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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)

OMB No 1545 0047 2008

Department of the Treasury

► The organization may have to use a convint this return to satisfy state reporting requirements

Open to Public Inspection

						opy of this return to s	satisty state reput				
	For the	2008 calend	lar year,	or tax year beginn		, 20	008, and endir	ng May	31	,	2009
В	Check if a	pplicable		C Name of organizat	tion				D Employe	r Identifi	ication Number
	X Addr	ess change	Please use IRS label	Camphill Fo	oundation				23-6	4210	082
	Nam	e change	or print or type.	Number and street	t (or PO box if mail i	s not delivered to stree	et addr) Room/s	uite	E Telephon		
		al return	See specific	285 Hungry	Hallow Ro	ad			1845	.\ 51	17-2776
			Instruc-	City, town or coun			tate ZIP code + 4		(043	7 23	11 2110
	1	nination	tions.	_	-			,	_		
	⊢ i	nded return		Chestnut R		N	IY 10977	T			2,003,265.
	Appl	ication pending	F Name a	and address of principal	officer				a group return		ates? Yes X No
			Bernard	Murphy 285 Hungr	y Hollow Road Cl	nestnut Ridge	NY 10977		affiliates inclu attach a list (Yes No
<u>l</u>	Tax-e	exempt statu	s X 501	(c) (3)◀	(insert no)	4947(a)(1) or	527		(
J	Webs	site: ► ww	w.camp	hillfoundat	tion.org			H(c) Group	exemption nur	nber ►	
ĸ	Type of	f organization	X Corpora			ther ►	L Year of Forma				gal domicile NY
Pa	rt les						1 - 100. 0. 10		<u>- 1,:</u>		<u> </u>
۳		·		anization's missio	on or most signif	icant activities	See Atta	ahad			
	' -	oneny accent	oc me org	u 2411011 3 11113310	on or most signin	icant activities	Dee Vrra	retied -			
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nar	_		- -						- 		
Ver	•					· <u>-</u> <u>-</u>	-				
Ĝ		Check this bo		if the organization			sposed of mo	re than 25	% of its as:		0.1
∞ಶ				bers of the govern			15)		}		21 21
ies				t voting members		body (Part VI, III	ne ro)		}		
iķ			•	yees (Part V, line eers (estimate if n	•	•	•		}		3
Activities & Governance						o 12 solumn (C)			ŀ		
-		-		usiness revenue f)		-	7 a	0.
	D IV	vet unrelated	pusiness	taxable income fr	10m F0m 990-1,	ine 34				7b	
								F	rior Year		Current Year
Ð	8 0	Contributions	and gran	ts (Part VIII, Ime 1	1h) .				206,2	56.	131,675.
Revenue	9 F	Program serv	ice reven	ue (Part VIII, line	2g)						
ě	10 h	nvestment ir	icome (Pa	irt VIII, column (A)), lines 3, 4, and	7d) .			338,5	90.	200,178.
Œ	11 (Other revenu	e (Part VI	II, column (A), line		1 <u>,</u> 7	23.	30,238.			
	12 T	Total revenue	– add lii	nes 8 through 11 ((must equal Part	VIII, column (A),	line 12) .		543,1	23.	362,091.
26	13 (Grants and s	ımılar amı	ounts paid (Part I)	K, column (A), lir	nes 1-3) ,			228,0	09.	49,248.
				members (Part IX,		•					
		· ·		sation, employee		=	es 5-10\		156,3	80	149,632.
Z 0				· · ·			(es 5-10) .		130,3	09.	149,032.
SCANNED	тьа -	rotessional	tunoraisin	g fees (Part IX, co	olumn (A), line i	ie)	•		·····		3,74,7
CX	bΤ	Total fundrais	sing expe	nses (Part IX, colu	ımn (D), line 25)	•	82,205.				- 1, '
~ш	17 (Other expens	es (Part I	X, column (A), lin	es 11a-11d, 11f-	240			162,9	65.	201,799.
JAN				nes 13-17 (must e		· · · · · · · · · · · · · · · · · · ·	.		547,3		400,679.
Z	l			s Subtract line 18		- ·		<u> </u>	-4,2		-38,588.
	13 1	vevenue less	expense			မွာ မ					
£ 8				1	32 JAN 1	3 2010			nning of Yo		End of Year
MA Agara	ı	Total assets	-	1.0 .0)	m 3/11/ ±	3 2010 0			L <u>,239,5</u>	-	7,894,181.
		Total liabilitie			L	·			L,429,1	<u>30. </u>	719,123.
25	22 1	Net assets or	fund bala	nces Subtract lin	le 21 f	N, UI		9	9,810,3	93.	7,175,058.
Pa	irt II "	Signat	ure Blo	ck							
					amined this esturn, inc	dudina accompanyina s	schedules and state	ements and t	o the hest of n	av knowl	edge and belief it is
		true, correct	and complete	I declare that I have exa Declaration of prepare	r (other than officer) is	s based on all informat	ion of which prepa	rer has any k	nowledge	iy kilomi [eage and belief, it is
c:			10 h	u here	ALLE SON			1	De l	10	10
Sig		Signature			1000	-			ate	201	
He	re				' ' ()			J	ate	•	
			ard Mu				 				
		Type or p	rint name an	d title							
	_						Date		Check if	Pro (Se	eparer's identifying number se instructions)
Pa	id						100/0		elf employed		1
Pre		Preparer's signature	► JOS	eph D. Batt	aglia. CP	Δ	113131	160		۱ اد	17/10/6654
	rer's						10010	12 1			1
Us	е	Firm's name (yours if self		ack & Compa		<u> </u>	· · · · · · · · · · · · · · · · · · ·		19	4-	140041
Or	ıly	employed), address, and		irport Park	PIAG		2110		EIN - \	<u> </u>	1200,12
		ZIP + 4		ham			2110		Phone no	(518	
				with the preparer :			<u> </u>				X Yes No
BA	A For I	Privacy Act	and Pape	work Reduction	Act Notice, see t	he separate inst	ructions.		TEEA0101	04/23/	o9 Form 990 (2008)

	till Statement of Program Service Accomplishments (see instructions)	42108	2	1	age 2
	Briefly describe the organization's mission.				
•					
	See Attached				
				 -	
	Did the execution and delice and format are seen as the seen and the seen as t				
2	Did the organization undertake any significant program services during the year which were not listed on the prior			5.	
	Form 990 or 990-EZ?		Yes	X	No
_	If 'Yes,' describe these new services on Schedule O.			$\overline{}$	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O.				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expense and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations expenses, and revenue, if any, for each program service reported.	es. Secti to othe	on 501 rs, the	(c)(3) total	
4:	(Code) (Expenses \$ 137,413. including grants of \$ 49,248.) (Revenue	\$	16	1,9	 L3.)
	Promotion of moral, physical, and mental well-being and				
	process of mankind specifically by assisting and supporting				
	children and adults with varying disabilities and other				
	special needs.				
	special needs.				
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A !	o (Code:) (Expenses \$ including grants of \$) (Revenue	s			`
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4	c (Code:) (Expenses \$	Ś			١
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		~			
4	d Other program services. (Describe in Schedule O.)				
	(Expenses \$ including grants of \$) (Revenue \$)	
4	e Total program service expenses ► \$ 137, 413. (Must equal Part IX, Line 25, column (B))				
	, 20,1,220, 1,20,1,20,1,20,1,20,1,20,1,2				

Form 990 (2008) Camphill Foundation

Part IV: Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		.,	
2	Schedule A	1 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	_		
	for public office? If 'Yes,' complete Schedule C, Part I.	3		<u>X</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		<u>X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>x</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If 'Yes,' complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14:	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		<u>X</u>
1	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		х_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.	15		х
16	individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I .	17		_X_
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	ļ <u> </u>	X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X	├
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X	
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		x
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
	b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.	26		х
27	The state of the s	27		х
_				

Form 990 (2008) Camphill Foundation Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee),		,	, T
	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		X
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		х
,	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	ļ <u>.</u>	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33_		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35_		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		_x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x

BAA

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns Enter -0- if not applicable) . ·	10	- 1
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<u>,</u>	٠.	- ^-
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	,	: X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	3	.1	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		· ·	,,,
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x_
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь		ļ
4a 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)?	4a	ļ 	x
b If 'Yes,' enter the name of the foreign country:]	, .	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts	1,-	Sing I.	م أَجْرُ المسلم
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a	<u> </u>	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).	z'		1
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	76		ļ
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	127	35	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		<u> </u>
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		1
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	14.	· ·	2.00
a Did the organization make any taxable distributions under section 4966?	9a]	X
b Did the organization make any distribution to a donor, donor advisor, or related person?	9 b		Х
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12		1 5, 11	ļ,. ····
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b],, `	1 .	1
11 Section 501(c)(12) organizations. Enter:	183	1 . "	
a Gross income from other members or shareholders	_ .	,,,	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		ļ."	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	<u> </u>	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		<u> </u>	<u>.</u>
BAA	Forn	n 990	(2008

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing Body and Management				
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, de s, or changes in Schedule O. See instructions.	scribe the circumstances,	· ~	Yes	No
1 a		number of voting members of the governing body	1a 21	, .		
		number of voting members that are independent	1b 21		200	2,74
2	Did any o	fficer, director, trustee, or key employee have a family relationship or a business rela	itionship with any other	2	180 kg	X
3	Did the o	rganization delegate control over management duties customarily performed by or units, directors or trustees, or key employees to a management company or other person	der the direct supervision	3		х
4		rganization make any significant changes to its organizational documents		4		Х
	since the	prior Form 990 was filed?				
5	Did the o	rganization become aware during the year of a material diversion of the organization's	s assets?	5		<u>X</u>
6	Does the	organization have members or stockholders?		6		_X
7 a	Does the governin	organization have members, stockholders, or other persons who may elect one or mo body?	ore members of the	7a		x
t	Are any	decisions of the governing body subject to approval by members, stockholders, or other	er persons?	7b	1.5	X
8	Did the o	rganization contemporaneously document the meetings held or written actions undertaing.	aken during the year by		41.75	المنت
	•	rning body?		8a		
		nmittee with authority to act on behalf of the governing body?		8ь		<u> </u>
9 a	Does the	organization have local chapters, branches, or affiliates?	••	9a	<u> </u>	X
i	If 'Yes,' o and bran	loes the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	9b		
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed? in Schedule O the process, if any, the organization uses to review the Form 990	All organizations must	10	х	
		any officer, director or trustee, or key employee listed in Part VII, Section A, who cann tion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	not be reached at the	11		х
Sec	tion B.	Policies				
					Yes	No
		organization have a written conflict of interest policy? If 'No,' go to line 13	••• • •••• • • • • • • • • • • • • • • •	12a	1	X
	to conflic			12b		_
•	Schedule	organization regularly and consistently monitor and enforce compliance with the police O how this is done.		120	+	
13		organization have a written whistleblower policy?		13	X	 _
14		organization have a written document retention and destruction policy?		14	X	in the second
15	•	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci-	pproval by independent sion:			الدينف
	_	nization's CEO, Executive Director, or top management official?		15 a	X	
1		icers of key employees of the organization?		15 b	X	
	Describe	the process in Schedule O. (see instructions)		300		- 4
16	a Did the o	rganization invest in, contribute assets to, or participate in a joint venture or similar a	arrangement with a taxable	16a		. <u>Х</u>
1	b If 'Yes,'	nas the organization adopted a written policy or procedure requiring the organization tenture arrangements under applicable federal tax law, and taken steps to safeguard t	he organization's exempt	ة. بريانية مستخد		
		th respect to such arrangements?		16t	<u> </u>	<u> </u>
		Disclosures	000 51 1:			
17		states with which a copy of this Form 990 is required to be filed <a> See States Form		- ·		
18	inspection	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an in. Indicate how you make these available. Check all that apply.	d 990-T (501(c)(3)s only) av	ailable	for p	ublic
	_	website Another's website X Upon request				
19	stateme	in Schedule O whether (and if so, how) the organization makes its governing documents available to the public.		-		cıal
20		name, physical address, and telephone number of the person who possesses the bo				
	► <u>The</u> C	<u>rganization285 Hungry Hollow Road _ Chestnut Ridge _ N</u>	<u> 10977 </u>	<u>845)</u>	517-	2776
BAA				Forn	n 990	(2008)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

(A)	(B)			•	;)			(D)	(E)	(F)
Name and Title	Average hours per week	Po adivid al frakes or director	nstitutional forstee	Offina		at employee	S runner	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Bernard Murphy	,		-			<u>a.</u>	_			<u> </u>
President	50.00			х				85,000.	0.	0
Roger Begelman										
Chair	2.00	Х	İ					0.	0.	0
Roby Harrington										
Vice Chairman	2.00	Х						0.	0.	0
Kevin Keane										
Treasurer	2.00	х						0.	0.	0
Shelley Meltzer										
Secretary	2.00	Х						0.	0.	0
Guy Alma					İ					
Member	1.00	<u>x</u>	<u> </u>				<u> </u>	0.	0.	0
Sir John Baring, Bt.										
Member	1.00	Х	L					0.	0.	0
Mimi Coleman	_					1]		
Member	1.00	X	<u> </u>		<u> </u>	<u> </u>	$ldsymbol{oxed}$	0.	0.	0
William Herman	_		İ		1					
Member	1.00	X_		<u> </u>	<u> </u>	ļ	_	0.	0.	C
Jason Huemer		1								
Member	1.00	X	1	<u> </u>		<u> </u>		0.	0.	C
Ira Katznelson	_		İ	1						
Member	1.00	Х	<u> </u>	_	<u> </u>	<u> </u>	ļ	0.	0.	C
Coleman Lyles]						j		
Member	1.00	X		<u> </u>	_	ļ	<u> </u>	0.	0.	
Eric Maskin							ļ			
Member	1.00	X	$oxed{oxed}$	ļ	_	ļ		0.	0.	
Amy Rubenstein										
Member	1.00	X	↓_		ļ	↓	_	0.	0.	<u> </u>
Jerry_Schwartz					1	1			_	_
Member	1.00	X	-	┞.	┞-	 	↓_	0.	0.	C
		-	\top	\vdash			"	†		
						l		<u>_</u>		

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization Form 990 (2008)

Par	Ţ VI	III Statement of Re	venue		• • • • • • • • • • • • • • • • • • • •	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
, -		<u> </u>					revenue	revenue	512, 513, or 514
22	1 a	Federated campaigns		1 a	** •	rain and a	المرافق المستحد مراج		- 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 t
N E		Membership dues	Ī	1 b		ء ا	, , , , , ,	- 1 · 3	
TS, GRANTS	c	Fundraising events .		1 c			7- 1	1000	
R A		Related organizations .	`` `	1 d	· · · · · · · · · · · · · · · · · · ·				The state of
5 €		Government grants (contribution	ane)	1 e			- · · · · · · · · · · · · · · · · · · ·		- " (
8 8						, ,	, ,	•	
CONTRIBUTIONS, GIFTS, AND OTHER SIMILAR AN		All other contributions, gifts, g similar amounts not included a	above	1f	131,675.	in the second		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
돌의	g	Noncash contribns included in	Ins 1a-1f:	\$		<u> </u>			1,5
$\overline{}$	<u> </u>	Total. Add lines 1a-1f			<u></u> ▶	131,675.	,, <u></u>	, , , , , , , , , , , , , , , , , , , ,	
Š				L	Business Code		E. 1.3. 13.		
Ę.	2 a	 							
2	b)		L					
ž	c	:		_[- :				
5	d								
Σ	e	·		- - †					
PROGRAM SERVICE REVENUE	f	All other program service	e revenue						
Ž.		• •		-	>		· ·	7 7 7 7 7 7	1 2 1
-		Total. Add lines 2a-2f			 				1, 0
	3	Investment income (inclother similar amounts)	_		▶	262,248.	0.	0.	262,248.
	4	Income from investment	t of tax-exe	empt b	ond proceeds 🕨				
	5	Royalties	<u></u>		·				
			(ı) Rea	al	(ii) Personal		Pare William	10.46	一門 水水 湯川
	6 a	Gross Rents					3.4		54
	Ŀ	Less: rental expenses							1. "我你 。 都能可
		: Rental income or (loss) .							
		Net rental income or (lo	cc)		•				الناس والمحدد المتحدد
		i Net rental income of (10	(i) Secur		(v) Other	& . * * * / · A	(4+, - 0±1)." 140.	TAKE OF S.A.	5 5 Service ()
	7 a	Gross amount from sales of			(ii) Other				
		assets other than inventory	1,579,	104.	 				
	t	Less: cost or other basis						The State of the S	
		and sales expenses	1,641,	-				1987 11.87	
į	•	Gain or (loss) .	-62,	070.	<u> </u>	· 3.	3" 13"	437	المتاكنات المتاكنات المتاكنات المتاكنات المتاكنات المتاكنات المتاكنات المتاكنات المتاكنات المتاكنات المتاكنات
	C	Net gain or (loss)	•		· · · •	-62,070.	0.	0.	-62,070.
	Ω-	Gross income from fund	traising ev	onte		· 操"。"	1、1、1000年1月1日		
JE		(not including \$	naising cv	cins	1		\$ 15°		
OTHER REVEN		of contributions reported	d on line 1	c).		- 6°		-	Part of the
RE		See Part IV, line 18.		, a	30,238.			· 美国 [14]	
벌	١.	Less: direct expenses	•• • •	b					
Ō		•				30,238.	30,238.	0.	
		: Net income or (loss) fro		-	ents .	30,236.	30,236.	U.	7,1 1 W. (4)
	9 8	Gross income from gam See Part IV, line 19	ning activiti	es.			, , , , , ,	7,60	1. 43
				_				1 1 1 -	20 Figh
		Less: direct expenses		. b	<u> </u>		<u>`</u> ` <u>`</u>		أشدا فأسطت بالمسافد بشرا
	(Net income or (loss) fro	m gaming	activit	i <u>es •</u>	<u> </u>			
	10 a	Gross sales of inventory	v. less retu	rns				_ ·	5.
		and allowances		a	_	<u> </u>		- Ar	
	ı	Less. cost of goods sold	i	b	·[
	ľ	Net income or (loss) fro			tory ►				
	-	Miscellaneous Reven		Ť	Business Code	3		- 2 , .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11 a						· · · · · · · · · · · · · · · · · · ·		
	'':			+	·	 			
	'	'				 	 	 	
	°					 		-	
		d All other revenue .		L		ļ		ļ	ļ
	l	e Total. Add lines 11a-11				`	-		ļ
	12	Total Revenue. Add line	es 1h, 2a. 3	3, 4. 5.	, 6d, 7d, 8c. 9c.				
		10c, and 11e .			>	362,091.	30,238.	0.	200,178.

Form 990 (2008) Camphill Foundation

Part IX: Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must com	nlete column (A) but are not i	required to complete columns (B), (C), and	d (D).
All Other Organizations must com	piete coluilli (A) but ale liot i	required to complete columns (b), (c), air	u (D).

and organizaline 21 2 Grants and of the U.S. See 3 Grants and of organizations U.S. See Par 4 Benefits paid 5 Compensation disqualified pection 4958 section 4958 7 Other salarie 8 Pension plan 401 (k) and secontributions 9 Other employ 10 Payroll taxes 11 Fees for service a Management b Legal c Accounting d Lobbying	s and wages a contributions (include section ection 403(b) employer by the contributions in the contributions are contributed.	127,637.	49,248. 25,527.		
the U.S. See Grants and o organizations U.S. See Par Benefits paid Compensation trustees, and Compensation disqualified paction 4958 section 4958 Tother salarie Pension plan 401(k) and secontributions Other employ Payroll taxes Fees for serva Management b Legal c Accounting d Lobbying	Part IV, line 22 ther assistance to governments, s, and individuals outside the t IV, lines 15 and 16 It or for members on of current officers, directors, i key employees on not included above, to bersons (as defined under (f)(1) and persons described in (c)(3)(B) os and wages or contributions (include section ection 403(b) employer)			, ser	1
organizations U.S. See Par 4 Benefits paid 5 Compensatio trustees, and 6 Compensatio disqualified p section 4958 section 4958 section 4958 7 Other salarie 8 Pension plan 401(k) and si contributions 9 Other employ 10 Payroll taxes 11 Fees for serv a Management b Legal c Accounting d Lobbying	s, and individuals outside the t IV, lines 15 and 16 I to or for members on of current officers, directors, I key employees on not included above, to bersons (as defined under (f)(1) and persons described in (c)(3)(B) or s and wages or contributions (include section ection 403(b) employer	127,637.	25, 527	, ser	1
5 Compensation trustees, and compensation disqualified procession 4958 section 4958. 7 Other salaries Pension plan 401 (k) and sucontributions 9 Other employ 10 Payroll taxes 11 Fees for service a Management b Legal c Accounting d Lobbying	on of current officers, directors, it key employees	127,637.	25, 527		
trustees, and Compensation disqualified p section 4958 section 4958 Tother salarie Pension plan 401 (k) and s contributions Other employ Payroll taxes These for serv Management Legal C Accounting d Lobbying	key employees on not included above, to persons (as defined under (f)(1) and persons described in (c)(3)(B) os and wages or contributions (include section ection 403(b) employer	127,637.	25, 527		
disqualified p section 4958 section 4958 7 Other salarie 8 Pension plan 401 (k) and si contributions 9 Other employ 10 Payroll taxes 11 Fees for serv a Management b Legal c Accounting d Lobbying	persons (as defined under (f)(1) and persons described in (c)(3)(B) s and wages contributions (include section ection 403(b) employer	127,637.	25.527		
 8 Pension plan 401(k) and scontributions 9 Other employ 10 Payroll taxes 11 Fees for serva Management b Legal c Accounting d Lobbying 	n contributions (include section ection 403(b) employer)	127,637.	25.527		
401(k) and sicontributions 9 Other employ 10 Payroll taxes 11 Fees for serving Management b Legal c Accounting d Lobbying	ection 403(b) employer)		2010210	67,990.	34,120.
 9 Other employ 10 Payroll taxes 11 Fees for server a Management b Legal c Accounting d Lobbying 	•	3,679.	736.	1,959.	984.
10 Payroll taxes 11 Fees for serv a Management b Legal c Accounting d Lobbying	, , , , , , , , , , , , , , , , , , , ,	6,076.	1,215.	3,237.	1,624.
11 Fees for serving a Management b Legal c Accounting d Lobbying	.	12,240.	2,448.	6,520.	3,272.
a Managementb Legalc Accountingd Lobbying	vices (non-employees)			· · · · · · · · · · · · · · · · · · ·	
b Legal c Accounting d Lobbying	· · · · ·				
d Lobbying					
d Lobbying		13,495.	1,990.	7,523.	3,982.
a Deat transfer					
e Pror lungrais	sing svcs. See Part IV, In 17		· 自体的流	" (1 mg - 1 mg - 2 mg	
f Investment n	nanagement fees	17,754.	2,616.	9,935.	5,203.
g Other		47,536.	6,995.	26,517.	14,024.
12 Advertising a	and promotion				
13 Office expen	ses	12,618.	4,440.	5,178.	3,000.
14 Information I	technology	5,196.	1,299.	2,598.	1,299.
15 Royalties .					
16 Occupancy		16,260.	3,252.	9,756.	
17 Travel		23,604.	12,721.	8,883.	2,000.
18 Payments of expenses for public official	travel or entertainment r any federal, state, or local ils				
19 Conferences	, conventions, and meetings	26,262.	15,000.	10,262.	1,000.
20 Interest					
21 Payments to	affiliates				
22 Depreciation	, depletion, and amortization	2,053.	513.	1,034.	506.
23 Insurance .		6,274.	1,569.	4,705.	0.
covered abo and labeled	ses. Itemize expenses not ve. (Expenses grouped together miscellaneous may not exceed	A STATE OF THE STA			
5% of total e	expenses shown on line 25	The state of the s		مين المراجع ال	1 12 - 167
a Payroll		1,860.	279.	1,032.	549.
b Moving		1,465.	488.	489.	
	tions/Printing	8,080.	3,020.	3,060.	
d Dues		3,782.	0.	3,782.	
e Trainin	a	3,887.	972.	972.	
f All other exp		11,673.		5,629.	
•	al expenses. Add lines 1 through 24f	400,679.	 	181,061.	
26 Joint Costs. SOP 98-2. O organization costs from a campaign ai	ai expenses. Add illes i unioudn 241 🗼 .		1		T

Balance Sheet Beginning of year End of year 33,899 37,054. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments . 1,157,099 2 671,005. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net . . 4 469. Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L ... 6 ASSETS 7 Notes and loans receivable, net . 135,309 7 627,988. 8 Inventories for sale or use 3,921 9 85,581 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment cost basis . . . 10 a **b** Less: accumulated depreciation. Complete Part VI of 14,248. Schedule D 10h .326 11,925 10 c 9,797,202 Investments - publicly-traded securities . 11 6,348,566. 12 12 Investments - other securities. See Part IV, line 11 ... 13 Investments - program-related See Part IV, line 11. 13 14 Intangible assets 14 100,168 15 109,270. 15 Other assets. See Part IV, line 11 11,239,523 16 7,894,181. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 12,732. 14,128. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue . . . 19 20 20 Tax-exempt bond liabilities Escrow account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 704,995. 1,416,398. 1,429,130 26 719,123 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 6,486,593 27 4,178,791. 27 Unrestricted net assets 1,833,220 28 ,505,587. 28 Temporarily restricted net assets 1,490,580 29 490,680. Permanently restricted net assets Organizations that do not follow SFAS 117, check here lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 9,810,393. 33 7,175,058. Total net assets or fund balances. . 7,894,181. 11,239,523. Total liabilities and net assets/fund balances. Part XI Financial Statements and Reporting Yes No X Accrual Other 1 Accounting method used to prepare the Form 990: 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X X b Were the organization's financial statements audited by an independent accountant? 2b c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2 c 3a X b If 'Yes,' did the organization undergo the required audit or audits? ... 3ь Form 990 (2008) BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public. Inspection

Department of the Treasury Internal Revenue Service

Total

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number

Camphill Foundation 23-6421082 Part | Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 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.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 9 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). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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. d l Type III- Other Type II Type III - Functionally integrated 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 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) 11 g (iii) a 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the organizations the organization supports h (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) is the (v) Did you notify (vi) Is the (vii) Amount of Support (i) Name of Supported Organization rganization in col (i) listed in your the organization in col (i) of organization in col (i) organized in the your support? governing document? Yes Yes Νo Yes No . - ; _#

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

BAA

Schedule A (Form 990 or 990-EZ) 2008

	dule A (Form 990 or 990-EZ) 200		<u>Foundation</u>			23-6421082	
Par	II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part I	.)			
Sec	tion A. Public Support						
begir	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	406,550.	841,438.	529,301.	206,256.	131,675.	2,115,220.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	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 public without charge.						
4	Total. Add lines 1-3	406,550.	841,438.	529,301.	206,256.	131,675.	2,115,220.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount					June 14	
	shown on line 11, column (f)	,			, - · · ·	· · · · · · · · · · · · · · · · · · ·	
6	Public support. Subtract line 5 from line 4	å, ,,,,			1		2,115,220.
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·		<u> </u>	·	<u> </u>	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	406,550.	841,438.	529,301.	206,256.	131,675.	2,115,220.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	215,492.	171,750.	265,489.	247,210.	262,248.	1,162,189.
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	* * * * * * * * * * * * * * * * * * *				77	3,277,409.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	r fifth tax year as	a section 501(c)(3	⁽⁾ . ▶ □
	tion C. Computation of Pu						CA FAN
	Public support percentage for 20			e 11, column (t)		14	64.54 % 48.52 %
15	Public support percentage for 20					· · · · · ·	<u> </u>
	a 33-1/3 support test – 2008. If the and stop here. The organization	i qualifies as a put	olicly supported or	ganization	• • • • • • • • • • • • • • • • • • • •	• •	<u>X</u>
1	b 33-1/3 support test – 2007. If th and stop here. The organization	ne organization did i qualifies as a pub	not check a box o blicly supported or	on line 13, or 16a, ganization	and line 15 is 33	-1/3% or more, ch	eck this box
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	' test, check this t	oox and stop here	. Explain in Part I	v now
	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts-and-circumstances'	ind-circumstances test. The organiz	d' test, check this t cation qualifies as	oox and stop here a publicly support	ted organization.	V how the ··
18	Private foundation. If the organ						

_	(Complete only if you check	ked the box on line	9 of Part I)		_	·		
	tion A. Public Support			· T				
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008		(f) Total
'	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
7 a	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons							
b	and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
c	: Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6.)			が	THE STREET	£ \$12.	. 31 km.	<u>.</u>
Sec	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Total
9	Amounts from line 6							
10 a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	•				<u>.</u>			
	Add lines 10a and 10b							
11	Add lines 10a and 10b							
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is							
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12)		ورشان	est.	l <u> </u>			
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990	is for the organiza	L		fifth tax year as	a section 50	(c)(3)	▶ □
11 12 13 14	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	stop nere	tion's first, secon		l <u> </u>	a section 50	(c)(3)	. ▶
11 12 13 14 Sec	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and the sale of Computation of Pu	blic Support F	tion's first, second	l d, third, fourth, or	fifth tax year as		(c)(3)	. ▶
11 12 13 14 Sec 15	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and extion C. Computation of Pu	blic Support F 08 (line 8, column	tion's first, second ercentage (f) divided by line	d, third, fourth, or	fifth tax year as		(c)(3)	. ► \(\big \)
11 12 13 14 Sec 15 16	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and capital computation of Pu Public support percentage for 20 Public support percentage from 2	blic Support F 08 (line 8, column 2007 Schedule A,	tion's first, second Percentage (f) divided by line Part IV-A, line 27	d, third, fourth, or	fifth tax year as		(c)(3)	. ► [
11 12 13 14 Sec 15 16 Sec	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and ction C. Computation of Pu Public support percentage for 20 Public support percentage from 2 ction D. Computation of Inventor in the support in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation of Inventor in the support percentage from 2 ction D. Computation Inventor in the support percentage from 2 ction D. Computation Inventor in the support percentage from 2 ction D. Computation Inventor in the support percentage from 2 ction D. Computation Inventor in the support percentage from 2 ction D. C	blic Support F 08 (line 8, column 2007 Schedule A, vestment Incol	Percentage (f) divided by line Part IV-A, line 27: me Percentage	e 13, column (f))	fifth tax year as		15 16	%
11 12 13 14 Sec 15 16 Sec 17	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add his 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and ction C. Computation of Pu Public support percentage for 20 Public support percentage from 20 Cition D. Computation of Inventored in the percentage for 20 Investment income percentage for 20	blic Support F 08 (line 8, column 2007 Schedule A, restment Incol or 2008 (line 10c,	Percentage (f) divided by line Part IV-A, line 27 me Percentage column (f) divided	d, third, fourth, or 13, column (f)) g 6 by line 13, column	fifth tax year as		15 16 17	%
11 12 13 14 Sec 15 16 Sec 17 18	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and this box and the computation of Pupulic support percentage for 20 Public support percentage from 20 Cition D. Computation of Investment income percentage for Investment income percentage for Investment income percentage for Investment income percentage for Investment income percentage for Investment income percentage for Investment income percentage for Investment income percentage for Investment income percentage for Investment income percentage for Investment income percentage for Investment income percentage for Investment Income percentage for Investment Income percentage for Investment Income percentage for Investment Income percentage for Investment Income percentage for Investment Income percentage for Investment Income percentage for Investment Income percentage for Investment Income percentage for Investment Income percentage for Investment Income percentage for Investment Income percentage for Investment Income Investment Incom	blic Support F 08 (line 8, column 2007 Schedule A, restment Incor or 2008 (line 10c, rom 2007 Schedul	Percentage I (f) divided by line Part IV-A, line 27 me Percentage column (f) divided e A, Part IV-A, lin	e 13, column (f)) . g	fifth tax year as		15 16 17	% % %
11 12 13 14 Sec 15 16 Sec 17 18 19:	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and ction C. Computation of Pu Public support percentage from 2 ction D. Computation of Invalvestment income percentage from a 33-1/3 support tests — 2008. If the more than 33-1/3%, check this box.	blic Support F 08 (line 8, column 2007 Schedule A, restment Incor or 2008 (line 10c, rom 2007 Schedul ne organization di ox and stop here.	Percentage I (f) divided by line Part IV-A, line 27 me Percentage column (f) divided e A, Part IV-A, line d not check the bo	e 13, column (f)) . g	fifth tax year as	than 33-1/3%	15 16 17 18 , and lin	% % ne 17 is not
11 12 13 14 Sec 15 16 Sec 17 18 19:	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and ction C. Computation of Pu Public support percentage for 20 Public support percentage from 20 Investment income percentage for 10 investment income percentage from 233-1/3 support tests = 2008. If the	blic Support F 08 (line 8, column 2007 Schedule A, restment Incor or 2008 (line 10c, rom 2007 Schedul ne organization dir ox and stop here. ne organization dir this box and stop	Percentage (f) divided by line Part IV-A, line 27 me Percentag column (f) divided e A, Part IV-A, lin d not check the bo The organization d not check a box here. The organi	e 13, column (f)) e 13, column (f)) e f by line 13, colume 27h ox on line 14, and qualifies as a put on line 14 or 19a zation qualifies as	fifth tax year as	than 33-1/3% organization nore than 33-orted organization	15 16 17 18 , and lin 1/3%, a stion	% % ne 17 is not

Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
	Tart II, line 17a of 17b, of Part III, line 12. Provide any other additional titionnation. (See instructions)
- 	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Employer Identification number

Cam	phill Foundation		23-6421082
Par	1 Organizations Maintaining Donor A	dvised Funds or Other Similar Fun	nds or Accounts Complete if
	the organization answered 'Yes' to F	orm 990, Part IV, line 6.	,
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a funds are the organization's property, subject to the	dvisors in writing that the assets held in dor e organization's exclusive legal control?	nor advised Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the bimpermissible private benefit??	nd donor advisors in writing that grant funds enefit of the donor or donor advisor or other	s may be
Par	II Conservation Easements Complete	if the organization answered 'Yes'	to Form 990. Part IV. line 7.
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recre		of an historically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	of certified historic structure
	Preservation of open space		<u> </u>
2	Complete lines 2a-2d if the organization held a qui	alified conservation contribution in the form	of a conservation easement on the last day
_	of the tax year.	simed conservation contribution in the form	
			Held at the End of the Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easemen	s	2b
c	Number of conservation easements on a certified	nistoric structure included in (a) .	2c
c	Number of conservation easements included in (c)	acquired after 8/17/06	2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or terminate	ed by the organization during the taxable
	vear ►		
4	Number of states where property subject to conse		_
5	Does the organization have a written policy regard enforcement of the conservation easement it holds		∐ Yes ☐ No
6	Staff or volunteer hours devoted to monitoring, ins	pecting, and enforcing easements during th	e year ►
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing easements during the y	rear ► \$
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	conservation easements in its revenue and e organization's financial statements that de	expense statement, and balance sheet, and escribes the organization's accounting for
Pai	till Organizations Maintaining Collecti	ons of Art, Historical Treasures, o	r Other Similar Assets
	Complete if the organization answe	red 'Yes' to Form 990, Part IV, line	e 8.
18	If the organization elected, as permitted under SF treasures, or other similar assets held for public e the text of the footnote to its financial statements	xhibition, education, or research in furtherar	nt and balance sheet works of art, historical nce of public service, provide, in Part XIV,
i	If the organization elected, as permitted under SF treasures, or other similar assets held for public e amounts relating to these items:	AS 116, not to report in its revenue stateme xhibition, education, or research in furtheral	ent and balance sheet works of art, historical nice of public service, provide the following
	(i) Revenues included in Form 990, Part VIII, line	:1	\\$
	(i) Revenues included in Form 990, Part VIII, line(ii) Assets included in Form 990, Part X		· \$
	If the organization received or held works of art, hamounts required to be reported under SFAS 116	istorical treasures, or other similar assets for relating to these items:	or financial gain, provide the following
ä	Revenues included in Form 990, Part VIII, line ${\bf 1}$.		- \$
ı	Assets included in Form 990, Part X		

0 1 5 5 6 7 7 7 7 7 7 7 7 7										
Schedule D (Form 990) 2008 Camph						011 5	23-6421			Page 2
Part III Organizations Maintai	ining Collec	tions	of Art, Histor	rical	Treasures, or	Other Sir	nilar Asse	ets (co	ontinu	ed)
 Using the organization's accession that apply). 	n and other rec	ords, d	check any of the f	follov	ring that are a sign	nificant use	of its collecti	on item	s (chec	k all
a 🔲 Public exhibition			d \prod Loan or	rexc	hange programs					
b Scholarly research			e Other							
c Preservation for future genera	ations									
4 Provide a description of the organ Part XIV.	nization's collec	tions a	and explain how th	hey f	urther the organiza	ation's exem	pt purpose i	n		
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or rea	ceive o	donations of art, hand	nistoi the o	rical treasures, or or ganization's collection	other similar	ſ	Yes	Г	No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arra	ngen	nents Comple	te ii	organization a	answered	'Yes' to F	orm 9	90, Pa	art
1a is the organization an agent, trust included on Form 990, Part X?	tee, custodian,	or othe	er intermediary fo	r cor	ntributions or other	assets not	[Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and	comp	lete the following	table	e:					
								Amount	<u> </u>	
c Beginning balance						1 c				
d Additions during the year						1 d				
e Distributions during the year						1 e				
f Ending balance										
2a Did the organization include an ai	mount on Form	990, F	Part X, line 21?				[Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV									
Part V Endowment Funds Co	mplete if org	janiz	ation answere	d 'Y	es' to Form 99	0, Part IV	, line 10.			
	(a) Current ye	ear	(b) Prior year		(c) Two years back	(d) Thre	e years back	(e)	our years	back
1 a Beginning of year balance	4,180,3	334.	₫' જેજ <u>'</u>			<u></u>		1		, Z.,
b Contributions	15,5	525.		. غ	1. mg/m/ 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	7 7	ري. انهي ⁽¹⁴ ياري		å n	· · · · · · · · · · · · · · · · · · ·
c Investment earnings or losses	-558,0	077.			,	1		. 2	1,357.14	
d Grants or scholarships					-, -,	\$,-,	~ .	",	,	, .;
e Other expenditures for facilities and programs	33,5	588.		· 5		re	7 3 h	ر . نوئيم کا ، • ا		٠, ١, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠,
f Administrative expenses .						. 12.00	1.50			₹ <u>2</u> 6 ~ 1
g End of year balance	3,604,	194.			1,		.~	Ţ -	1 .	, ., ., ., ., ., ., ., ., ., ., ., ., .,
2 Provide the estimated percentage	of the year en	d bala	nce held as:							
a Board designated or quasi-endow	vment -	18	3.00%							
b Permanent endowment ►	41.00%									
c Term endowment ► 41	L.00%									
3a Are there endowment funds not in organization by.	n the possessio	n of th	e organization th	at ar	e held and admini	stered for the	9	ſ	Yes	No
(i) unrelated organizations								3a(i)		X
(ii) related organizations .	•				• •		•	3a(ii)		X
b If 'Yes' to 3a(ii), are the related o	· · · · · ·	tod ac	rogured on Sch	odula	 D2	•		3b		
	-					, ,	• •	1 30 1		
4 Describe in Part XIV the intended Part VI Investments—Land, B						lino 10				
							- I	(-1)	Zaalı Va	
Description of investment			t or other basis nvestment)	(D) Cost or other basis (other)	(c) Depre	eciation	(a)	Book Va	
1 a Land	Ļ							 		
b Buildings .	<u> </u>				·					
c Leasehold improvements	· <u> </u>									
d Equipment	<u> </u>				65,574.		1,326.		14	,248.
• Other										

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

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14,248. Schedule **D** (Form 990) 2008

Total. Column (b) Total (should equal Form 990, Part X, col.(B), line 15).

Part X Other Liabilities (See Form 990, Part X, line 25)

1	(b) Amount
	328,659.
	376,336.
▶	704,995.
	D

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

DAMAN I DAMA WILL BOOK AND AND AND AND AND AND AND AND AND AND		
Part XI. Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1 Total revenue (Form 990, Part VIII,column (A), line 12)	-	362,091.
Total expenses (Form 990, Part IX, column (A), line 25)	<u> </u>	400,679.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	<u> </u>	-38,588.
4 Net unrealized gains (losses) on investments	<u> </u>	
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4-8		
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		-38,588.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret		0 024 656
1 Total revenue, gains, and other support per audited financial statements	1 -	2,234,656.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	.	
a Net unrealized gains on investments 2a -2,596,747.	•	
b Donated services and use of facilities . 2b		
c Recoveries of prior year grants	ļ	
d Other (Describe in Part XIV)	` <u>-</u> -	0 506 545
e Add lines 2a through 2d		<u>2,596,747.</u>
3 Subtract line 2e from line 1	3	362,091.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	362,091.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F		400 670
1 Total expenses and losses per audited financial statements	1	400,679.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	` '	
a Donated services and use of facilities	`	
b Prior year adjustments	-]	
c Losses reported on Form 990, Part IX, line 25		
d Other (Describe in Part XIV)	_	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	400,679.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b . 4a	*	
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	400,679.
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	es 1b and 2	?b, Part V,
Pt V Line 4 Endowment funds are used in accordance with provision	<u>s</u>	
allowed by the original donors or for purposes approve	<u>ed</u>	-
by the Board of Directors		
	_ _	

Schedule D (Form 990) 2008 Camphill Foundation Part XIV Supplemental Information (continued)	23-6421082	Page 5
Part XIV Supplemental Information (continued)		
		
	. 	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2008

Open to Public

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number Camphill Foundation 23-6421082 Part 1: Fundraising Activities. Complete if the organization answered 'Yes' to Form 990. Part IV. line 17 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have 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. Form 990EZ filers are not required to complete this table (v) Amount paid to (iii) Did fundraiser (or retained by) fundraiser listed in (vi) Amount paid to (i) Name of individual (ii) Activity (iv) Gross receipts have custody or control of contributions? (or retained by) or entity (fundraiser) from activity organization col.(i) Yes No **Total** 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2008	Camphill	Foundation

23-6421082 _ _

Page 2

Par	t II ∫	Fundraising Events. Complete if reported more than \$15,000 on F	the organization around 990-EZ, line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, I gross receipts gre	ine 18, or ater than \$5,000.	
R			(a) Event #1 Concert (event type)	(b) Event #2	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))	
REVENUE	1	Gross receipts	30,238.			30,238.	
Ĕ	2	Less Charitable contributions					
	3	Gross revenue (line 1 minus line 2)	30,238.			30,238.	
	4	Cash prizes					
D-RECT	5	Non-cash prizes					
	6	Rent/facility costs					
WEWZEWW	7	Other direct expenses					
	9	Direct expense summary. Add lines 4- th Net income summary. Combine lines 3 ar	nd 8 in column (d)		• • • • • • • • • • • • • • • • • • •	30,238.	
Par	t III	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Pa	rt IV, line 19, or re	ported more than	
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
	1	Gross revenue					
	2	Cash prizes .					
DIRECT	3	Non-cash prizes					
Č Š T E S	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes%	Yes%	Yes %		
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d) .			-	
8 Net gaming income summary. Combine lines 1 and 7 in column (d)							
9		er the state(s) in which the organization op he organization licensed to operate gaming				YES NO	
		No,' Explain	, •••				
10:	– – – – a Wei	re any of the organization's gaming license	s revoked, suspended o	or terminated during the			
		es, Explain	.,	,	-		
11	 Dos	es the organization operate gaming activities	es with nonmembers?	·			
12	ls ti	the organization a grantor, beneficiary or truning the organization a grantor, beneficiary or truning?		mber of a partnership or	other entity formed to		
BAA			TEEA3702	08/15/08	Schedule G (F	orm 990 or 990-EZ) 2008	

chedule G (Form 990 or 990-E2) 2008 Camphill Foundation 23-642	1082		<u> 'age 3</u>
		YES	NO
Indicate the percentage of gaming activity operated in:	* * * * * * * * * * * * * * * * * * * *	_	
a The organization's facility	8		
b An outside facility	8	1	
4 Provide the name and address of the person who prepares the organization's gaming/special events books and record	ls:		3, 0, - 1
	<u></u>	, ³ m.,	4
Name: •		' '	2.20
		3	7;
Address: •	\	<u> </u>	3.
		اا	
5a Does the organization have a contact with a third party from whom the organization receives gaming revenue?		ļ	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount	-	}	. 1
of gaming revenue retained by the third party \$] :	(a, s, f)
c If 'Yes,' enter name and address:	2. 7		28 - 4
	51	1.	E &
Name. •	' '.		3
			130
Address:	[:	1	
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	2 3 (25)	Za.
6 Gaming manager information	\$ 1, 		
	F -	()	3 4
Name: ►			
	\$	5 54	3,33
Gaming manager compensation ► \$		1000	¹
	ļ.` ·	' '	
Description of services provided:	-		Sec. 3
	3. 3. e	6	~~; ~;;
☐ Director/officer ☐ Employee ☐ Independent contractor			1
		1,** *	
17 Mandatory distributions	52.		13 3,
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the		ــــــــــــــــــــــــــــــــــــــ	1
state gaming license?	17а		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the	35	1.5	
organization's own exempt activities during the tax year: > \$		£	
AA TEEA3703 07/18/08 Schedule G (Fo	rm 990 or 9	90-EZ	2008

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SCHEDULE I (Form 990)		O	rants and Oth Governmen	Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.	o Organization als in the U.S.	S,		2008
Department of the Treasury Internal Revenue Service		► Comp	olete if the organizati	Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.Attatch to Form 990.	orm 990, Part IV, lines I.	21 or 22.	I	Open to Public Inspection
Name of the organization Camphill Foundation	ation						Employer identification number 23-6421082	ation number
Part I General Inf	General Information on Grants and Assistance	rants and Assis	tance					
1 Does the organizal the selection criter2 Describe in Part IV	ition maintain record ria used to award the	Is to substantiate the e grants or assistan procedures for mon	e amount of the grant ce? itoring the use of gran	Does the organization maintain records to substantiale the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ntees' eligibility for the ates.	grants or assistance, a	and	X Yes No
=	d Other Assistan V, line 21 for an	nce to Governm by recipient that	ients and Organi received more th	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on F 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	ed States. Comple	te if the organizat ecipient received	ion answered 'Y more than \$5,00	es' on Form 30. Use
1 (a) Name and address of organization or government	ss of organization	(b) EIN	Name and address of organization (b) EIN (c) IRC section (d) Amou or government	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Camphill Special School 1784 Fairview Road Glenmore PA 19343	cial School Road 19343	23-1443766	501 c 3	7,560.				Program
Oakwood Life Sharing 9888 CR 8490 West Plains MO 65775	haring_Serv. -65775	25-1902811	501 c 3	40,000.				Program
2 Enter total number 3 Enter total number	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations) and government on	rganizations				A A	
	nd Paperwork Redu	ction Act Notice, se	e the Instructions for	Form 990.	TEEA3901	12/19/08	Schec	Schedule 1 (Form 990) 2008

Camphill Foundation

Schedule I (Form 990) 2008

Part III

Schedule I (Form 990) 2008 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) __The_Organization_requests_periodic_reports_from_the_grant_recipients_ as to the status of programs funded through grants approved by the (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients Board of Directors. (a) Type of grant or assistance Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2

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Camp	MIII.	Foundation	

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Form 9	90, Pa	age 6	, Line	: 17
States	Form	990 1	Filed	ln

California	
Connecticut	
New Jersey	
New York	
Pennsylvania	