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Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) Functional Expenses Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising services and general 6b, 8b, 9b, 10b, or 16 of Part I. 22a Grants paid from donor advised funds (attach schedule) non-cash \$ If this amount includes foreign grants, check here 22a 22b Other grants and allocations (attach schedule) If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key employees, etc. listed in 15,000 15,000 Part V-A See Statement 3 25a **b** Compensation of former officers, directors, key employees, etc listed in Part V-B 25b c Compensation and other distributions, not included above. to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c 26 Salaries and wages of employees not included 79,217 79,217 on lines 25a, b, and c 26 27 Pension plan contributions not included on lines 25a, b, and c 27 28 Employee benefits not included on lines 25a - 27 28 7,208 7,208 29 Payroll taxes 29 30 Professional fundraising fees 30 31 Accounting fees 31 32 32 Legal fees 18,922 .059 7,863 33 Supplies 33 1,316 316 Telephone 35 Postage and shipping 35 6,820 6,820 Occupancy 36 21,483 21,483 37 Equipment rental and maintenance 37 Printing and publications 777 777 39 39 Travel 40 Conferences, conventions, and meetings 40 41 9.610 9,610 42 Depreciation, depletion, etc. (attach schedule) 42 43 Other expenses not covered above (itemize) 86,847 86,847 See Statement 4 43a 43b 43c 43d 43e 43f 43g Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 239,337 7,863 247,200 Joint Costs. Check ▶ ☐ If you are following SOP 98-2. Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? if "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$ (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose?	Program Service
▶ See Statement 5	Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	(Required for 501(c)(3) and
of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(4) orgs , and 4947(a)(1) trusts, but optional for
organizations and 4947(a)(1) nonexempt chantable trusts must also enter the amount of grants and allocations to others)	others)
a A comprehensive camping program for youth supervised by a	
staff of 35 for 8 weeks in June, July and August.	
Camp Downer is in the Downer State Forest in Sharon,	
Vermont. The 800 acre forest was donated by Charles	
Downer to the State of Vermont for the purpose of	
educational study, primarily of forestry.	
(Grants and allocations \$) If this amount includes foreign grants, check here	239,337
b	
· · · · · ·	
··	
· · · · · · · · · · · · · · · · · · · ·	
· ·	
(Grants and allocations \$) If this amount includes foreign grants, check here	
	-
·	
·	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	239,337
	Form 990 (2007)

<u>_</u> P	<u>art IV</u>	Balance Sneets (See the Instructions.)					<u>-</u> .		
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only.	ın the de	escription			(A) ng of year		(B) End of year
	45	Cash—non-interest-bearing		 :			2,685	45	2,137
	46	Savings and temporary cash investments					32,615	46	58,451
			1 1	1		ŀ			
	47a	Accounts receivable .	47a			4			
	b	Less allowance for doubtful accounts	47b			 	_	47c	-
	48a	Pledges receivable	48a			1		۱.,	
	b 49	Less allowance for doubtful accounts	48b					48c	
	50a	Receivables from current and former officers, directors,	tructoo	s and		 		49	
	300	key employees (attach schedule)	, uusiee.	s, and			•	50a	
	ь	Receivables from other disqualified persons (as defined	 I under s	section 49	58(f)(1)) and			302	
		persons described in section 4958(c)(3)(B) (att schedu						50b	,
	51a	Other notes and loans receivable (attach			•				
		schedule)	51a						
Assets	ь	Less: allowance for doubtful accounts	51b					51c	<u> </u>
As	52	Inventories for sale or use						52	
	53 54a	Prepaid expenses and deferred charges						53	
		Investments—publicly-traded See Statement	. 6.	▶ _	Cost X FMV		85 , 103	54a	89,922
	b	Investments—other secunties (attach schedule)		▶ □	Cost FMV			54b	1
	55a	Investments—land, buildings, and equipment. basis	55a						
	b	Less: accumulated depreciation (attach						ŀ	
		schedule)	55b					55c	
	56	Investments—other (attach schedule)						56	
	57a	Land, buildings, and equipment basis	57a		145,783				
	b	Less accumulated depreciation (attach	11		14 600		110 277		121 101
		schedule) See Statement 7	57b		14,602	ļ	118,377	57c	131,181
	58	Other assets, including program-related investments (describe			,			50	
	59	Total assets (must equal line 74) Add lines 45 through	58		,		238,780	58 59	281,691
	60	Accounts payable and accrued expenses	50 .				230,700	60	201,031
	61	Grants payable						61	
	62	Deferred revenue						62	
S	63	Loans from officers, directors, trustees, and key employe	ees (atta	ach					
Liabilitie		schedule)						63	
jab.	64a	Tax-exempt bond liabilities (attach schedule)						64a	
-	b	Mortgages and other notes payable (attach schedule)					4 400	64b	
	65	Other liabilities (describe ► See Statemen	נד 8	•)		4,400	65	
	66	Total liabilities. Add lines 60 through 65					4,400	66	0
	Orga	nizations that follow SFAS 117, check here 🕨 🗓 a	nd comp	plete lines					
		67 through 69 and lines 73 and 74.							
98	67	Unrestricted					234 <u>,</u> 380	67	280,176
lau(68	Temporanly restricted						_68_	1,515
Ba	69	Permanently restricted	. гт.					69	
ב ב	Orga	nizations that do not follow SFAS 117, check here complete lines 70 through 74	r ∐ a	ana					
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds						70	
ats (71	Paid-in or capital surplus, or land, building, and equipme	ent fund					71	
188	72	Retained earnings, endowment, accumulated income, o		funds				72	
<u></u>	73	Total net assets or fund balances. Add lines 67 through			ľ				
z		70 through 72 (Column (A) must equal line 19 and colu	ımn (B) ı	must	İ				
		equal line 21)					234,380		281,691
	74	Total liabilities and net assets/fund balances. Add lin	ies 66 ai	nd 73	. 1		238 , 780	74	281,691

Forr	n 990 (2007)	Camp Downer, Inc.		03-02	2174	186			Page
P	art IV-A	Réconciliation of Revenue per Audited Fina	ncial Sta				Retu	rn (See th	ne
		instructions.)				<u> </u>		<u>N/P</u>	7
а	Total revenu	e, gains, and other support per audited financial statements					а		
b	Amounts inc	luded on line a but not on Part I, line 12.				·			<u> </u>
1	Net unrealize	ed gains on investments		b1					
2	Donated ser	vices and use of facilities		b2					
3	Recoveries of	of prior year grants	• •	b3					
4	Other (specif						7		
			•	ь4					
	Add lines b1	through b4					1 ь		
С	Subtract line	•				• •	c		·
d		luded on Part I, line 12, but not on line a:		•		•			
1		expenses not included on Part I, line 6b		a1					
2				.			┪.		
_	outor (opcon	· · · · · · · · · · · · · · · · · · ·	•	d2					
	Add lines d1	and d2		<u> </u>			d		
e		ue (Part I, line 12). Add lines c and d					e		
	art IV-B	Reconciliation of Expenses per Audited Fin	ancial St	atements W	ith E	rnansas na		turn N/A	
	-	es and losses per audited financial statements	ariciai Oti	atements vv		rhenses he		I IN / E	·
	· ·	•					a		
Ь		luded on line a but not Part I, line 17.		امدا					
1		vices and use of facilities		b1			1		
2		justments reported on Part I, line 20		b2		·	-		
3		ted on Part I, line 20		b3			-		
4	Other (specif	ý):					l		
				b4			4		
	Add lines b1		•				<u>ь</u>		
С	Subtract line	•					C		
ď	Amounts incl	uded on Part I, line 17, but not on line a:					1		
1	Investment e	xpenses not included on Part I, line 6b		d1			1		
2	Other (specif	y):							
				d2]		
	Add lines d1	and d2					d		
e	Total expens	ses (Part I, line 17) Add lines c and d					е		
Pa	art V-A	Current Officers, Directors, Trustees, and Ke					office	director, tru	ıstee,
		or key employee at any time during the year even if they we	re not comp	ensated.) (See t	he inst	•			
		(A) Managard add		(B)		(C) Compensa	bon (D)	Contributions to ployee benefit ns & deferred pensation plans	(E) Expense
		(A) Name and address		Title and average ho week devoted to p	osition	(If not paid, en -0)	com	ns & deferred pensation plans	account and other allowances
s	ee Statemen						ľ		
		•							
			•		1		-		
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Form	990 (2007)	Camp	Downe	r, Inc	·			03-0217	486			F	Page 6
Pa	rt V-A	Current	Officers,	Directors	s, Trustees	s, and Key I	Employ	ees (continued)				Yes	No
75a	Enter the to	otal number o	of officers, dir	rectors, and	l trustees perr	mitted to vote or	n organız	ation business at boa	ard			i	
	meetings							. ▶ 12.					Ì
b	Are any off	icers, dırecto	rs, trustees,	or key emp	loyees listed ii	n Form 990, Pa	rt V-A, o	highest compensate	ed				
	employees	listed in Sch	edule A, Par	t I, or highe:	st compensate	ed professional	and other	er independent			İ	1	i
	contractors	listed in Sch	nedule A, Par	t II-A or II-B	B, related to ea	ach other throug	gh family	or business					
	relationship	os? If "Yes," a	attach a state	ement that in	dentifies the ır	ndividuals and e	explains t	he relationship(s)			75b	<u> </u>	X
											ľ		
C	Do any offi	cers, director	rs, trustees, c	or key emplo	oyees listed in	Form 990, Par	t V-A, or	highest					
	compensat	ed employee	s listed in Sc	chedule A, F	Part I, or highe	est compensate	d profess	sional and other			1		
	independer	nt contractors	s listed in Sch	nedule A, Pa	art II-A or II-B	, receive compe	ensation t	from any other					
	=		•		at are related	to the organiza	ition? Se	e the instructions for				ļ ,	
			organization								75c		X
						cribed in the inst	tructions.			•			
					interest policy		<u> </u>				75d		X
Pa	rt V-B							ees That Receiv					
							-	sation or other benef	•		year,	list that	t
	 _	person belo	w and enter	the amount	t of compensa	ition or other be	nefits in	the appropriate colun					
			(A) Name	e and address	5			(B) Loans and Advances	(C) Compensation (if not paid,	(D) Contributions t employee benefit plans & deferred compensation plans	acc	E) Expe	
									enter -0-)	compensation plans	Щ.	allowand	
N/	A								!				
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		•											
Pa	rt VI	Other Int	formation	(See the	instruction	ns)		_			۲	Yes	No
76	-						activities	? If "Yes," attach a			-		
. •	_	tement of ea	_			o or correcting	COUTICO	. 11 100, 01100110			76	.	Х
77			•	NIZING OF GO	vernina docur	ments but not re	Poorted to	the IRS?			77		X
•	•	-	med copy of t		•	nomo barnorro	, portou to						
78a				_		\$1,000 or more	e dunna t	he year covered by				. 1	
	this return?							. ,			78a	, 1	Х
ь		•	return on Fo	orm 990-T f	or this year?	•		- •			78b	-+	
79					-	I contraction du	ring the v	ear? If "Yes," attach					
	a statemen						,	-, -		i	79		Х
80a			ed (other thar	n by associa	ation with a sta	atewide or natio	nwide or	ganization) through		·		$\neg \uparrow$	
	_		•	-		c, to any other						- 1	
	organization				,	, , , , , , , , , , , , , , , , , , , ,	m	•			80a		Х
b	_		of the organi	zation >	•					·		$\neg \uparrow$	
				••••		and ch	neck whe	ther it is exemp	ot or none	exempt			
81a	Enter direct	and indirect	political expe	enditures (§	See line 81 ins				1a	0			
			Form 1120-F			,					81ь		Х
												990 (

Forn	1990 (2007) Camp Downer, Inc. 03-0217	400		F	Page 1
_Pa	art VI Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge				
	or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this	• •			
	amount as revenue in Part I or as an expense in Part II.				
	·	в2ь			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications		83a	Х	ĺ
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	· N/A	83b		<u> </u>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	. 14/11	84a		Х
_		•	04a		$\stackrel{\wedge}{\vdash}$
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	NI /7\			l
05-	gifts were not tax deductible?	N/A	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	85a		
ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	n		*	
	received a waiver for proxy tax owed for the prior year.				
C	Dues, assessments, and similar amounts from members	35c			l
d	Section 162(e) lobbying and political expenditures	85d			l
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	35f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	,			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the		ĺ		
	following tax year?	N/A	85h	- 1	
86		16a			
ь	_	16b	- }		
87		17a	- 1		
b	Gross income from other sources. (Do not net amounts due or paid to other				
		37b			
88a	· · · · · · · · · · · · · · · · · · ·	70 I			
ooa	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			ĺ	
	partnership, or an entity disregarded as separate from the organization under Regulations sections				v
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	}	88a		X
þ	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the		ŀ		
	meaning of section 512(b)(13)? If "Yes," complete Part XI	▶	88b		X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under			j	
	section 4911 ▶ 0 ; section 4912 ▶0 ; section 4955 ▶	0	ľ	ľ	
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction		i		
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			- 1	
	a statement explaining each transaction .	<u> </u>	89ь		_X_
C	Enter: Amount of tax imposed on the organization managers or disqualified		- 1	1	
	persons during the year under sections 4912, 4955, and 4958	> 0		1	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	• 0	- 1	- [
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction?	_	89e		Χ
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contra	ct?	89f		Х
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	ſ			
-	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			- 1	
	at any time during the year?		89g		Χ
90a	List the states with which a copy of this return is filed None				
b	Number of employees employed in the pay period that includes March 12, 2007 (See				
-	instructions.)	90ь			2
91a	The books are in care of ▶ Aaron Pelton	90b Telephone no	343-	-705	<u> </u>
4	3384 Perry Hill Rd	receptions to F 002 S			
	Located at ▶ Waterbury, VT	ZIP+4 ▶ 05676			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authorit	у	Г	, 1	<u> </u>
	over a financial account in a foreign country (such as a bank account, secunties account, or other financial	Г		Yes	No_
	account)?		91b	\dashv	<u>X</u> _
	If "Yes," enter the name of the foreign country			- 1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts.	<u> </u>		L	

Form	990 (200	Camp Downer, I	nc.		03-0	217486	5		P:	age 8
	rt VI	Other Information (con				22710	·		-	No
		me during the calendar year, did the		an office outs	side of the United St	ates?		91c		X
	-	enter the name of the foreign count	•							
92	Section	4947(a)(1) nonexempt charitable to	usts filing Form 990 in lie	eu of Form 1	041—Check here				1	▶ [
	and ente	er the amount of tax-exempt interest	received or accrued du	ring the tax	/ear	·	. ▶ 92			
Pa	rt VII	Analysis of Income-Pro	ducing Activities	(See the	instructions.)					
Note:	: Enter gr	oss amounts unless otherwise		Unrelate	business income	Excluded	by section 512, 513, or 514	((E)	
indica	ited.		1,	(A) usiness code	(B) Amount	(C) Exclusion	(D) Amount		ited or t function	m
93	Program	n service revenue:	В	usiness code	Amount	code	Amount	•	come	<u>"</u>
а	<u>Mil</u>	k program							2,4	
b	_Cam	np registrations						2	76,3	<u> 328</u>
C	VSA	C salary reimburs	ement						7,0	<u>) 0 0 (</u>
d										
е	•									<u>·</u>
f	Medicar	e/Medicaid payments								
g	Fees an	d contracts from government agence	ues		·					
94	Member	ship dues and assessments								
95	Interest	on savings and temporary cash inve	estments _			14	977			
96	Dividend	ds and interest from secunties								
97	Net rent	al income or (loss) from real estate.								
а	debt-fina	anced property								
ь	not debt	-financed property								
98	Net rent	al income or (loss) from personal pr	operty							
99	Other in	vestment income .								
100	Gain or	(loss) from sales of assets other tha	n inventory							
101	Net inco	me or (loss) from special events								
102	Gross p	rofit or (loss) from sales of inventory				41	1,391			
103	Other re	venue a								
b										
С										
đ										
e										
104	Subtotal	(add columns (B), (D), and (E))	L	l		0	2,368		35,8	
105	Total (a	dd line 104, columns (B), (D), and (l	Ξ))	-		•	. •	28	38 , 1	<u>.78</u>
Note:	Line 105	plus line 1e, Part I, should equal th								
<u>Pa</u>	rt VIII	Relationship of Activitie	es to the Accompl	lishment (of Exempt Purp	oses (Se	e the instructions	s.)		
Li	ne No.	Explain how each activity for wh					tly to the accomplishm	ent		
	▼	of the organization's exempt pu	rposes (other than by pr	oviding fund	s for such purposes). 				
		See Statement 10								
	_									
										
	rt IX	Information Regarding		<u>ries and [</u>						
N	partner	(A) dress, and EIN of corporation, ship, or disregarded entity	(B) Percentage of ownership interest	N	(C) ature of activities		Total income	(E End-of- asse		
	N/A		9	/ 6						
			9	/ 4						
			9	%						
			9	"						
Pa	rt X	Information Regarding	Transfers Associa	ated with	Personal Bene	fit Contra	icts (See the inst	<u>ructions</u>	.)	
(t) Did th	e organization, during the year, rece e organization, during the year, pay 'es" to (b), file Form 8870 and Form	premiums, directly or inc	directly, on a			enefit contract?	Ye	1	No No
								Form	990 (2	2007)

Form 9	990(2007) Camp Downer, Inc.		03-0217486			F	Page 9
Par				te only if the o	rganizatio	วท	
	is a controlling organization as defin	ed in section 512(b)	(13).			T	
400	Did the reporting agreement as make any transfers to a se	entrolled entrity on defined in				Yes	No
106	Did the reporting organization make any transfers to a co the Code? If "Yes," complete the schedule below for each	· · · · · · · · · · · · · · · · · · ·	1 Section 5 12(b)(13) 61			ļ	Х
\top	(A)	(B)	(C)			<u> </u>	A
	Name, address, of each	Employer ID	Description	of		(D)	
	controlled entity	Number	transfer		Amount	t of tra	ansfei
					1 -		
a							
					İ		
Ы							
+	<u>-</u>		·		+		
c	•						
1	•						
	Totals						·
			·				.
44=						Yes	No
107	Did the reporting organization receive any transfers from	•					_v
\top	512(b)(13) of the Code? If "Yes," complete the schedule b	(B)	(C)			L	<u> X</u>
	Name, address, of each	Employer ID	Description (of		(D)	
	controlled entity	Number	transfer		Amount	of tra	inster
a							
		 					
ь							
7	•						
1					1		
c							
		<u> </u>			 		
	Totals						
		<u> </u>			1	Yes	No
108	Did the organization have a binding written contract in effe	ect on August 17, 2006, cov	vering the interest.		ŀ	163	110
	rents, royalties, and aphulties described in question 107 a	•					
	Under penalties of perjury, I decided that I have examined	this return, including accompa	nying schedules and statement	s, and to the best of n	ny knowledge		
Pleas	and belief, it is true correct, and complete Declaration of	f preparer (other than officer) is	based on all information of whi	ch preparer has any k	<i>[.</i>		
Sign				(/7/	טןי		
Here	Signature of officer			Date			
	Type or print name and title					—	
		·	Date	Check if	Preparer's S		PTIN
Paid	Preparer's signature		6 40 4 41 0 5	self-	(See Gen In		3
Prepa	arer's Davis & Wood	don Associate		employed EIN	► 03-03		
Use C		rk Rd Ste 201	<u> </u>	Phone		<u> </u>	5 , 5
		/T 05495			302-878	8 – 1	963

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization Employer identification number 03-0217486 Camp Downer, Inc. Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours empl benefit plans account and other (c) Compensation than \$50,000 per week devoted to position & deferred comp allowances NONE . . . Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE

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

Total number of other contractors receiving over

\$50,000 for other services

Schedule A (Form 990 or 990-EZ) 2007

Sch	edule A (Form 990 or 990-EZ) 2007 Camp Downer, Inc.	03-0217486	. <u> </u>		Page
P	art III Statements About Activities (See page 2 of the instructions.)			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities Wast equal amounts or Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of	ı lıne 38,	1_		Х
	the lobbying activities				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)				
а	Sale, exchange, or leasing of property?		2a		Х
b	Lending of money or other extension of credit?		2b		Х
С	Furnishing of goods, services, or facilities?		2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A,	Form 990 atement 11	2d	Х	
е	Transfer of any part of its income or assets?		2e		Х
3а	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	n	3a		Х
b	Did the organization have a section 403(b) annuity plan for its employees?		3b		Х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		3c		Х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		3d		Х
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.				Х
b	lines 4f and 4g Did the organization make any taxable distributions under section 4966?		4a 4b		
С	Did the organization make a distribution to a donor, donor advisor, or related person?		4c		
d	Enter the total number of donor advised funds owned at the end of the tax year	>			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	>			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised				
	funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	. •		0	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	>			0

Pa	Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)							
cer 5	tify th	nat the organization is not a private foundation be A church, convention of churches, or association	•	• • • • • • • • • • • • • • • • • • • •	oox.)			
6		A school. Section 170(b)(1)(A)(ii) (Also complete	te Part V.)					
7		A hospital or a cooperative hospital service orga	anization. Section 170(b)((1)(A)(iii)				
8		A federal, state, or local government or government	nental unit. Section 170(b)(1)(A)(v).				
9		A medical research organization operated in cor	njunction with a hospital.	Section 170(b)(1)(A)(iii). Enter the ho	spital's name,	city,	
		and state ▶				• .		
10		An organization operated for the benefit of a coll (Also complete the Support Schedule in Part IV		or operated by a gover	nmental unit. S	ection 170(b)(1))(A)(ıv)	
11a		An organization that normally receives a substart 170(b)(1)(A)(vi) (Also complete the Support Sc		om a governmental unit	or from the ge	neral public. Se	ction	
11b		A community trust. Section 170(b)(1)(A)(vi) (Als	so complete the Support	Schedule in Part IV-A.	.)			
12	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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)							
13		An organization that is not controlled by any discrequirements of section 509(a)(3). Check the bo	•	of supporting organizat	•	se meets the		
		Provide the following inform	ation about the suppor	ted organizations. (Se	e page 8 of the	instructions.)		
		(a)	(b)	(c)	(0	1)	(e)	
	ı	Name(s) of supported organization(s)	Employer	Type of	Is the su	· · · · · · · · · · · · · · · · · · ·	Amount of	
			identification	organization	organizatio	1	support	
			number (EIN)	(described in lines 5 through 12	tne sup organiz	porting		
				above or IRC	governing d			
				section)	govonnigo			
					Yes	Na		
					162	No		
			<u> </u>					
otal]		<u> </u>		<u>. </u>			
	$\overline{}$	·	····		•,	<u> </u>		
4	且	An organization organized and operated to test for	or public safety. Section 5	509(a)(4) (See page 8	of the instruction	ns)		

Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting (a) 2006 **(b)** 2005 (d) 2003 \triangleright (e) Total Calendar year (or fiscal year beginning in) Gifts, grants, and contributions received (Do 23,280 350 not include unusual grants. See line 28.) 16 Membership fees received 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 272,133 241,038 225,136 204,266 942,573 organization's charitable, etc., purpose 18 Gross income from interest, dividends. amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 1,012 419 241 5,879 organization after June 30, 1975 19 Net income from unrelated business 0 activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 0 public without charge Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 457 377 495 23 Total of lines 15 through 22 419 241 6,229 24 Line 23 minus line 17 415 254 105 25 Enter 1% of line 23 26 a Enter 2% of amount in column (e), line 24 26a Organizations described on lines 10 or 11: b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 26b Total support for section 509(a)(1) test: Enter line 24, column (e) 26c d Add: Amounts from column (e) for lines. 18 22 26b 26d e Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year (2005)0 (2003) 0 0 (2004)b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: 0 (2006)(2003)Add Amounts from column (e) for lines: 966,203 27c and line 27b total 27d d Add. Line 27a total Public support (line 27c total minus line 27d total) 27e 973,754 Total support for section 509(a)(2) test Enter amount from line 23, column (e) 99.2245% 27a Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 0.7755% Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Private School Questionnaire (See page 9 of the instructions.) Part V (To be completed ONLY by schools that checked the box on line 6 in Part IV) 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/A Yes No other governing instrument, or in a resolution of its governing body? 29 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 31 the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) 33 Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 33a Admissions policies? 33b Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? Educational policies? Use of facilities? 33f Athletic programs? 33a Other extracumcular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization receive any financial aid or assistance from a governmental agency? 34a Has the organization's right to such aid ever been revoked or suspended? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement.

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covening racial nondiscrimination? If "No," attach an explanation

	Camp Downer,	Inc.			03-02174	186 Pag
	•	•	•	_	of the instructions.)	
		ible organization th				
heck a if the organization below	ngs to an affiliated grou	up. Check ▶	b if	you che	cked "a" and "limited con	
	n Lobbying Expe				(a) Affiliated group totals	(b) To be completed for all electing organizations
	tures" means amounts					organizations
Total lobbying expenditures to influence	. , ,			36		ļ
7 Total lobbying expenditures to influence		ect lobbying) .		37	····	
Total lobbying expenditures (add lines 3	o and 37)			38		
Other exempt purpose expenditures Total exempt purpose expenditures (add	d lines 29 and 20)		•	40	· · · · · · · · · · · · · · · · · · ·	
Lobbying nontaxable amount. Enter the	•	vina table-	•	10		
If the amount on line 40 is-		ontaxable amount is-		1 1		İ
Not over \$500,000	20% of the amoun		٦	i i		
Over \$500,000 but not over \$1,000,000		6 of the excess over \$500,0	no	1 1		
Over \$1,000,000 but not over \$1,500,000	•	6 of the excess over \$1,000,		41		
Over \$1,500,000 but not over \$17,000,000	•	of the excess over \$1,500,0				
Over \$17,000,000	\$1,000,000			l i		
2 Grassroots nontaxable amount (enter 2			_	42		
Subtract line 42 from line 36. Enter -0- if	f line 42 is more than lii	ne 36		43		
Subtract line 41 from line 38. Enter -0- if	fline 41 is more than lii	ne 38		44		
Caution: If there is an amount on either	line 43 or line 44, you	must file Form 4720.				
	4-Year Aver	aging Period Und	er Sectio	n 501	(h)	
		aging i crioa ona				
(Some organization		~ ~			of the five columns below	v.
· · · · · · · · · · · · · · · · · · ·	ons that made a section	~ ~	have to con	nplete al		v.
· · · · · · · · · · · · · · · · · · ·	ons that made a section	n 501(h) election do not or lines 45 through 50 on	have to con page 13 of	nplete al		v.
· -	ons that made a section	n 501(h) election do not or lines 45 through 50 on	have to con page 13 of	nplete al the inst	ructions.)	
	ons that made a section See the instructions fo	n 501(h) election do not or lines 45 through 50 on Lobbying Exper	nave to con page 13 of	nplete al the inst uring 4-	ructions.) Year Averaging Period	v. (e) Total
Calendar year (or	ons that made a section See the instructions for (a)	n 501(h) election do not or lines 45 through 50 on Lobbying Exper	have to con page 13 of nditures Du	nplete al the inst uring 4-	ructions.) Year Averaging Period (d)	(e)
Calendar year (or	ons that made a section See the instructions for (a)	n 501(h) election do not or lines 45 through 50 on Lobbying Exper	have to con page 13 of nditures Du	nplete al the inst uring 4-	ructions.) Year Averaging Period (d)	(e)
Calendar year (or fiscal year beginning in) ▶ 5 Lobbying nontaxable amount	ons that made a section See the instructions for (a)	n 501(h) election do not or lines 45 through 50 on Lobbying Exper	have to con page 13 of nditures Du	nplete al the inst uring 4-	ructions.) Year Averaging Period (d)	(e)
Calendar year (or fiscal year beginning in) ▶	ons that made a section See the instructions for (a)	n 501(h) election do not or lines 45 through 50 on Lobbying Exper	have to con page 13 of nditures Du	nplete al the inst uring 4-	ructions.) Year Averaging Period (d)	(e)
Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying celling amount (150% of line 45(e))	ons that made a section See the instructions for (a)	n 501(h) election do not or lines 45 through 50 on Lobbying Exper	have to con page 13 of nditures Du	nplete al the inst uring 4-	ructions.) Year Averaging Period (d)	(e)
Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of	ons that made a section See the instructions for (a)	n 501(h) election do not or lines 45 through 50 on Lobbying Exper	have to con page 13 of nditures Du	nplete al the inst uring 4-	ructions.) Year Averaging Period (d)	(e)
Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	ons that made a section See the instructions for (a)	n 501(h) election do not or lines 45 through 50 on Lobbying Exper	have to con page 13 of nditures Du	nplete al the inst uring 4-	ructions.) Year Averaging Period (d)	(e)
Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount	ons that made a section See the instructions for (a)	n 501(h) election do not or lines 45 through 50 on Lobbying Exper	have to con page 13 of nditures Du	nplete al the inst uring 4-	ructions.) Year Averaging Period (d)	(e)
Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying celling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots celling amount (150% of	ons that made a section See the instructions for (a)	n 501(h) election do not or lines 45 through 50 on Lobbying Exper	have to con page 13 of nditures Du	nplete al the inst uring 4-	ructions.) Year Averaging Period (d)	(e)
Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying celling amount (150% of line 45(e))	ons that made a section See the instructions for (a)	n 501(h) election do not or lines 45 through 50 on Lobbying Exper	have to con page 13 of nditures Du	nplete al the inst uring 4-	ructions.) Year Averaging Period (d)	(e)
Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying celling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots celling amount (150% of line 48(e))	ons that made a section See the instructions for (a)	n 501(h) election do not or lines 45 through 50 on Lobbying Exper	have to con page 13 of nditures Du	nplete al the inst uring 4-	ructions.) Year Averaging Period (d)	(e)
Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying celling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots celling amount (150% of	cons that made a section See the instructions for (a) 2007	to 501(h) election do not or lines 45 through 50 on Lobbying Experience (b) 2006	have to con page 13 of nditures Du	nplete al the inst uring 4-	ructions.) Year Averaging Period (d)	(e)

D attempt to influence public opinion on a legislative matter or referendum, through the use of

- Volunteers
- Paid staff or management (Include compensation in expenses reported on lines c through h.)
- Media advertisements
- Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above	e, also attach a statement	giving a detailed descri	iption of the lobbying activities
------------------------------	----------------------------	--------------------------	-----------------------------------

	Yes	No	Amount
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١			
I			
ļ			
Į			

Schedule A (Form 990 or 990-EZ) 2007

7	Δ	8	6	Page
,	-	()	1	Page

Pa	art VII	_	-	ansfers To and Transactio ee page 14 of the instructio	ns and Relationships With Noncha ns)	aritable		
51	Did the ren				th any other organization described in section	-		
•) organizations) or in section 527, re				
а				oncharitable exempt organization of	- -		Yes	No
_	(i) Cash			ononantable exempt organization o		51a(i)	1.03	X
		r assets			·	a(ii)		X
b	Other trans						 	
_			s with a none	charitable exempt organization		b(i)	1	Х
		hases of assets from a n		•		b(ii)		X
		al of facilities, equipment		•	•	b(iii)		Х
		bursement arrangement		•		b(iv)		Х
	• •	s or loan guarantees	•			b(v)		Х
			nembership	or fundraising solicitations	•	b(vi)		Х
С	Sharing of f	acılıtıes, equipment, mai	ılıng lısts, otl	ner assets, or paid employees		С		Х
đ	If the answe	er to any of the above is	"Yes," comp	olete the following schedule. Columi	n (b) should always show the fair market value	of the		
	goods, othe	er assets, or services giv	en by the re	porting organization If the organiza	tion received less than fair market value in any			
	transaction	or sharing arrangement	, show in co	lumn (d) the value of the goods, oth	er assets, or services received:			
	(a)	(b)		(c)	(d)			
	Line no	Amount involved	Name o	f noncharitable exempt organization	Description of transfers, transactions, and	sharing arrangem	ents	
<u>N/.</u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·					
								
		<u>.</u>						
		_						
								
								
				· · · · · · · · · · · · · · · · · · ·				
		-						
								
								
								—
	described in	•	ode (other ti	with, or related to, one or more tax- han section 501(c)(3)) or in section		▶	s X] No
	-	(a) Name of organization		(b) Type of organization	(c) Description of relationsh	ip		
]	N/A							
		-						—
								
								
		·						
	 -							
		<u>.</u>						
	 -	<u> </u>						
			•					
					0.1.1.4.5	orm 000 or 00	0 E Z\	2007

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attachment Sequence No

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

Name	e(s) shown on return	_						ifying r	
	Camp Do	owner, Inc	•				03	-021	L <u>7486</u>
	ess or activity to which this form relates								
	ndirect Depreciati								
Pa	art I Election To Expen	-	-						
	Note: If you have a	•			u com	ipiete Pa	<u>ιπ ι.</u>	Т.	105 000
1	Maximum amount. See the instruct			ses		•		1	125,000
2	Total cost of section 179 property p	•	· · ·					2	500,000
3	Threshold cost of section 179 prop Reduction in limitation. Subtract line	-				•		3_	300,000
4 5	Dollar limitation for tax year Subtract lin			rod filma congratoly :	Coo inctri		•	5	
	(a) Description		i less, elitei -0- il lilai	(b) Cost (business		7	Elected co		
6	(о) созирио			(2) 2001 (20011000		(6)			1
<u> </u>									1
7	Listed property. Enter the amount f	rom line 29			7				
8	Total elected cost of section 179 pr	• •	in column (c), lines	s 6 and 7				8	
9	Tentative deduction. Enter the sma				•	• •	• •	9	
10	Carryover of disallowed deduction		•• •	•		•	•	10	
11	Business income limitation Enter ti	he smaller of busines	s income (not less	than zero) or line 5	(see ins	structions)		11	
12	Section 179 expense deduction. Ac	dd lines 9 and 10, but	do not enter more	than line 11				12	
13	Carryover of disallowed deduction to	to 2008. Add lines 9 a	and 10, less line 12	<u>, </u>	13				
Note	: Do not use Part II or Part III below	for listed property. In:	stead, use Part V.						
<u>Pa</u>	ırt II Special Depreciati	on Allowance a	nd Other Depr	eciation (Do n	ot inc	lude liste	d prope	erty.)	(See instructions.)
14	Special allowance for qualified New	York Liberty or Gulf	Opportunity Zone p	roperty (other than	listed				
	property) and cellulosic biomass et	hanol plant property p	placed in service du	inng the tax year (s	ee instr	uctions)		14	
15	Property subject to section 168(f)(1) election						15	
16	Other depreciation (including ACRS					•		16	9,610
<u> </u>	rt III MACRS Depreciat	ion (Do not inclu			ruction	าร.)			
			Secti						1
17	MACRS deductions for assets place	•	•				. \Box	17	0
<u>18</u>	If you are electing to group any assets pl							<u>. </u>	
	Section B-As	ssets Placed in Serv	 		T	n Deprecia	tion Sys	tem	I
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depri (business/investme only-see instruct	ent use	(e)	Convention	(f) Me	ethod	(g) Depreciation deduction
<u>19a</u>	3-year property								
<u> </u>	5-year property				<u> </u>				, <u>,</u>
<u>c</u>	7-year property				-				
<u>d</u>	10-year property	}			+				
	15-year property				+				
f_	20-year property	-			+				
9	25-year property			25 yrs	+		S/L		
n	Residential rental property			27 5 yrs.		MM	S/L		
				27.5 yrs	+	MM MM	S/L		
i	Nonresidential real property			39 yrs.	+	MM	S/L S/L		
	<u> </u>	ets Placed in Servic	e During 2007 Tax	Year Using the A	lternati				
202	Class life		l Daning 2007 Tax	Tear Coming the A	T	VO DOPICOI			
	12-year	1		12 yrs	+		S/L S/L		
	40-year			40 yrs.	+	ММ	S/L		
	rt IV Summary (see inst	ructions)	·	1 40 yrs.		141143			
21	Listed property. Enter amount from	• • • • • • • • • • • • • • • • • • • •		-				21	
22	Total. Add amounts from line 12, lir		nes 19 and 20 in col	umn (g), and line 2	1.				
	Enter here and on the appropriate la					_		22	9,610
23	For assets shown above and place	-				-			
	enter the portion of the basis attribu	•			23	L			
									4500

03-0217486 ·

Federal Statements

FYE: 12/31/2007

Statement 1 - Form 990, Line 10c - Sales of Inventory

Description	Gross Sales	 COGS	 Gross Profit
Camp store revenue	\$ 15,332	\$ 13,941	\$ 1,391
Total	\$ 15,332	\$ 13,941	\$ 1,391

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description		<u>Amount</u>
Unrealized Gain/Loss	\$_	4,818
Total	\$_	4,818

6960 Camp Downer, Inc. 03-0217486 FYE: 12/31/2007

Federal Statements

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Fundraising		0
Management & General		\$
Program Services	15,000	\$ 15,000
Name	Compensation of E.D. Compensation	Total

03-0217486 .

Federal Statements

FYE: 12/31/2007

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	_	Program Service	_	Mgt & General	_	Fund- Raising
Expenses	\$	\$		\$		\$	
Food service costs	53,628		53,628				
Insurance	23,392		23,392				
Payroll processing fees	602		602				
Registration expenses	3,355		3,355				
Outside services	5,870		5,870				
Total	\$ 86,847	\$_	86,847	\$_	0	\$	0

03-0217486

Federal Statements

FYE: 12/31/2007

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

Description

Providing affordable camping experiences to boys and girls ages 8 to 17.

03-0217486

FYE: 12/31/2007

Federal Statements

Statement 6 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	B	eginning of Year	 End of Year	Basis of Valuation
Corporate Stock	\$	05 102	\$ 00 000	
Investments		85,103	 89,922	Market
Total	\$	85,103	\$ 89,922	

Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description							
	_	Beginning of Year	 Accum Depr		End of Year		Accum Depr
Machinery & Equipment Accumulated Depreciation	\$	123,369	\$	\$	145,783	\$	
Total	_ \$_	123,369	\$ 4,992 4,992	\$ <u></u>	145,783	\$ <u></u>	14,602 14,602

Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Begir of Y	nning 'ear	nd of Year
Other Current Liabilities	\$	4,400	\$
Total	\$	4,400	\$ 0

6960 Camp Downer, Inc. 03-0217486 FYE: 12/31/2007

Federal Statements

Statement 9 - Form 990,	990, Part V-A - List of Offi Employees	Part V-A - List of Officers, Directors, Trustees, and Key Employees	Trustees, and Key		
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
John Hazen P.O. Box 70 W. Hartford VT 05084	Trustee	0		0	0
John Keshavan 182 Timothy Way Williston VT 05495	Treasurer	0	0	0	0
Lori Conti 22 Cardinal Circle Barre VT 05641	Secretary	0	0	0	0
Brett Howe 81 Oak Terrace Apt. #2 Colchester VT 05446	Trustee	0	0	0	0
Harold Mitchell 115 U.S. Rte 2 South Alburg VT 05440	E. Director	0	10,000	0	0
Aaron Pelton 3384 Perry Hill Road Waterbury VT 05676	Asst. Treas.	0	0	0	0
Elaine Archambault 174 Meadow Dr. Burlington VT 05468	Chairperson	0		0	0
Steve Ertle 14 Skyline Drive Essex Jct. VT 05452	Vice Chair	0	0	0	0
Beverley Osterberg 88 Sunnyside Lane Williamstown VT 05679	Trustee	0	0	0	0

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03-0217486 FYE: 12/31/2007

Federal Statements

Statement 9 - Fc	orm 990, Part V-A - Li Employe	Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)	s, Trustees, and Key		·
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Sandal Cate 4078 County Rd. Montpelier VT 05609	Trustee	0	0	0	0
Louanne Collins 2307 Rice Hill Road Franklin VT 05457	Trustee	0		0	0
Harold Smith 3 Sam Hannah Dr. Swanton VT 05488	Trustee	0	0	0	0
Christine Wood 91 Peach St. Berlin VT 05602	Trustee	0	0	0	0

03-0217486

FYE: 12/31/2007

Federal Statements

Statement 10 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
93a	Summer camp registrations received from parents, sponsors
93a	and various 4-H Foundations.
93b	Sale of goods in camp store including T-shirts, snacks and
93b	other miscellaneous items.
93c	Reimbursement from VT Depart. of Education for milk served
93d	Salary reimbursement from VT Student Acceptance Corp.

03-0217486 .

FYE: 12/31/2007

Federal Statements

Statement 11 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of <u>Exp</u>

Description

At various times the Organization may reimburse employees and/or board members for Camp expenses paid for personally.

03-021**7**486 . FYE: 12/31/2007

Federal Statements

Form 990, Part I, Line 1b - Direct Public Support

Description		Cash		Noncash	_	Total
Contributions	\$	1,515	\$_		\$_	1,515
Total	\$	1,515	\$	0	\$	1,515