20% of the amount on line 40</div><div>\$100,000 plus 15% of the excess over \$500,000</div><div>\$175,000 plus 10% of the excess over \$1,000,000</div><div>\$225,000 plus 5% of the excess over \$1,500,000</div><div>\$1,000,000</div></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)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) 	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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.)

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	Yes	No	Amount
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		No	
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			


51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

	Yes	No
(i) Cash		No
(ii) Other assets		No
b Other transactions		
(i) Sales or exchanges of assets with a noncharitable exempt organization		No
(ii) Purchases of assets from a noncharitable exempt organization		No
(iii) Rental of facilities, equipment, or other assets		No
(iv) Reimbursement arrangements		No
(v) Loans or loan guarantees		No
(vi) Performance of services or membership or fundraising solicitations		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		No

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  ☐ **Yes** ☒ **No**

b If "Yes," complete the following schedule

[illegible]

Additional Data

Software ID:
Software Version:
EIN: 81-0472959
Name: CHILDRENS' ONCOLOGY CAMP FOUNDATION INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a ADVERTISING	43a	255		255	
b FUNDRAISING	43b	44,601			44,601
c IN-KIND EXPENSES	43c	39,186	37,186	2,000	
d INSURANCE	43d	39,523	37,547	1,976	
e MISCELLANEOUS	43e	5,721	3,433	1,716	572
f OUTSIDE SERVICES	43f	898			898
g TAXES & LICENSES	43g	3,258	1,955	977	326
h UTILITES	43h	45,667	43,384	2,283	
i VEHICLE EXPENSES	43i	8,877	5,326	2,663	888

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
WAYNE HIETT PO BOX 1450 MISSOULA, MT 59806	TREASURER 1 00	0	0	0
COLLEEN POWERS PO BOX 1450 MISSOULA, MT 59806	PRESIDENT 1 00	0	0	0
PATTIE IRELAND-TORNABENE PO BOX 1450 MISSOULA, MT 59806	BOARD OF DIRECTORS 1 00	0	0	0
KK JENSE PO BOX 1450 MISSOULA, MT 59806	BOARD OF DIRECTORS 1 00	0	0	0
DOROTHY IRVINE PO BOX 1450 MISSOULA, MT 59806	BOARD OF DIRECTORS 1 00	0	0	0
MIKE JUHOLA PO BOX 1450 MISSOULA, MT 59806	BOARD OF DIRECTORS 1 00	0	0	0
MARK DVARISHKIS PO BOX 1450 MISSOULA, MT 59806	BOARD OF DIRECTORS 1 00	0	0	0
JAN KRYSTKOWIAK PO BOX 1450 MISSOULA, MT 59806	BOARD OF DIRECTORS 1 00	0	0	0
SHERRY GRANADER PO BOX 1450 MISSOULA, MT 59806	BOARD OF DIRECTORS 1 00	0	0	0
JORDAN LIND PO BOX 1450 MISSOULA, MT 59806	BOARD OF DIRECTORS 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
BOB HOMER PO BOX 1450 MISSOULA, MT 59806	VICE-PRESIDENT 1 00	0	0	0
STUART KAPLAN 5867 PARK AVENUE MEMPHIS, TN 38119	MEDICAL DIRECTOR 40 00	100,000	0	0
CORY LAIRD PO BOX 1450 MISSOULA, MT 59806	SECRETARY 1 00	0	0	0
DOUG MCALEAR PO BOX 1450 MISSOULA, MT 59806	BOARD OF DIRECTORS 1 00	0	0	0
NATE MCCARTHY PO BOX 1450 MISSOULA, MT 59806	BOARD OF DIRECTORS 1 00	0	0	0
WILL MCCARTHY PO BOX 1450 MISSOULA, MT 59806	BOARD OF DIRECTORS 1 00	0	0	0
TODD REED PO BOX 1450 MISSOULA, MT 59806	BOARD OF DIRECTORS 1 00	0	0	0
JUDY WAHLBERG PO BOX 1450 MISSOULA, MT 59806	BOARD OF DIRECTORS 1 00	0	0	0
TOM WALSH PO BOX 1450 MISSOULA, MT 59806	BOARD OF DIRECTORS 1 00	0	0	0
CHUCK SULKALA 3430 WASHINGTON STREET JAMAICA PLAIN, MA 02130	BOARD OF DIRECTORS 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ANNE WRIGHT PO BOX 1450 MISSOULA, MT 59806	BOARD OF DIRECTORS 1 00	0	0	0
HADAR GRANADER 8641 N TELEGRAPH RD DEARBORN HEIGHTS, MI 48127	FRIENDS OF CMD 1 00	0	0	0
HEATHER HALL 1901 SOMERSET BLVD 201 TROY, MI 48084	FRIENDS OF CMD 1 00	0	0	0
SUE ARNOLD 3103 HARBOR CT WATERFORD, MI 48328	FRIENDS OF CMD 1 00	0	0	0

Form **4562**
(Rev. January 2006)
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172
2005
Attachment Sequence No. **67**

Name(s) shown on return CHILDRENS' ONCOLOGY CAMP FOUNDATION INC	Business or activity to which this form relates Form 990 Page 2	Identifying number 81-0472959
--	--	--------------------------------------

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses.	1	\$105,000
2 Total cost of section 179 property placed in service (see instructions).	2	
3 Threshold cost of section 179 property before reduction in limitation.	3	\$420,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property. Enter the amount from line 29.	7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8		
9 Tentative deduction. Enter the smaller of line 5 or line 8.	9		
10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562.	10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions).	11		
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12		
13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12.	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions).	14	
15 Property subject to section 168(f)(1) election.	15	
16 Other depreciation (including ACRS).	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2005.	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.		

Section B—Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28.	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution:See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No

24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special allowance for for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI

Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year (see instructions)					
43 Amortization of costs that began before your 2005 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

TY 2005 General Explanation Attachment

Name: CHILDRENS' ONCOLOGY CAMP FOUNDATION INC

EIN: 81-0472959

Identifier	Return Reference	Explanation
Breakdown of the type and amount of compensation	Form 990 Page 2, Part II, line 25	STUART KAPLAN EARNS \$100,000 IN SALARY ONLY

TY 2005 Land etc. Schedule

Name: CHILDRENS' ONCOLOGY CAMP FOUNDATION INC

EIN: 81-0472959

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
PROPERTY AND EQUIPMENT	4,132,035	1,080,581	3,051,454
LAND	98,300		98,300

TY 2005 Mortgages and Notes Payable Schedule

Name:

CHILDRENS' ONCOLOGY CAMP FOUNDATION INC

EIN:

81-0472959

Total Mortgage Amount:

74742

Item No.	1
Lender's Name	MR GRANADER
Lender's Title	
Relationship to Insider	FRIEND
Original Amount of Loan	550000
Balance Due	500000
Date of Note	
Maturity Date	
Repayment Terms	
Interest Rate	0.0000
Security Provided by Borrower	UNSECURED
Purpose of Loan	CONSTRUCTION
Description of Lender Consideration	CASH
Consideration FMV	

Item No.	2
Lender's Name	NFC FINANCIAL SERVICES
Lender's Title	
Relationship to Insider	FINANCIAL LENDER
Original Amount of Loan	3360
Balance Due	1669
Date of Note	2003-04
Maturity Date	2008-07
Repayment Terms	\$72/MONTH
Interest Rate	10.3800
Security Provided by Borrower	PERSONAL PROPERTY
Purpose of Loan	PERSONAL PROPERTY
Description of Lender Consideration	CASH
Consideration FMV	

TY 2005 Officer Compensation Schedule

Name: CHILDRENS' ONCOLOGY CAMP FOUNDATION INC

EIN: 81-0472959

STUART KAPLAN MD

	Compensation	EE Benefit Plans	Expense Acct
Program Services	100,000		
Mgmt & General			
Fundraising			

TY 2005 Other Changes in Net Assets Schedule

Name: CHILDRENS' ONCOLOGY CAMP FOUNDATION INC
EIN: 81-0472959

Description	Amount
UNREALIZED LOSS	-9,004

TY 2005 Other Expenses Included Schedule

Name: CHILDRENS' ONCOLOGY CAMP FOUNDATION INC

EIN: 81-0472959

Description	Amount
LINE 9b AND 10b COSTS OF SALES AND SPECIAL EVENTS	30,490

TY 2005 Other Revenues Included Schedule

Name: CHILDRENS' ONCOLOGY CAMP FOUNDATION INC

EIN: 81-0472959

Description	Amount
COST OF SALES AND DIRECT COSTS OF SPECIAL EVENTS	30,490

TY 2005 Special Events Schedule

Name: CHILDRENS' ONCOLOGY CAMP FOUNDATION INC

EIN: 81-0472959

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
RATPOD GOLF TOURNEY QUICK DRAW	252,810	0	252,810	23,464	229,346