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Form 990-EZ

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) G 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 year may use this form G The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545 1150 2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 9/01 , 2008, and ending 8/31		, 2009
B Check if applicable C	mployer id	dentification number
	35-23	34489
Name change label or 4368 Farmington Circle	elephone r	number
Initial return   Iype   Allentown, PA 18104	(610)	442-7845
Termination Specific Specific		kemption
H Kions I	lumber	<u> </u>
? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  ——————————————————————————————————		Cash Accrual
H Check G I	f the org	janization is not dule B (Form 990,
J Organization type (check only one) X 501(c) (3) H (insert no) 4947(a)(1) or 527	가 Scried 가).	idle D (Form 950,
K Check G If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normalized from the organization is not a section 509(a)(3) supporting organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization as a section 509(a)(a) supporting organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and its gross receipts are normalized from the organization and the organization are not organization and the organization and the organization are not organization and the organization and the organization are not organization are not organization and the organization are not organization and the organization are not organization are not organization and the organization are not organization are not organization and the organization a	nally no	ot more than
\$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return		
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	G\$	101,224.
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the ins		
Contributions, gifts, grants, and similar amounts received	1 1	43,206.
Program service revenue including government fees and contracts	2	57,950.
3 Membership dues and assessments	3	
4 Investment income	4	68.
5a Gross amount from sale of assets other than inventory . 5a	1 1	
b Less cost or other basis and sales expenses 5b	1 1	
c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch) V	5c	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here.	1 1	
a Gross revenue (not including \$of contributions		
reported on line 1) 6a	4	
b Less direct expenses other than fundraising expenses.  6b	-	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances. 7 a	6c	<del></del>
7a Gross sales of inventory, less returns and allowances	-{	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe G	8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	-	101,224.
10 Grants and similar amounts paid (attach schedule)	10	101,227.
11 Benefits paid to or for members	11	<del> </del>
E   '	12	
X   12   Salaries, other compensation, and employee benefits   13   Professional fees and other payments to independent contractors	13	
N at Common and address and an address and	14	25,666.
s 14 Occupancy, rent, utilities, and maintenance  S 15 Printing publications postage and shipping	15	
16  Other Expenses (NESCARDY G DOE STATEMENT	16	66,131.
17 Sptal expenses (add lines 19 through 16)	3 17	91,797.
18 Excess or (deficial) for the year (\$ubtract line 17 from line 9)	18	9,427.
N S S S S S S S S S S S S S S S S S S S	- ,	
N s 19 4 yet assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year section)  T 20 Other charges in new assets or jund balances (attach explanation)	19	0.
	20	
	3 21	9,427.
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 y		(B) End of year
22 Cash, savings, and investments .	22	9,427.
23 Land and buildings	23	<del></del>
24 Other assets (describe G) 25 Total assets	24 0. 25	0 427
	O. 25 O. 26	9,427.
	0. 27	9,427.
BAA For Privacy Act and Pagerwork Reduction Act Notice see the instructions for Form 990	1-1	5,427. Form 990-F7 (2008)

TEEA0803L 09/18/08

Part	III   Statement of Program Se	rvice Accomplishment:	<u>s (See the instructi</u>	ons.)		Expenses
Descr descr	the drganization's primary exempt purpose? See tibe what was achieved in carrying out this the services provided, the number of arm title.	e Statement 2 e organization's exempt purpo persons benefited, or other re	oses. In a clear and con elevant information for (	ncise manner, each	and ( 4947	uired for 501(c)(3) 4) organizations and (a)(1) trusts, optional hers.)
28	See Statement 3					
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here	. G	28 a	91,797.
29						
	(Grants \$ ) If th	G	29 a			
30						
	(Grants \$ ) If th	is amount includes foreign gra	ants, check here		30 a	
31	Other program services (attach schedule (Grants \$ ) If the	) is amount includes foreign gr		G∏	31 a	
	Total program service expenses (add lin			G		91,797.
Part	IV List of Officers, Directors		<del></del>			<del></del>
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plai deferred compensa	ns and Ition	(e) Expense account and other allowances
	hua Stein	Treasurer	0.		0.	0.
ATT	8 Farmington Circle entown, PA 18104	20.00				
	on Toff	Vice President			0.	0.
	8 Farmington Circle	20.00				
	entown, PA 18104	Casuatam			_	
436	gaıl Kolker 8 Farmington Circle entown, PA 18104	Secretary 5.00			0.	0.
436	ni Newbury 8 Farmington Circle entown, PA 18104	President 20.00	0.		0.	0.
	Bhandarı	Junior Board	0.	-	0.	0.
436	8 Farmington Circle entown, PA 18104	20.00				
			·			
		-				
- <b>-</b> -						
BAA		TEEA0812L C	01/14/09	l		Form 990-EZ (2008)

35-2334489

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Form 990-EZ (2008) Camp PALS

Form	990-EZ (2008) Camp PALS 35-233448	9	_ Р	age 3
Par	t V Other Information (Note the statement requirement in General Instruction V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34	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	34		Χ
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T	_		
ā	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year?  If 'Yes,' complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.  G 37a 0.			-
t	Did the organization file Form 1120-POL for this year?	37 b		Χ_
38 8	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	 38a		X_
t	o If 'Yes,' complete Schedule L, Part II and enter the total			1
20	amount involved 38b N/A	4		
	501(c)(7) organizations. Enter I Initiation fees and capital contributions included on line 9  N/A			
	o Gross receipts, included on line 9, for public use of club facilities  39b  N/A	1		
	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
	section 4911 G 0 , section 4912 G 0 , section 4955 G 0.			
t	o 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	40b		Х
(	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 G			
	Enter amount of tax on line 40c reimbursed by the organization G 0.	ł		
6	e 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	40e		X .
41	List the states with which a copy of this return is filed G None			
428	Telephone no. G (610)	442	<u>- 784</u>	5
	Located at G 4368 Farmington Cirice Allentown PA ZIP + 4 G 18104			
		ı	Yes	No
t	o 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)?	42b	163	X
	If 'Yes,' enter the name of the foreign country G			ı
				1
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			v
,	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country G	42c		<u> </u>
	The first 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	. (	G∐	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year G 43			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
•	of Form 990-EZ	44	<u> </u>	Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	1.5		v
BAA	Form 990 must be completed instead of Form 990-EZ	45 rm 99	)-EZ (	(2008)
	··			/

	-EZ (2008) Camp PALS			35-2334		Page 4	
Part-VI	Section 501(c)(3) organization and complete the tables for line	s only. All section !	501(c)(3) organ		questions atement		
					1,7	es No	
46 Did	the organization engage in direct or indirect obtails office? If 'Yes,' complete Schedule C	t political campaign acti : Part I	vities on behalf of o	r in opposition to candidates	46	X	
	the organization engage in lobbying activiti					TX	
	e organization operating a school as descri	• •	=		<del></del>	X	
	the organization make any transfers to an e					X	
	es,' was the related organization(s) a section	•	_				
50 Com	uplete this table for the five highest comper	nsated employees (other from the organization, It	than officers, direct there is none, ente	tors, trustees and key emplo	yees) who e	ach	
	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							
Total number	r of other employees paid over \$100,000						
51 Com	plete this table for the five highest compen the organization. If there is none, enter 'N	sated independent controls	actors who each red	ceived more than \$100,000 o	of compensa	lion	
	(a) Name and address of each independent contra			(b) Type of service	(c) Compens	ation	
None							
Total numi	ber of other independent contractors receiv			olomonia and to the best of the land	4.4	4 . 1 . 2 -	
	Under penalties of perjury, I declare that I have examitrue, correct, and complete. Declaration of preparer (o	ther than officer) is based on al	panying screenies and st information of which pre	atemients, and to the best of my know parer has any knowledge.	meoga and belie	1, 11 15	
	of a, st			112/5/11			
Sign Here	Circum at affine		<del></del>	Date / / / / ///		<del></del>	
nere	TI A Stoi	Date 1		Dute 1			
	Type or print name and title	Virging/					
	<del></del>	_//	Date /	Check If Prepri	rer's Identifying	Number	
Paid	Preparer's   William C7 OSWal	W	12/0	self- employed >	arer's Identifying Instructions 1/223340	<del>)</del>	
Pre- parer's	Firm's name (or Morey & Company,	LLC		· 1			
Use	employed), > 2571 BAGLYOS CIR			EIN -27	-44359	68	
Only		020-8046			882-100	00	
May the IR	S discuss this return with the preparer sho	wn above? See instruction	ons		X Yes Form 990-E	No Z (2008)	
						- ,/	

## 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)

OMB No 1545-0047 2008

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Department of the Treasury Internal Revenue Service

nonexempt charitable trusts. G Attach to Form 990 or Form 990-EZ, G See separate instructions.

Employer identification number Name of the organization Camp PALS 35-2334489 Part I: Reason for Public Charity Status (All organizations must complete this part.) (see instructions The organization is not a private foundation because it is (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i), A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(IV) (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). հ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II.) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Complete Part III) 9 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 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. 11 a Type I ь Type II c Type III ' Functionally integrated Type III 'Other 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (1) 11 g (i) a family member of a person described in (i) above? 11 q (II) a 35% controlled entity of a person described in (i) or (ii) above? 11 q (III) Provide the following information about the organizations the organization supports. (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the (v) Did you notify the organization in col (i) of (i) Name of Supported Organization (ii) EIN (vi) Is the (vii) Amount of Support anization in col organization in col (i) organized in the your support? governing document? 1157 Ves Yes No Yes No No ží.

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

Schedule A (Form 990 or 990-EZ) 2008

Par	t II Support Schedule for	_			)(b)(1)(A)(iv) a	and 170(b)(1) $(7)$	A)(vi)
	`(Complete only if you check	ed the box on line	5, 7, or 8 of Part	1)			<u></u>
<u>Sec</u>	tion A. Public Support					<del>-</del>	
Cale: begii	ndar year (or fiscal year nning in) G	(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.')						
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						
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)	-				. ,	
	Public support Subtract line 5 from line 4			<u> </u>			
<u>Sec</u>	tion B. Total Support	_					
	ndar year (or fiscal year nning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
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	ities, etc. (see ins	tructions)			. 12	
13	First five years. If the Form 990 organization, check this box and		tion's first, secon	d, third, fourth, or	fifth tax year as	a section 501(c)(3	<sup>3)</sup> G∏
Sec	tion C. Computation of Pu	ıblıc Support I	Percentage				
14	Public support percentage for 20	08 (line 6, column	(f) divided by lin	e 11, column (f)		14	%
15	Public support percentage for 20	07 Schedule A, Pa	art IV-A, line 26f			15	%
16 a	33-1/3 support test ' 2008. If the and stop here. The organization				the line 14 is 33-	1/3 % or more, che	eck this box G
t	33-1/3 support test 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box o licly supported or	on line 13, or 16a, ganization.	and line 15 is 33	3-1/3% or more, ch	_
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	s' test, check this I	box and stop her	e. Explain in Part	IV how
t	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	nd-circumstances	s' test, check this l	box and stop her	e. Explain in Part	— 15 is 10%
18	Private foundation If the organiz		_	•		•	
BAA		2.2		,			990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support					-	
	ndar year (or fiscal yr beginning in)G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.').	(0) 2001	(5) 2000	(6) 2500	(0) 2007	43,206.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the					43,200.	43,206.
	organization's tax-exempt purpose					57,950.	57,950.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total Add lines 1-5	0.	0.	0.	0.	101,156.	101,156.
7 a	A Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	2,800.	2,800.
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,					,	
_	and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	2,800.	2,800.
8	Public support (Subtract line 7c from line 6.)						00.350
Sec	tion B. Total Support				<u></u>		98,356.
	ndar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	0.	0.	0.	0.	101,156.	101,156.
	d Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				<u> </u>	68.	68.
b	Unrelated business taxable income (less section 511 taxes) from businesses					00.	00.
C	acquired after June 30, 1975						0.
_	Add lines 10a and 10b.	0.	0.	0.	0.	68.	0. 68.
_	•	0.	0.	0.	0.	68.	0. 68.
11	Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is	0.	0.	0.	0.	68.	
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	0.	0.	0.	0.	68.	0.
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 ins 9, 10c, 11, and 12)  First five years. If the Form 990 in the sale of capital supports (add ins 9, 10c, 11, and 12)	s for the organizat	_				0. 0. 101,224.
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 ins 9, 10c, 11, and 12)  First five years. If the Form 990 i organization, check this box and	s for the organizat	ion's first, second,				0. 0. 101,224.
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 i organization, check this box and tion C. Computation of Pu	s for the organizat stop here blic Support F	ion's first, second, Percentage	third, fourth, or		section 501(c)(3)	0. 0. 101,224. G [X]
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 his 9, 10c, 11, and 12)  First five years. If the Form 990 i organization, check this box and extion C. Computation of Pu	s for the organizat stop here blic Support F 08 (line 8, column	ion's first, second, Percentage (f) divided by line	third, fourth, or		section 501(c)(3)	0. 0. 101,224. G[X]
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 his 9, 10c, 11, and 12)  First five years. If the Form 990 i organization, check this box and ction C. Computation of Pupublic support percentage from 200 Public support percentage from 200	s for the organizat stop here blic Support F 08 (line 8, column 2007 Schedule A, 1	ion's first, second, Percentage (f) divided by line Part IV-A, line 27g	third, fourth, or		section 501(c)(3)	0. 0. 101,224. G [X]
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 hs 9, 10c, 11, and 12)  First five years. If the Form 990 i organization, check this box and action C. Computation of Pupublic support percentage for 200 Public support percentage from 2 ction D. Computation of Investments.	s for the organizat stop here iblic Support F 08 (line 8, column 2007 Schedule A, I vestment Incor	ion's first, second, Percentage (f) divided by line Part IV-A, line 27g ne Percentage	third, fourth, or third, fourth, f	fifth tax year as a	section 501(c)(3)	0. 0. 101,224. G X
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 his 9, 10c, 11, and 12)  First five years. If the Form 990 i organization, check this box and ction C. Computation of Pupublic support percentage from 200 Public support percentage from 200	s for the organizat stop here iblic Support F 08 (line 8, column 2007 Schedule A, I restment Incor or 2008 (line 10c, c	ion's first, second, Percentage (f) divided by line Part IV-A, line 27g ne Percentage column (f) divided by	third, fourth, or 113, column (f))	fifth tax year as a	section 501(c)(3)	0. 0. 101,224. G X %
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Schedule A (Form 990 or 990-EZ) 2008 Camp PALS

35-2334489

Page 4

2008	Federal Statements		Page 1
	Camp PALS		35-2334489
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses  Camp Dining Hall expense Conferences, Conventions, General Camp Expenses Information Technology Insurance Miscellaneous Supplies and Food Travel	and Meetings	  Total	\$ 19,872. 1,810. 9,000. 2,113. 710. 1,436. 27,601. 3,589. 66,131.

Statement 2 Form 990-EZ, Part III Organization's Primary Exempt Purpose

Camp PALS aims to offer young adults with Down syndrome the best week of their summer while providing a variety of experiences, new opportunities, and a chance to become more independent. The organization strives to create an impassioned community: campers, counselors, parents, and friends who encourage each other and grow together. The organization then provides the framework to maintain and strengthen community bonds with alumni programming. The organization also attempts to make a meaningful impact in the larger Down syndrome community.

Statement 3 Form 990-EZ, Part III, Line 28 Statement of Program Service Accomplishments

Camp PALS has benefited over 500 individuals with and without Down syndrome since its incorporation. The Organization provides scholarship experiences for those with and without Down syndrome, offering overnight social inclusion experiences. The Organization's work has been instrumental in encouraging increased independence and equal opportunity for those with Down syndrome.

Statement 4
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?

No (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No