**Form 990**

**Return of Organization Exempt From Income Tax**

Under section 501(c)(3), 501(c)(4), 501(c)(5), or 501(c)(6) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

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### Part I: Summary

1. **Briefly describe the organization’s mission or most significant activities:** CAMP UKANDU BRINGS JOY AND HOPE TO CHILDREN LIVING WITH CANCER, THEIR SIBLINGS, AND THEIR FAMILIES

2. **Revenue**
   - Contributions and grants (Part VIII, column (C))
   - Program service revenue (Part VIII, column (D))
   - Investment income (Part VIII, column (A), lines 3, 4, and 7d)
   - Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
   - Total revenue - add lines 6 through 11 (must equal Part VIII, column (A), line 12)

3. **Expenses**
   - Grants and similar amounts paid (Part IX, column (A), lines 1-3)
   - Benefits paid to or for members (Part IX, column (A), line 4)
   - Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
   - Professional fundraising fees (Part IX, column (A), line 11e)
   - Total fundraising expenses (Part IX, column (A), line 11e)
   - Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)
   - Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)
   - Revenue less expenses. Subtract line 18 from line 12

### Part II: Signature Block

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**

**JULIE DESIMONE, TREASURER**

**Type or print name and title**

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May the IRS discuss this return with the preparer shown above? (see instructions)  
Yes ☐ No ☐

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**Firm’s name**

**Firm’s EIN**

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Phone no.

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For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
1 Briefly describe the organization's mission:

**CAMP UKANDU PROGRAM IS DESIGNED FOR CANCER PATIENTS AND THEIR SIBLINGS BETWEEN THE AGES OF 8 AND 18. THE CAMP PROGRAM IS ONE WEEK LONG AND SERVES BOTH PATIENTS ON AND OFF TREATMENT, AND SIBLINGS OF PATIENTS, INCLUDING THOSE WHO HAVE PASSED AWAY.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses $</th>
<th>Including grants of $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>250,919</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

**CAMP UKANDU PROGRAM IS DESIGNED FOR CANCER PATIENTS AND THEIR SIBLINGS BETWEEN THE AGES OF 8-18. THE CAMP PROGRAM IS ONE WEEK LONG, AND SERVED APPROXIMATELY 125 KIDS AND INCLUDES BOTH MEDICAL AND CAMP STAFF.**

4b

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses $</th>
<th>Including grants of $</th>
<th>Revenue $</th>
</tr>
</thead>
</table>

4c

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses $</th>
<th>Including grants of $</th>
<th>Revenue $</th>
</tr>
</thead>
</table>

4d Other program services (Describe in Schedule O.)

<table>
<thead>
<tr>
<th>Expenses $</th>
<th>Including grants of $</th>
<th>Revenue $</th>
</tr>
</thead>
</table>

4e Total program service expenses ▶ **250,919.**