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2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the
vear may use this form year may use this form

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

Open to Public Inspection

Α	For the 2008 calendar year, or tax year beginning 7/01 , 2008, and ending 6/30	, 2009
В		mployer identification number
L	Address change   Please use IRS   FRIENDS OF CAMP COLTON, INC.	36-1015268
	l. lighel or line a marriage	elephone number
_	Initial return Type TETACCTAGE A7 96002	•
-	Termination Specific	928-214-6271
L		roup Exemption
	Application pending N	umber
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  G Accounting meth	
_	must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶	
	Website: ► FRIENDSOFCAMPCOLTON.ORG  H Check ►  X  if required to attact	the organization is <b>not</b> h Schedule B (Form 990,
•		PF).
K	Organization type (check only one) — [22] 301(c) (-3-) - (moet tho)   4347(a)(1) or   327	<u> </u>
_	\$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return.	urn.
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	<b>►</b> \$ 26,568.
P	Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instr	
٠	1 Contributions, gifts, grants, and similar amounts received	1 27,961.
	2 Program service revenue including government fees and contracts .	2
	3 Membership dues and assessments	3
	4 Investment income	4 -5,863.
	5a Gross amount from sale of assets other than inventory 5a	
	b Less cost or other basis and sales expenses 5b	1 1
F		5c
F E V E	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	
E	a Gross revenue (not including \$ of contributions	
Ĺ	1 - 1	
	<b>b</b> Less direct expenses other than fundraising expenses  6b 1,747.	1
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 2,723.
	7a Gross sales of inventory, less returns and allowances 7a	3, 3, 3, 3
	b Less cost of goods sold	1
	c Gross profit or (loss) from sales of inventory (Subtract line 75 from line 72)	7c
	8 Other revenue (describe >	8
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 824 DFC 2 8 2020	9 24,821.
		10
	10 Grants and similar amounts paid (attach schedule)	11
E X P	12 Salaries, other compensation, and employee benefits OCOEN 117	12
Ê	13 Professional fees and other payments to independent contractors	13
E N S	14 Occupancy, rent, utilities, and maintenance	14
		15
5	16 Other expenses (describe > SEE STATEMENT 1	16 26,757.
	17 Total expenses (add lines 10 through 16)	17 26,757.
_	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -1,936.
	Al Company of the Com	
윤	S 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 103,772.
2010	20 Other changes in net assets or fund balances (attach explanation)  SEE STATEMENT 2	20 -31,591.
83	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 70,245.
	Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instr	
	(See the instructions for Part II )  (A) Beginning of years.	
MA 2	2 Cash, savings, and investments 76, 405	
2	3 Land and buildings	23
$\boldsymbol{c}$	4 Other assets (describe ► SEE STATEMENT 3 ) 29,266	
2/ 2	5 Total assets	
= /	6 Total liabilities (describe > SEE STATEMENT 4 ) 1,899	
6. 2	77 Net assets or fund balances (line 27 of column (B) must agree with line 21) 103,772	
(~) <b>-</b>	AA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.	Form <b>990-EZ</b> (2008)
	TEEA08031 09/18/08	(200)

Form 990-EZ (2008) FRIENDS OF CAMP COLTON, INC. 86-1015268 Page 2							
Part III Statement of Program Service Accomplishments (See the instructions.)							
What is the Describe describe program	he organization's primary exempt purpose? <u>SE</u> he what was achieved in carrying out t e the services provided, the number of title.	E STATEMENT 5 he organization's exempt purport persons benefited, or other	poses. In a clear and corelevant information for	oncise manner, r each	and 4947	uired for 501(c)(3) (4) organizations and (a)(1) trusts; optional thers)	
	ROVIDED SUPPORT FOR PRO	GRAMS AND ACTIVITIE	S AT CAMP COLT	ON.	101 0	uleis)	
_				<del>-</del>			
<u>_</u>	Grants \$ ) If t	his amount includes foreign gi	rants, check here		28 a	6,215.	
29 _					ļ		
	Grants \$ ) If t	his amount includes foreign gi	rants, check here	<u> </u>	29 a		
30 _	30						
- -				<del>-</del>	30 a		
	Grants \$ ) If the theorem is a services (attach schedule)	his amount includes foreign gi e)	rants, check here		Sua		
		his amount includes foreign gi	rants, check here		31 a	6.015	
Part I	otal program service expenses (add IV List of Officers, Directors		ployees /list cosh o	no oven if not oer	32	6, 215.	
raiti	V   List of Officers, Directors	(b) Title and average hours				(e) Expense account	
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensa	ns and	and other allowances	
	EMBERTY LEE LOOP NE	DIRECTOR 1.00			0.	0.	
	RANCHO, NM 87144	1.00					
	CHAPMAN	DIRECTOR			0.	0.	
	N. SAN FRANCISCO ST STAFF, AZ 86001	1.00					
ЈОНИ	GIOVALE	PRESIDENT	0.	<del></del>	0.	0.	
~_	RIVER RUN ROAD	2.00					
	STAFF, AZ 86001 IE JOHNSTONE	DIRECTOR	0.		0.	0.	
450 I	RIVER RUN ROAD	1.00					
	STAFF, AZ 86001 Y GIOVALE	DIRECTOR	0.		0.	0.	
	RIVER RUN ROAD	1.00			υ.	0.	
FLAGS	STAFF, AZ 86001		-				
	Y MUSTA	SECRETARY			0.	0.	
~_	N. CENTER STREET STAFF, AZ 86004	1.00					
	EN BERUTICH	VICE PRESIDENT			0.	0.	
	<u>N. FORT VALLEY ROAD</u> STAFF, AZ 86001	1.00					
		-					
				-			
		-					
				<u> </u>		<del></del>	
		}					
				<del></del>			
BAA		TEEA0812L 0	1/14/09			Form <b>990-EZ</b> (2008)	

TEEA0812L 01/14/09

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
34	each activity  Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	33	<b></b>	X
35			<del>                                     </del>	<del>  ^</del>
JJ	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
;	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and	2=		١,,
	proxy tax requirements?  b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a	-	X
	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	33.0		
30	If 'Yes,' complete applicable parts of Schedule N .	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions  1. 37a 0.			<del></del> _
	Did the organization file Form 1120-POL for this year?	37 b		X
38	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		X
	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations Enter	1		
	a Initiation fees and capital contributions included on line 9  39a  N/A	• .		
	Gross receipts, included on line 9, for public use of club facilities  N/A			
40	3 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40ь		Х
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Enter amount of tax on line 40c reimbursed by the organization			:
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Χ
41	List the states with which a copy of this return is filed NONE			
42	The books are in care of TRACY ANDERSON  Telephone no Tel			
	Located at ► P.O. BOX 393 FLAGSTAFF AZ ZIP + 4 ► 86002			
ı	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country.	42b		Х
	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 a Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	If 'Yes,' enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	1	<b>-</b> □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year		_	N/A
		ſ	Yes	No
44	Did the expension monters any densy advaced funds? If IVes I Form 900 must be completed instead			
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		<u>X</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		v
BAA		m <b>990</b>	-EZ (	<u>X</u> 2008)

Form 990-F	EZ (2008) FRIENDS OF CAMP COI	TON INC		86-1015	5268 Page <b>4</b>
Part VI	Section 501(c)(3) organization	s only. All section	501(c)(3) organizat		
	and complete the tables for lin	es 50 and 51.	( ) ( )		PATEMENT 6
46 Did th	ne organization engage in direct or indire	et political campaign a	ctivities on behalf of or	in apposition to candidat	es Yes No
for pu	iblic office? If 'Yes,' complete Schedule	C, Part I	Livilles on behalf of of	in opposition to candidat	46 X
47 Did th	ne organization engage in lobbying activi	ties? If 'Yes,' complete	Schedule C, Part II		47 X
<b>48</b> Is the	organization operating a school as desc	cribed in section 170(b)	(1)(A)(II)? If 'Yes,' com	plete Schedule E	48 X
	ne organization make any transfers to an				49a X
<b>b</b> If 'Ye	s,' was the related organization(s) a sec	tion 527 organization?			49b
50 Comp	lete this table for the five highest compe	ensated employees (oth	er than officers, directo	are tructoos and kov omn	lovees) who each
receiv	ved more than \$100,000 of compensation	from the organization	If there is none, enter	'None.'	
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE	more dian problems	devoted to position	·	deletted compensation	
MOME					
					<del></del>
			<del></del> -		<del></del>
	<del></del>				<del>_</del>
Total number	of other employees paid over \$100,000		<u> </u>		··
		······································			<u> </u>
<b>51</b> Comp	lete this table for the five highest compe	nsated independent co	ntractors who each rec	eived more than \$100,000	0 of compensation
from	the organization. If there is none, enter '	None '			
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Compensation
NONE					
	<del> </del>	<del></del>			
					<del></del>
		<del></del>			
Total numb	er of other independent contractors rece		<u> </u>		de la constitución de la constit
	Under penalties of perjury, I declare that I have exam true confect, and complete Declaration of preparer (	imed this return, including according to the other than officer) is based on a	mpanying schedules and stater all information of which prepare	rents, and to the best of my know r has any knowledge	rleage and belief, it is
	( U) 1 1 1 2 C			14002 00	
Sign				12.23.09	
Here	Signative of officer	· 100 4 5 0 4	001-	Date	MUSTA
	Secretary TRIE	ads of Can	up collon	, EMILY	M10211
	Type or print name and title	<del></del>	<u> </u>	<u> </u>	Paror's Identifican Number
Paid	Preparer's	1 001	Date /2/22/0		parer's Identifying Number instructions)
Pre-		ansu CPA	1440	9 employed ► P0	0101620
parer's	wours if solf	OCIATES PC			
Jse Dalu	employed), - 150 W DALE AVE	STE 2			6-0898871
Only	ZIP+4 FLAGSTAFF, AZ 8		<del></del>	Phone no ► (928	
May the IRS	discuss this return with the preparer sh	iown above? See instru	ctions		►X Yes No Form <b>990-EZ</b> (2008)
)MM					1 UIIII 330-EZ (2006)

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

lame of the organization Employer identification number												
FRI	EN.	DS OF CAMP CO	OLTON, INC.						86-1	015268	3_	
Par	: I	Reason for Pu	blic Charity Statu	is (All organizations	must o	comple	ete this	part.	(see	instruc	tions)	
he c	rga	nization is not a pri	vate foundation becau	use it is (Please check o	nly one	organiz	ation)					
1	П	A church, convention	on of churches or ass	ociation of churches desi	cribed ir	section	n 170(b)	(1)(A)(i)	) <b>.</b>			
2		A school described	I in section 170(b)(1)(	A)(ii). (Attach Schedule I	E)							
3		A hospital or coope	erative hospital servic	e organization described	ın secti	on 170(	b)(1)(A)(	iii <b>).</b> (At	tach Scl	hedule H	1)	
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's											
		name, city, and sta	-	,	•					~ ,		•
5		An organization op 170(b)(1)(A)(iv). (C	erated for the benefit Complete Part II)	of a college or university		·	-	_	nmenta	unit de	scribed in	section
6 7		An organization that		governmental unit descri i substantial part of its su art II )					t or fron	n the ger	neral publi	c described
8	Ш	A community trust	described in section	170(b)(1)(A)(vi). (Comple	te Part I	1)						
9	X	from activities related investment income	d to its exempt function	more than 33-1/3 % of its is — subject to certain excess taxable income (less complete Part III )	eptions, a	and (2) r	no more i	than 33-	1/3 % of	its suppo	ort from gro	SS
10	Ш	An organization org	ganized and operated	exclusively to test for pu	iblic safe	ety See	section	1 509(a)	<b>(4).</b> (see	e instruc	tions)	
11		more publicly supp	orted organizations of	exclusively for the benef described in section 509(a zation and complete lines	a)(1) or	section	509(a)(2	ctions ( 2) See	of, or ca section	rry out th <b>509(a)(3</b>	ne purpose <b>).</b> Check t	es of one or the box that
		a Type!	<b>b</b> Type II	c Type III				ted		d $\square$	Type III-	Other
е		By checking this bo	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly si	led direc upportec	tly or in	directly zations	by one describe	or more ed in sec	disqualiction 509	fied perso (a)(1) or s	ons other section
f		check this box		ermination from the IRS						_		n,
g		Since August 17, 2	006, has the organiza	ition accepted any gift of	r contrib	ution fro	om any	of the fo	ollowing	persons	7	<del></del>
		(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or i	together	with pe	ersons d	escribe	d ın (ıı) a	and (III)	11 g (i)	Yes No
		_	ber of a person desc								11 g (ii)	
				described in (i) or (ii) al	bove?						11 g (iii)	
h			<u> </u>	the organizations the org		n suppo	rts					<del></del>
	(i	) Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organizat (i) listed	is the non in cold in your irring ment?	(v) Did y	ızatıon in (ı) of	(vi) l organizati (i) organi U S	on in col	(vii) Amour	nt of Support
					Yes	No	Yes	No	Yes	No		
				_						•		
otal												

Pa	edule A (Form 990 or 990-EZ) 200 rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) ar	86-1015268 nd 1 <b>70(b)(1)(A)</b>	
	(Complete only if you check	•					
<u>Sec</u>	tion A. Public Support	<del>,</del>	<del></del>	т	<del></del>	<del> </del>	
begi	endar year (or fiscal year inning 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 ')						
_	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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4				ļ <u>.</u>		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
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						
12	Gross receipts from related activ	rities, etc. (see in:	structions)		•	12	
13	First five years. If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, secor	nd, third, fourth,	or fifth tax year as	s a section 501(c)(	3) ▶ □
	tion C. Computation of Pul	blic Support P					
	Public support percentage for 20	, ,		ie 11, column (f)		14	<u>%</u>
	Public support percentage for 20	•				15	%
16 a	<b>33-1/3 support test – 2008.</b> If the and <b>stop here.</b> The organization	e organization did qualifies as a pul	I not check the bo blicly supported or	x on line 13, and rganization	d the line 14 is 33	-1/3 % or more, ch	neck this box ▶
t	33-1/3 support test – 2007. If the and stop here. The organization	e organization did qualifies as a pub	I not check a box olicly supported or	on line 13, or 16 ganization	a, and line 15 is 3	3-1/3% or more, cl	heck this box
17 a	10%-facts-and-circumstances te or more, and if the organization i	est - 2008. If the meets the 'facts-a	organization did n and-circumstances	ot check a box of test, check this	on line 13, 16a, or s box and <b>stop he</b> i	16b, and line 14 is e. Explain in Part	10% IV how

b 33-1/3 support test — 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 FRIENDS OF CAMP COLTON, INC 86-1015268 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support **(e)** 2008 Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 69,891 74,395 185,243 49,043 27,961 406,533. 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 1.673 1.135 4.470 7,278. Gross receipts from activities that are not an unrelated trade or business ٥. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 50,178 69,891 74,395 186,916 32,431 413,811. 6 Total. Add lines 1-5 7a Amounts included on lines 1, 2, 3 received from disqualified 0 0 0 0 0 0. persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, 0 0 0 0. 0 0 and 12 for the year or \$5,000 c Add lines 7a and 7b 0 0. 0. 0 0. 0. Public support (Subtract line 413,811. 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (d) 2007 (e) 2008 (f) Total (a) 2004 **(b)** 2005 (c) 2006 413,811 186,916 50,178 32,431 9 Amounts from line 6 69,891 74,395 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 623 -2.402-5,863-7,642. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 -7,642. c Add lines 10a and 10b 0 0 623 -2,402-5,863 11 Net income from unrelated business activities not included inline 10b. whether or not the business is 0.

regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)

13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Sec	ection C. Computation of Public Support Percentage						
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	100.0%				
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.0%				
Sec	ction D. Computation of Investment Income Percentage						

ンてし	aton b. Computation of investment income rescentage		
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.0%
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.0%
19 a	a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line	17 is no	ot .

X more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

0.

▶ [

406,169.

Schedule	A (Form 990 or	990-EZ) 2008	FRIENDS	OF CAME	COLTON,	INC.	86-1015268	Page 4
Part IV	Supplement Part II, line	ntal Informa e 17a or 17b	ntion. Comp	lete this p	art to proving any	de the	86-1015268 explanation required by Part II, lin additional information. (see instruc	ne 10; ctions)
	<del>-</del>	- 47	<u>-</u>				· · · · · · · · · · · · · · · · · · ·	

TEEA0404L 10/07/08

Schedule A (Form 990 or 990-EZ) 2008

BAA

2008	FEDERAL STATEMENTS	PAGE 1
	FRIENDS OF CAMP COLTON, INC.	86-1015268
STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  CAMP PROGRAM SUPPLIES CONTRACT LABOR FUSD CONTRIBUTION OFFICE EXPENSES PROFESSIONAL FEES		\$ 215. 15,223. 6,000. 2,196. 3,123. TOTAL \$ 26,757.
STATEMENT 2 FORM 990-EZ, PART I, LINE 20 OTHER CHANGES IN NET ASSETS PRIOR PERIOD ADJUSTMENTS	S OR FUND BALANCES	TOTAL \$ -31,591.
STATEMENT 3 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS  BENEFICIAL INTEREST IN PERP	PETUAL TRUSTS TOTAL	BEGINNING ENDING \$ 29,266. \$ 24,788. \$ 29,266. \$ 24,788.
STATEMENT 4 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES  ACCOUNTS PAYABLE AND ACCRUE	D EXPENSES TOTAL	BEGINNING ENDING \$ 1,899. \$ 1,899. \$ 0.
STATEMENT 5 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEM TO PROVIDE SUPPORT FOR CAMP SCHOOL DISTRICT TO PROVIDE	MPT PURPOSE  COLTON, WHICH IS A CAMP OPERATE ENVIRONMENTAL AND SCIENCE EDUCAT	D BY FLAGSTAFF UNIFIED ION TO SIXTH GRADERS.

2008

### FEDERAL STATEMENTS

PAGE 2

FRIENDS OF CAMP COLTON, INC.

86-1015268

STATEMENT 6 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO