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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10****B** Check if applicable☐ Address change☐ Name change☒ Initial return☐ Termination☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**RANDY SHAVER CANCER RESEARCH
AND COMMUNITY FUND**

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

294 GROVE LANE NE

Room/suite

200F

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

WAYZATA**MN 55391****D** Employer identification number**27-0476510****E** Telephone number**952-473-1780****F** Group Exemption

Number

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

G Accounting method ☒ Cash ☐ Accrual

Other (specify) ►

I Website: ► **WWW.RANDYSHAVERGOLF.COM****J** Tax-exempt status (check only one) — ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **338,799****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	121,549
	2	Program service revenue including government fees and contracts	2	168,524
	3	Membership dues and assessments	3	
	4	Investment income	4	1,166
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ 97,118 of contributions reported on line 1)	6a	47,560
	b	Less direct expenses other than fundraising expenses	6b	97,118
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-49,558	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ►)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	241,681	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 1	10	219,896
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	28,369
	14	Occupancy, rent, utilities, and maintenance	14	6,000
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► SEE STATEMENT 2)	16	7,894
	17	Total expenses. Add lines 10 through 16	17	262,159
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-20,478
	Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
20		Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	327,113
21		Net assets or fund balances at end of year. Combine lines 18 through 20	21	306,635

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	269,313
23 Land and buildings	23	
24 Other assets (describe ► SEE STATEMENT 4)	24	37,322
25 Total assets	0 25	306,635
26 Total liabilities (describe ►)	0 26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27	306,635

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

SEE STATEMENT 5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 SEE STATEMENT 6

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

(Grants \$ **219,896**) If this amount includes foreign grants, check here

28a

238,097

(Grants \$) If this amount includes foreign grants, check here

29a

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

238,097

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instr 37a		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed 41		
42a The organization's books are in care of ROSEANN GIOVANATTO-SHAVER Telephone no 952-473-1780 294 GROVE LANE, SUITE 200F Located at WAYZATA, MN ZIP + 4 55391		
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)? 42b		X
If "Yes," enter the name of the foreign country 42b		
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 U S ? 42c		X
If "Yes," enter the name of the foreign country 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		<input type="checkbox"/>
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

f other independent contractors each receiving over \$100,000 ▶

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.

Here

Signature of officer

ROSEANN GIOVANATTO-SHAVER

Date

EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

LISA BASKFIELD, CPA

Date

04/11/11

Check if self-employed ☐

Preparer's Identifying Number (See instr)

P00027729

Firm's name (or yours if self-employed),

BASKFIELD & ASSOCIATES, CPAS

EIN

41-1883042

address, and ZIP + 4

20980 ROGERS DR STE 400

Phone

ROGERS, MN 55374-4744

no 763-497-0864

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					121,549	121,549
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					47,560	47,560
3 Gross receipts from activities that are not an unrelated trade or business under section 513					168,524	168,524
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5					337,633	337,633
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						337,633

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6					337,633	337,633
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					1,166	1,166
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					1,166	1,166
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)					338,799	338,799
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a** 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐
- b** 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐
- 20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SILENT AUCTION (event type)	LIVE AUCTION (event type)	NONE (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	79,928	64,750		144,678
	2 Less Charitable contributions	57,668	39,450		97,118
	3 Gross revenue (line 1 minus line 2)	22,260	25,300		47,560
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	57,668	39,450		97,118
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				97,118
	11 Net income summary Combine line 3, column (d), and line 10				-49,558

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)					
8 Net gaming income summary Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		X
10a		X
11		X
12		X

13 Indicate the percentage of gaming activity operated in.**a** The organization's facility**b** An outside facility**13a** %**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and recordsName ► **ROSEANN GIOVANATTO-SHAVER**
294 GROVE LANE, SUITE 200FAddress ► **WAYZATA****MN 55391****15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$
amount of gaming revenue retained by the third party ► \$

and the

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Yes No

15a**X****17a****X**

Federal Statements

27-0476510

FYE: 6/30/2010

4/11/2011

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to

Organizations

Name and Address	Date of Gift	Description of Property	Class of Activity	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
MINNESOTA MEDICAL FOUNDATION 200 OAK ST SE # 300 MINNEAPOLIS, MN 55455	1/07/10		MELANOMA RESEARCH	15,400				
MINNESOTA MEDICAL FOUNDATION 200 OAK ST SE # 300 MINNEAPOLIS, MN 55455	1/07/10		IMMUNOTHERAPY	20,000				
MIRACLES OF MITCH FOUNDATION 105 PEAVEY ROAD, SUITE 190 CHASKA, MN 55318	1/07/10		CAMP REGIST. FEES	20,000				
HENNEPIN HEALTH FOUNDATION 701 PARK AVE MINNEAPOLIS, MN 55415	1/07/10		BREAST BOARD	7,000				
MINNESOTA MEDICAL FOUNDATION 200 OAK ST SE # 300 MINNEAPOLIS, MN 55455	1/07/10		MRI AT TESIA 3	33,000				

Federal Statements

27-0476510

FYE: 6/30/2010

4/11/2011

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations (continued)

Name and Address	Date of Gift	Description of Property	Class of Activity	Contribution			Book Value	Book Value Explanation	FMV Explanation
				Cash	Noncash				
MINNESOTA MEDICAL FOUNDATION 1/11/10 200 OAK ST SE # 300 MINNEAPOLIS, MN 55455			TUMOR PRO. IMMUNE CE	50,000					
MINNESOTA MEDICAL FOUNDATION 1/11/10 200 OAK ST SE # 300 MINNEAPOLIS, MN 55455			DUAL TARGET MULTIFUN	26,996					
MINNESOTA MEDICAL FOUNDATION 1/11/10 200 OAK ST SE # 300 MINNEAPOLIS, MN 55455			ANTI-CANCER DRUGS	20,000					
CHILDRENS HEALTHCARE FOUNDATION 1/11/10 2525 CHICAGO AVE MINNEAPOLIS, MN 55404			PPB RESEARCH	25,000					
TOTAL				217,396					

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
OFFICE SUPPLIES	518
GOLF OUTING EXPENSES	7,376
TOTAL	\$ 7,894

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
NET ASSETS WHEN SEPARATED FROM MPLS COMM. FOUNDATI	\$ 327,113
TOTAL	\$ 327,113

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
PLEDGES RECEIVABLE	\$	\$ 37,322
		37,322

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

THE MISSION OF THE RANDY SHAVER CANCER RESEARCH AND COMMUNITY FUND IS TO SUPPORT THE CANCER COMMUNITY IN MINNESOTA BY FUNDING RESEARCH, PREVENTION, TREATMENT AND OTHER PROGRAMS RELATING TO THE CANCER COMMUNITY'S NEEDS.

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

GOLF TOURNAMENT - THE MAIN FUNDRAISER IS A TWO-DAY GOLF EVENT HELD EACH JUNE. THIS EVENT HAS GENERATED OVER 90% OF THE FUND'S DOLLARS. IT AS BEEN HERALDED AS ONE OF THE BEST FUNDRAISING GOLF EVENTS NATIONALLY, BECAUSE EACH YEAR IT OPERATES ON AN INCOME/EXPENSE RATIO OF LESS THAN 10%. THE 2010 EVENT WAS HELD SUNDAY AND MONDAY, JUNE 6TH AND 7TH AT RUSH CREEK GOLF COURSE.

THE MONEY RAISED GOES TO SUPPORT CANCER RESEARCH AND EDUCATIONAL PROGRAMS IN MINNESOTA.

THE ORGANIZATION FACILITATED 40 CAMPERS TO ATTEND CAMP COURAGE, A CAMO FOR CHILDREN BATTLING CANCER. THE CAMP ALLOWS THE CHILDREN AND THEIR SIBLINGS TO PARTICIPATE IN NORMAL SUMMER CAMP ACTIVITIES WITH THE SUPERVISION OF ONCOLOGISTS AND MEDICAL STAFF TO ENSURE THEIR SAFETY.

IN ADDITION, VARIOUS ORGANIZATIONS IN MINNESOTA ARE FUNDED TO RESEARCH CANCER AND DEVELOP SPECIFIC TREATMENTS AND THERAPIES.

FUNDING IS ALSO PROVIDED TO HELP THE KICK OFF NIGHT FOR CAMP ERIN, AN ANNUAL THREE-DAY BEREAVMENT CAMP FOR CHILDREN AGES 6-17 WHO HAVE EXPERIENCED THE LOSS OF A PARENT, FAMILY MEMBER OR FRIEND TO CANCER.