EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020)

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 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.

OMB No. 1545-0047 Open to Public Inspection

<u>A F</u>	or th	2019 calendar year, or tax year beginning	and	enaing				
B Check if applicable:		C Name of organization		D Employer identification number				
	Addre	UKANDU						
X Name chang		Doing business as			46-4296454			
Initial return		Number and street (or P.O. box if mail is not delivered to street address) Room/s		Room/suite	E Telephone number			
	Final return	601 SW 2ND AVENUE, SUITE 2300			(503) 276-2178			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts	\$	672,640.	
	Amen return	PORTLAND, OR 97204			H(a) Is this a	group ref	turn	
	Application	F Name and address of principal officer: DARIN VICK			for subor	dinates?	Yes X No	
pendi		SAME AS C ABOVE				dinates inc	cluded? Yes No	
		ot status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or 527			If "No," a	ttach a l	ist. (see instructions)	
_		CAMPUKANDU.ORG			H(c) Group exemption number ▶			
					of formation: 2014 M State of legal domicile: OR			
Pa	ırt I	Summary						
Φ	1	riefly describe the organization's mission or most significant activities: CAMP UKANDU BRINGS JOY AND HOPE						
ů	TO CHILDREN LIVING WITH CANCER, THEIR SIBLINGS, AND THEIR FA						FAMILIES	
rns	2	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets.						
οve	3		mber of voting members of the governing body (Part VI, line 1a)				12	
ত	4		umber of independent voting members of the governing body (Part VI, line 1b)				12	
es 6	5	Total number of individuals employed in calendar ye	tal number of individuals employed in calendar year 2019 (Part V, line 2a)				4	
ĭ	6	Total number of volunteers (estimate if necessary)					150	
Activities & Governance		Total unrelated business revenue from Part VIII, colu					0.	
	b	Net unrelated business taxable income from Form 9	90-T, line 39	<u></u>		. 7b	0.	
					Prior Year	112	Current Year	
ne	8				624,0		672,588.	
Revenue	9					22.	0. 52.	
Re	10	/estment income (Part VIII, column (A), lines 3, 4, and 7d)			-59,3		-80,180.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			564,6		592,460.	
	12	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			304,0	0.	0.	
	13	ants and similar amounts paid (Part IX, column (A), lines 1-3)			0.		0.	
	14		nefits paid to or for members (Part IX, column (A), line 4) aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			62.	225,715.	
Expenses	15				±/±,=	0.	0.	
en	ı	Professional fundraising fees (Part IX, column (A), lir Total fundraising expenses (Part IX, column (D), line		0.		<u> </u>	<u> </u>	
Ĕ	ı	• • • • • • • • • • • • • • • • • • • •			177,1	66.	187,976.	
		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e) al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			348,6		413,691.	
	19					29.	178,769.	
-Se		venue less expenses. Subtract line 18 from line 12			ginning of Curren		End of Year	
Net Assets or Fund Balances	20	al assets (Part X, line 16)					714,459.	
Ass Bal	21	Total liabilities (Part X, line 26)				78.	1,008.	
Net	22	Net assets or fund balances. Subtract line 21 from I	ine 20		533,1		713,451.	
	rt II	Signature Block	10.20				,	
Unde	er pena	lties of perjury, I declare that I have examined this return, i	ncluding accompanying schedules	s and statem	ents, and to the be	st of my	knowledge and belief, it is	
	-	et, and complete. Declaration of preparer (other than officer				-	,	
			,					
Sign		Signature of officer Date						
Here		JULIE DESIMONE, TREASURER						
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid					self-employed		d	
Preparer		irm's name			Firm's	EIN 🛌		
Use Only F		rm's address >						
					Phone	no.		
May	the I	RS discuss this return with the preparer shown abov	e? (see instructions)				Yes No	

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Part III | Statement of Program Service Accomplishments

	Check if Schedule O contains a response or note to any line in this Part III
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?
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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.
4a	(Code:) (Expenses \$
	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	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
40	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 297,300.
	Form 990 (2019)