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# Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.*

**Open to Public Inspection**

Form **990-EZ** (2010)

SCANNED NOV 16 2011



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35</b> 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, explain in Schedule O why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>36</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38a</b> 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 tax year covered by this return? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . . ▶ _____		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b> 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. . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. ▶ <b>NONE</b>		
<b>42a</b> The organization's books are in care of ▶ <b>SEE ATTACHMENT #9</b> Telephone no. ▶ _____		
Located at ▶ _____ ZIP + 4 ▶ _____		
<b>b</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)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ _____		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____ <input type="checkbox"/>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45</b>	✓
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<b>45a</b>	✓
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	✓

**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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	✓
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	✓
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	✓
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	✓
<b>50</b> 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		

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

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.

<b>Sign Here</b>		<b>17-OCT-2011</b>
	Signature of officer	Date
	<b>TREASURER</b>	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

AMERICAN CHILDHOOD CANCER ORGANIZATION OF THE INLAND NORTHWEST (ACCOIN)

Employer identification number

91-1890353

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ 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 exempt 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)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		✓
11g(ii)		✓
11g(iii)		✓
- (ii) A family member of a person described in (i) above? 

11g(ii)		✓
---------	--	---
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

11g(iii)		✓
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- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2010

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	9881	148119	111983	163115	168352	601450
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3. . . . .	9881	148119	111983	163115	168352	601450
<b>5</b> 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). . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						601450

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .	9881	148119	111983	163115	168352	601450
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1241	2411	3155	1845	1229	9881
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						611331
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	98.36 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	98.38 %
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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"/>	

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Employer identification number

AMERICAN CHILDHOOD CANCER ORGANIZATION OF THE INLAND NORTHWEST

91-1890353

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |  |
|--|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations    | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants                |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |  |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> . . . . . ▶						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

WA



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		DINNER AUCTION (event type)	OTHER EVENTS (event type)	(total number)	(add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	40121	57901		97212
	<b>2</b> Less: Charitable contributions . . . . .	12228	43775		55983
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	27893	13336		41229
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	8685	85		8769
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 8769 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				32460

**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))
<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .			
	<b>3</b> Noncash prizes . . . . .			
	<b>4</b> Rent/facility costs . . . . .			
	<b>5</b> Other direct expenses . . . . .			
<b>6</b> 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 type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )
<b>8</b> 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? . . . . . ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_

- |           |   |                              |                             |
|-----------|---|------------------------------|-----------------------------|
| <b>11</b> | Does the organization operate gaming activities with nonmembers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> | 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>13</b> | Indicate the percentage of gaming activity operated in:   |                              |                             |
| <b>a</b>  | The organization's facility   | <b>13a</b>                   | %                           |
| <b>b</b>  | An outside facility   | <b>13b</b>                   | %                           |
| <b>14</b> | Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                     |                              |                             |

Name ► \_\_\_\_\_

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.
- 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? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE OF GRANTS & SIMILAR AMOUNTS PAID

ATTACHMENT 1 PAGE 1 990EZ PAGE 1, PART I, LINE 10 – GRANTS & SIMILAR AMOUNTS PAID

OPEN TO PUBLIC INSPECTION FOR THE TAX PERIOD BEGINNING 01-APR-2010 AND ENDING 31-MAR-2011

NAME OF ORGANIZATION: AMERICAN CHILDHOOD CANCER ORGANIZATION OF THE INLAND NORTHWEST

EMPLOYER IDENTIFICATION NUMBER: 91-1890353

CLASS OF ACTIVITY	RECEPIENT'S NAME & ADDRESS	AMOUNT	PURPOSE OF PAYMENT
EDUCATIONAL GRANT	Alyssa Robinson, Spokane WA	1000	EDUCATION
EDUCATIONAL GRANT	Andrew Lainson, Spokane WA	1000	EDUCATION
EDUCATIONAL GRANT	Samantha Smith, Spokane WA	1000	EDUCATION
EDUCATIONAL GRANT	Wesley Highberger, Spokane WA	500	EDUCATION
EDUCATIONAL GRANT	Amy Hall, Spokane WA	500	EDUCATION

TOTALS

4500

**SCHEDULE OF OTHER EXPENSES**

ATTACHMENT 2 PAGE 1 990EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC INSPECTION FOR THE TAX PERIOD BEGINNING 01-APR-2010 AND ENDING 31-MAR-2011

NAME OF ORGANIZATION: AMERICAN CHILDHOOD CANCER ORGANIZATION OF THE INLAND NORTHWEST

EMPLOYER IDENTIFICATION NUMBER: 91-1890353

DESCRIPTION OF OTHER EXPENSES	AMOUNT
ADMIN	6734
FUNDRAISING	569
PARTIES & SPECIAL EVENTS	14948
PATIENT SERVICES	66373
PROGRAMS	18412
DEPRECIATION	1184

TOTALS

108219

**SCHEDULE OF OTHER ASSETS**

ATTACHMENT 3 PAGE 1 990EZ PAGE 1, PART I, LINE 24

OPEN TO PUBLIC INSPECTION FOR THE TAX PERIOD BEGINNING 01-APR-2010 AND ENDING 31-MAR-2011

NAME OF ORGANIZATION: AMERICAN CHILDHOOD CANCER ORGANIZATION OF THE INLAND NORTHWEST

EMPLOYER IDENTIFICATION NUMBER: 91-1890353

DESCRIPTION OF OTHER ASSETS	BEGINNING OF THE YEAR	END OF YEAR
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Furniture, Equipment, Leasehold	3898	2714
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Improvements

**TOTALS**

**3898**

**2714**

**SCHEDULE OF OTHER LIABILITIES**

ATTACHMENT 4 PAGE 1 990EZ PAGE 1, PART II, LINE 26

OPEN TO PUBLIC INSPECTION FOR THE TAX PERIOD BEGINNING 01-APR-2010 AND ENDING 31-MAR-2011

NAME OF ORGANIZATION: AMERICAN CHILDHOOD CANCER ORGANIZATION OF THE INLAND NORTHWEST

EMPLOYER IDENTIFICATION NUMBER: 91-1890353

DESCRIPTION OF LIABILITY	BEGINNING OF THE YEAR	END OF YEAR
PAYROLL TAXES	1608	1676

TOTALS	1608	1676
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**PRIMARY EXEMPT PURPOSE**

ATTACHMENT 5 PAGE 1 990EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION FOR THE TAX PERIOD BEGINNING 01-APR-2010 AND ENDING 31-MAR-2011

NAME OF ORGANIZATION: AMERICAN CHILDHOOD CANCER ORGANIZATION OF THE INLAND NORTHWEST

EMPLOYER IDENTIFICATION NUMBER: 91-1890353

**PRIMARY PURPOSE**

ACCOIN'S UNIQUE MISSION IS TO ADVOCATE FOR CHILDREN WITH CANCER AND THEIR FAMILIES, ALLEVIATE FEAR, CONFUSION, ISOLATION AND PRACTICAL CHALLENGES BY OFFERING NEWLY DIAGNOSED FAMILIES TOOLS TO BEST COPE WITH THE JOURNEY AHEAD. THESE TOOLS INCLUDE SOCIAL, PSYCHOLOGICAL, SPIRITUAL AND FINANCIAL SUPPORT. OUR MISSION STATEMENT: TO EDUCATE, SUPPORT, SERVE AND ADVOCATE FOR FAMILIES OF CHILDREN WITH CANCER, SURVIVORS OF CHILDHOOD CANCER AND TH PROFESSIONALS WHO CARE FOR THEM.

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**TOTALS**

## PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6 PAGE 1 990EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION FOR THE TAX PERIOD BEGINNING 01-APR-2010 AND ENDING 31-MAR-2011

NAME OF ORGANIZATION: AMERICAN CHILDHOOD CANCER ORGANIZATION OF THE INLAND NORTHWEST

EMPLOYER IDENTIFICATION NUMBER: 91-1890353

GRANTS & ALLOCATIONS 17,600 AMOUNT INCLUDES FOREIGN GRANTS PROGRAM SERVICE EXPENSES 125,229

### EXEMPT PURPOSE ACHIEVEMENTS

PATIENT SERVICES: ACCOIN SERVED OVER 32 NEWLY DIAGNOSED FAMILIES AND OVER 250 CURRENTLY IN TREATMENT. A CHILDHOOD CANCER DIAGNOSIS IS A FRIGHTENING, STRESSFUL AND CONFUSING TME. EVEN THE STRONGEST FAMILY FOUNDATIONS ARE CHALLENGED. LESS SECURE FOUNDATINS CAN SOMETIMES BE SHATTERED. ACCOIN ADDRESSES THE SOCIAL, PSYCHOLOGICAL, SPIRITUAL AND FINANCIAL NEEDS OF CHILDREN WITH CANCER AND THEIR FAMILIES BY PROVIDING EDUCATIONAL MATERIALS, SUPPORT GROUPS, STRESS REDUCING ACTIVITIES, PRACTICAL SUPPLIES TO ASSIST WITH HOSPITAL LIFE AND FINANCIAL ASSISTANCE. WITH AN OFFICE LOCATED AT SACRED HEART CHILDREN'S HOSPITAL IN SPOKANE WA, ACCOIN PROVIDES A SAFE HAVEN FOR PARENTS AND CHILDREN TO FIND RESPITE DURING TREATMENT.

TOTALS 17,600

125,229.



## PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6 PAGE 1 990EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION FOR THE TAX PERIOD BEGINNING 01-APR-2010 AND ENDING 31-MAR-2011

NAME OF ORGANIZATION: AMERICAN CHILDHOOD CANCER ORGANIZATION OF THE INLAND NORTHWEST

EMPLOYER IDENTIFICATION NUMBER: 91-1890353

GRANTS & ALLOCATIONS 3680. AMOUNT INCLUDES FOREIGN GRANTS PROGRAM SERVICE EXPENSES 14948.

### EXEMPT PURPOSE ACHIEVEMENTS

PARTIES AND SPECIAL EVENTS: WE BRING FAMILIES (IN TREATMENT, POST TREATMENT AND BEREAVED) TOGETHER IN A RELAXED SETTING SO THAT THEY CAN SHARE, LEARN AND SUPPORT EACH OTHER. ACCOIN OFFERS THE ASSURANCE THROUGH REAL LIFE EXAMPLE THAT FAMILIES CAN PROGRESS THROUGH CHILDHOOD CANCER. SPECIAL EVENTS PROVIDE A MUCH NEEDED SOCIAL NETWORK FOR FAMILIES TO BENEFIT SOCIALLY, PSYCHOLOGICALLY AND EMOTIONALLY FROM GATHERING INFORMALLY WITH OTHER CHILDREN AND FAMILIES WHO UNIQUELY UNDERSTAND THE CHALLENGES FACED WITH CHILDHOOD CANCER TREATMENTS AND THE LONGTERM LATE EFFECTS THAT TWO-THIRDS OF CHILDREN FACE. APPROXIMATELY 250 FAMILIES ARE SERVED.

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TOTALS 3680

14,948

## PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 6 PAGE 1 990EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION FOR THE TAX PERIOD BEGINNING 01-APR-2010 AND ENDING 31-MAR-2011

NAME OF ORGANIZATION: AMERICAN CHILDHOOD CANCER ORGANIZATION OF THE INLAND NORTHWEST

EMPLOYER IDENTIFICATION NUMBER: 91-1890353

GRANTS & ALLOCATIONS 0.00 AMOUNT INCLUDES FOREIGN GRANTS PROGRAM SERVICE EXPENSES 24,673.

### EXEMPT PURPOSE ACHIEVEMENTS

PROGRAMS: SPECIAL PROGRAMS ENHANCE THE LIVES OF CANCER PATIENTS AND THEIR FAMILIES THROUGH VARIOUS AVENUES. OUR PROGRAMS ADDRESS THE NEEDS OF A DIVERSE SET OF OUR POPULATION – TEENS, SIBLINGS, BEREAVED FAMILIES, VOLUNTEERS, COMMUNICATION, ETC., FOR EXAMPLE: FAMILIES ARE EMPOWERED THROUGH CHILDHOOD CANCER AWARENESS EFFORTS. TEENAGERS WITH CANCER BENEFIT FROM EVENTS AND MEETINGS TO REDUCE ISOLATION AND ADDRESS THE ISSUES UNIQUE TO THAT AGE GROUP. SIBLINGS SUPPORT LETS SIBLINGS KNOW THAT THEY ARE NOT FORGOTTEN AMIDST MEDICAL TREATMENTS, DOCTOR VISITS AND ILLNESS.

TOTALS 0.00

24,673

# CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 7 PAGE 1 990EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION FOR THE TAX PERIOD BEGINNING 01-APR-2010 AND ENDING 31-MAR-2011

NAME OF ORGANIZATION: AMERICAN CHILDHOOD CANCER ORGANIZATION OF THE INLAND NORTHWEST

EMPLOYER IDENTIFICATION NUMBER: 91-1890353

NAME & ADDRESS	TITLE & AVG HRS/WEEK	COMPENSATION	EXPENSE ACCOUNT
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LORI RODRIGUEZ 814 E 9 <sup>TH</sup> SPOKANE WA 99202	VICE PRESIDENT 2.00	0	0
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MARY ANNE RUDDIS 4914 N REES RD SPOKANE WA 99216 SEE COMP EXPLANATION #1	EXECUTIVE DIRECTOR 50.00	56,666	2580
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MARGARET KOBYLUS 19011 E 4 <sup>TH</sup> GREENACRES WA 99016	SECERTARY 1.00	0	0
--	-------------------	---	---

CHRISTINE BURGE 1813 W 9 <sup>TH</sup> SPOKANE WA 99204	DIRECTOR 1.0	0	0
---	-----------------	---	---

SUZANNE CRUMPLER 8208 WEST DESCHUTES PL KENNEWICK WA 99336	DIRECTOR 1.0	0	0
--	-----------------	---	---

STACEY LAVIN 508 W 7 <sup>TH</sup> AVE SPOKANE WA 99204	DIRECTOR 0.75	0	0
---	------------------	---	---

CORY OBERST 1527 E 18 <sup>TH</sup> SPOKANE WA 99203	DIRECTOR 0.75	0	0
--	------------------	---	---

FAITH VAN BELLE 4015 N MARGUERITE SPOKANE VALLEY WA 99212	PRESIDENT 10.0	0	0
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TINA BURINGA 6523 N HARTLEY SPOKANE WA 99208	DIRECTOR 0.75	0	0
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PEG CALLAHAN 1915 N ALADDIN ROAD LIBERTY LAKE WA 99016	TREASURER 10.0	0	0
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CONNIE HILL-BUNCH  
14115 N RIVILLA LN  
SPOKANE WA 99208

DIRECTOR  
10.0

0

0

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## COMPENSATION EXPLANATION

ATTACHMENT 8 PAGE 1 990EZ PAGE 2, PART IV – OFFICER COMPENSATION EXPLANATION

OPEN TO PUBLIC INSPECTION FOR THE TAX PERIOD BEGINNING 01-APR-2010 AND ENDING 31-MAR-2011

NAME OF ORGANIZATION: AMERICAN CHILDHOOD CANCER ORGANIZATION OF THE INLAND NORTHWEST

EMPLOYER IDENTIFICATION NUMBER: 91-1890353

NAME	EXPLANATION
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OFFICER COMP EXPLN #1

MARY ANNE RUDDIS	EXEUCTIVE DIRECTOR – OVERSEES AND IMPLEMENTS THE ORGANIZATION'S MISSION
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**BOOKS ARE IN CARE OF**

**ATTACHMENT 9            990EZ PAGE 3, PART V – LINE 42A**

**OPEN TO PUBLIC INSPECTION            FOR THE TAX PERIOD BEGINNING 01-APR-2010 AND ENDING 31-MAR-2011**

**NAME OF ORGANIZATION:            AMERICAN CHILDHOOD CANCER ORGANIZATION OF THE INLAND NORTHWEST**

**EMPLOYER IDENTIFICATION NUMBER:            91-1890353**

<b>BUSINESS NAME</b>	<b>ILIFF FINANCIAL</b>
<b>ADDRESS</b>	<b>14706 N MCKINNON</b>
<b>CITY, STATE, ZIP</b>	<b>MEAD WA 99021</b>
<b>PHONE NUMBER</b>	<b>509-340-3388</b>
<b>FAX NUMBER</b>	<b>509-891-9358</b>

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

**2010**Attachment  
Sequence No **67**

Name(s) shown on return

**AMERICAN CHILDHOOD CANCER ORGANIZATION**

Business or activity to which this form relates

**CHARITY**

Identifying number

**91-1890353****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 instructions)	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
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	250,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
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 2011. 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 depreciation allowance for qualified 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 2010	17	1184
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 <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2010 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	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2010 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 instructions	22	1184
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	

# Candlelighters of the Inland Northwest

## Depreciation Schedule by Category

### For the 12 Months Ended 03/31/11

08/26/11

05:27PM

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 04/01/10	Current Depreciation	Accum Depr 03/31/11
<b>Equipment &amp; Furnishings</b>									
1	Furnitures & Fixtures	03/31/06	200% DB	07/00	N	1,512.00	958.00	221.60	1,179.60
2	Printer	06/07/06	200% DB	05/00	N	310.00	257.00	35.33	292.33
3	Computer	11/02/07	200% DB	05/00	N	586.00	418.00	67.20	485.20
4	Computer	05/22/08	200% DB	05/00	N	630.00	328.00	120.80	448.80
6	Computer	10/11/08	200% DB	05/00	N	543.00	283.00	104.00	387.00
7	Laptop	03/10/09	200% DB	05/00	N	300.00	156.00	57.60	213.60
8	Computers & Equipment	10/09/09	200% DB	05/00	N	1,400.00	280.00	448.00	728.00
Total for (Equipment & Furnishings)						5,281.00	2,680.00	1,054.53	3,734.53
<b>Leasehold</b>									
5	Office Remodel	08/25/08	150% DB	15/00	N	1,517.00	220.00	129.70	349.70
Total for (Leasehold)						1,517.00	220.00	129.70	349.70
Client Subtotal Before Sales						6,798.00	2,900.00	1,184.23	4,084.23
Less Assets Sold						0.00			0.00
<b>Total</b>						<b>6,798.00</b>	<b>2,900.00</b>	<b>1,184.23</b>	<b>4,084.23</b>