

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)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization Central Missouri Diabetic Childrens Camp
 Doing Business As Camp Hickory Hill
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. Box 1942
 City, town or post office, state, and ZIP code
Columbia MO 65205

D Employer identification number 43-0983917
E Telephone number (573) 449-4255
G Gross receipts \$ 116,211

F Name and address of principal officer:
PETE BAKUTES P O BOX 7424, COLUMBIA, MO 65205
 H(a) Is this a group return for affiliates? Yes No
 H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.camphickoryhill.com
 H(c) Group exemption number ▶ _____

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1972 **M** State of legal domicile: MO

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Camp Hickory Hill sustains a community culture and medically sound program of support for persons with diabetes, especially children, using our camp environment to foster education, self-reliance, confidence, an active lifestyle and skill in the successful management of diabetes.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	40
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	49,625	73,520
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,424	26,511
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	391	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,500	2,111
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	80,940	102,142
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	21,860	16,775
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>7,697</u>	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	57,959	62,643
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	79,819	79,418
19 Revenue less expenses. Subtract line 18 from line 12	1,121	22,724	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	213,630	210,936
	22 Net assets or fund balances. Subtract line 21 from line 20	38,841	13,424
		174,789	197,512

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.

Sign Here Signature of officer: Pete Bakutes Date: 10/17/2013
 Type or print name and title: Pete Bakutes, Treasurer

Paid Preparer Use Only

Print/Type preparer's name <u>JAN THOMPSON</u>	Preparer's signature <u>[Signature]</u>	Date <u>10/2/2013</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P00736853</u>
Firm's name ▶ <u>JAN THOMPSON CPA</u>	Firm's EIN ▶ <u>46-1900199</u>		Phone no. <u>(573) 808-4389</u>	
Firm's address ▶ <u>409 CRATER LAKE DR, COLUMBIA, MO 65201</u>				

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