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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue ServiceUnder 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 organizations 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
► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning Oct 1, 2008, and ending Sep 30, 2009

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization
Camp Thorpe, Inc.
Number and street (or P O box, if mail is not delivered to street address) Room/suite
680 Capen Hill Road
City or town, state or country, and ZIP + 4
Goshen VT 05733

D Employer identification number
03-0183587

E Telephone number
(802) 247-6611

F Group Exemption Number
►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► www.campthorpe.orgJ Organization type (check only one) — 501(c) (3) □ (insert no) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not 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 ► \$ **599,917.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	102,379.
2 Program service revenue including government fees and contracts	2	149,550.
3 Membership dues and assessments	3	0.
4 Investment income	4	28,146.
5a Gross amount from sale of assets other than inventory	5a	291,143.
b Less cost or other basis and sales expenses	5b	298,582.
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	-7,439.
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
a Gross revenue (not including \$ of contributions reported on line 1)	6b	
b Less. direct expenses other than fund raising expenses	6c	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a Gross sales of inventory, less returns and allowances	7b	
b Less cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	28,699.
8 Other revenue (describe ► Rental income)	9	301,335.
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	10	0.
10 Grants and similar amounts paid (attach schedule)	11	0.
11 Benefits paid to or for members	12	131,249.
12 Salaries, other compensation, and employee benefits	13	35,782.
13 Professional fees and other payments to independent contractors	14	35,625.
14 Occupancy, rent, utilities, and maintenance	15	5,870.
15 Printing, publications, postage, and shipping	16	102,964.
16 Other expenses (describe ► See Other Expenses Statement)	17	311,490.
17 Total expenses (add lines 10 through 16)	18	-10,155.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	1,611,712.
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)	20	-13,162.
20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	21	1,588,395.
21 Net assets or fund balances at end of year Combine lines 18 through 20		

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	58,881.	22 129,026.
23 Land and buildings	592,211.	23 578,091.
24 Other assets (describe ► See L-24 Stmt)	1,163,843.	24 1,090,225.
25 Total assets	1,814,935.	25 1,797,342.
26 Total liabilities (describe ► See L-26 Stmt)	203,223.	26 208,947.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,611,712.	27 1,588,395.

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

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>Recreation & respite for adults & children with disabilities.</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		

28	<u>For over eighty years, Camp Thorpe has provided physically and developmentally challenged adults and children with a constructive & successful summer camping experience in a fun, happy and stress-free environment. Approximately 250 campers in 2009.</u>	<input checked="" type="checkbox"/>	28a	257,239.
29	-----			-----
	<u>(Grants \$ 0.)</u> If this amount includes foreign grants, check here	<input type="checkbox"/>	29a	-----
30	-----			-----
	<u>(Grants \$ 0.)</u> If this amount includes foreign grants, check here	<input type="checkbox"/>	30a	-----
31	Other program services (attach schedule)	<input type="checkbox"/>	31a	-----
	<u>(Grants \$ 0.)</u> If this amount includes foreign grants, check here	<input type="checkbox"/>	31a	-----
32	Total program service expenses (add lines 28a through 31a)	<input checked="" type="checkbox"/>	32	257,239.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Ruth Durkee 680 Capen Hill Road Goshen VT 05733	President 0.60	0.	0.	0.
Peter Lynch 680 Capen Hill Road Goshen VT 05733	Vice-President 0.40	0.	0.	0.
Martha Heath 680 Capen Hill Road Goshen VT 05733	Treasurer 0.60	0.	0.	0.
Elizabeth Giard 680 Capen Hill Road Goshen VT 05733	Secretary 0.50	0.	0.	0.
Brett Peltzer 680 Capen Hill Road Goshen VT 05733	Trustee 0.30	0.	0.	0.
Richard Giard 680 Capen Hill Road Goshen VT 05733	Trustee 0.30	0.	0.	0.
Holly Hitchcock 680 Capen Hill Road Goshen VT 05733	Trustee 0.30	0.	0.	0.
Jeff Heath 680 Capen Hill Road Goshen VT 05733	Trustee 0.30	0.	0.	0.
Ernest Miner 680 Capen Hill Road Goshen VT 05733	Trustee 0.30	0.	0.	0.
Brice Palmer 680 Capen Hill Road Goshen VT 05733	Trustee 0.30	0.	0.	0.
Dom Serino 680 Capen Hill Road Goshen VT 05733	Trustee 0.30	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X
34		X

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

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

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a	X
35b	N/A

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year?

If 'Yes,' complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

► 37a | 0.

b Did the organization file **Form 1120-POL** for this year?

36	X
37b	X

38a 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?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

► 38b |

39 501(c)(7) organizations Enter.

a Initiation fees and capital contributions included on line 9

► 39a |

b Gross receipts, included on line 9, for public use of club facilities

► 39b |

40a 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.

b 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

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

► 0. |

d Enter amount of tax on line 40c reimbursed by the organization

► 0. |

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 ► None

42a The books are in care of ► AM Bookkeeping Telephone no ► (802) 247-6822
Located at ► 52 Pearl Street Brandon VT ZIP + 4 ► 05733

	Yes	No
42b	X	

b 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)?

If 'Yes,' enter the name of the foreign country ►

	Yes	No
42c	X	

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

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: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year

► 43 | N/A

	Yes	No
44	X	

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44	X
45	X

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	X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b	N/A	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received 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				

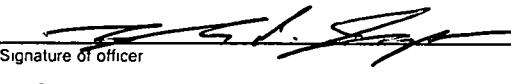
Total number of other employees paid over \$100,000 ►	0			

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

Total number of other independent contractors receiving over \$100,000 ►	0	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	► 		8-6-10
	Signature of officer	Date	
	► Lyle P. Jepson		
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ►	Wallace J. Tapia, CPA Aug. 3, 2010	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►	WALLACE W TAPIA PC PO BOX 5777 BURLINGTON	Check if self-employed ► <input type="checkbox"/>
		VT 05402	Preparer's Identifying Number (See instructions)
	EIN ►		
	Phone no ► (802) 863-6370		

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No

Form 990-EZ (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) nonexempt charitable trusts.

OMB No 1545 0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Camp Thorpe, Inc.

Employer identification number
03-0183587

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.)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
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.)
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 state
5 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)
6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 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)
9 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)
10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
11 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
a Type I b Type II c Type III – Functionally integrated d Type III – Other
e 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 509(a)(2)**
f 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
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the organizations the organization supports

Total

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support**Calendar year (or fiscal year beginning in) ►**

- 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).
- 6 **Public support.** Subtract line 5 from line 4

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1						
2						
3						
4						
5						
6						

Section B. Total Support**Calendar year (or fiscal year beginning in) ►**

- 7 Amounts from line 4
- 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources
- 9 Net income from unrelated business activities, whether or not the business is regularly carried on
- 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)
- 11 **Total support.** Add lines 7 through 10
- 12 Gross receipts from related activities, etc. (see instructions) 12
- 13 **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 ►

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7						
8						
9						
10						
11						
12						
13						

Section C. Computation of Public Support Percentage

- 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %
- 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 %
- 16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ►
- 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 ►

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.)

Section A. Public Support

Calendar year (or fiscal yr beginning 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')	53,520.	31,176.	40,323.	71,439.	102,379.	298,837.
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	109,290.	109,363.	113,321.	150,697.	178,249.	660,920.
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	0.	0.	0.	0.	0.	0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.
6 Total. Add lines 1-5	162,810.	140,539.	153,644.	222,136.	280,628.	959,757.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	7,950.	2,897.	7,700.	18,547.
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.
c Add lines 7a and 7b	0.	0.	7,950.	2,897.	7,700.	18,547.
8 Public support (Subtract line 7c from line 6.)						941,210.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.	162,810.	140,539.	153,644.	222,136.	280,628.	959,757.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,683.	15,528.	52,650.	35,076.	28,146.	155,083.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	23,683.	15,528.	52,650.	35,076.	28,146.	155,083.
c Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						1,114,840.

14 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 ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	84.43%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	81.86%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	13.91%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	17.09%
19a 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 not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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)

Name as Shown on Return
Camp Thorpe, Inc.

Employer Identification No
03-0183587

Line 24 - Other Assets:	Beginning of Year	End of Year
Prepaid expenses	3,031.	0.
Equipment, net of depreciation	208,819.	200,236.
Investments, at fair market value	951,993.	889,989.
Totals to Form 990-EZ, Part II, line 24	1,163,843.	1,090,225.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts payable & accrued expenses	3,023.	6,147.
Accrued retirement obligations	200,200.	202,800.
Totals to Form 990-EZ, Part II, line 26	203,223.	208,947.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Depreciation	35,020.
Board expenses	256.
Food & other program supplies	37,379.
Insurance	16,677.
Miscellaneous	546.
Travel	739.
Payroll taxes	7,824.
Advertising & publicity	1,063.
Investment management fees	3,460.
 Total	 <u>102,964.</u>

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Ralph O. Hathaway 680 Capen Hill Road Goshen VT 05733	Title Trustee			
Foreign city _____ Foreign country _____	Hours/Week 0.30	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Lyle P. Jepson 680 Capen Hill Road Goshen VT 05733	Title Camp Director			
Foreign city _____ Foreign country _____	Hours/Week 20.00	25,000.	0.	0.

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
Unrealized loss on investments	-13,162.
Total	<u>-13,162.</u>

Application for Extension of Time To File an Exempt Organization Return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization <u>Camp Thorpe, Inc.</u>		Employer identification number 03-0183587	
	Number, street, and room or suite number. If a P O box, see instructions <u>680 Capen Hill Road</u>			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <u>Goshen</u>			
				VT

- The books are in the care of ► AM Bookkeeping

Telephone No ► (802) 247-6822

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 17, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► tax year beginning Oct 1, 20 08, and ending Sep 30, 20 09.

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a \$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made <u>Include any prior year overpayment allowed as a credit</u>	3b \$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2008)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization Camp Thorpe, Inc.		Employer identification number 03-0183587 For IRS use only
	Number, street, and room or suite number. If a P O box, see instructions 680 Capen Hill Road		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Goshen VT 05733		

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► Anne Moulton
Telephone No. ► (802) 247-6822 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until Aug 16 20 10
- 5 For calendar year Oct 1 20 08, and ending Sep 30 20 09
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension Additional time is required to compile all of the information necessary to prepare a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$ <input type="text"/> 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$ <input type="text"/> 0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs	8c \$ <input type="text"/> 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Wallace J. Lugin, CPA Title ► Agent

Date ► May 12, 2008