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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 2009

Department of the Treasury Internal Revenue Service

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

Open to Public
Inspection

A F	or th	e 200 <u>9</u>		ndar year, or t				, 2009, and	ending			, 20		
Вс	neck if ap			C Name of organs	zation TRA	NQUILLIT	Y CAMP, IN	IC.		D Employ	er identifie	cation numb	er	
	Addre		use IRS abel or	Doing Business	As					13-5	63452	5		
	7		print or			box if mail is not	delivered to street a	iddress)	Room/suite	E Telepho	ne numbe	er		
	┪	1	type.	170 TRANC	•			,		(845)	638-6	5351		
-	Instal	return S	See Specific						<u> </u>	(043)				
<u> </u>	Termi	inated to	nstruc-	City or town, st	-					l _				
	Amen return		tions.	EARLTON,						G Gross re			017 <u>,</u> 3	45.
	Applic	cation ing	F Na	ame and address	s of principal	officer				H(a) Is this affiliate	a group retu	ım for	Yes X	No
		Ĭ								H(b) Are all		duded?	Yes	No
ī	Tax-ex	empt stat	us	X 501(c) (3) 	rt no) 49	947(a)(1) or	527		If "No,"	' attach a lis	st (see instructi	ons)	_
		ite: N		1 001(0)(-	/ (11100	(1.07 1.0	711(0)(1) 01	102.		H(c) Group		•		
				X Corporation			00		L Year of forma	<u>, , ,</u>				NY
		of organiz			Trust	Association	Other ►		L Year of forma	tion 1994	IVI State	or legal don	IICHE	
Pa	rt (Sum	mary	<u>′</u>										
	1	Briefly	descri	be the organizat	tion's missic	on or most sign	ificant activities					 .		
•														
Governance														
Ē														
ě	_						4.4			·				
	2	Check			-		d its operations	•				1	11	1
<u>್</u>	3	Numbe	r of vo	oting members o	if the govern	ning body (Part	VI, line 1a)				3			
Activities	4	Numbe	r of in	dependent votin	g members	of the govern	ing body (Part VI	, line 1b)			. 4		11	
Ξ	5	Total no	umber	r of employees (F	art V, line 2	a)					5		59	<u> </u>
ç	6	Total no	umber	r of volunteers (e	stimate if ne	cessary)					6		20	0
•	7 a	Total or	ross II	inrelated busines	s revenue fr	om Part VIII. c	olumn (C), line 1	^			I - I			
	l	_												—
		Net uni	relatet	d business taxab	ne income ir	om Form 990-	1, 11110 34			Prior Ye		Curr	ent Year	
	_													
9	8	Contrib	outions	s and grants (Par	t VIII, line 1	1)					,309.		195,6	
Revenue	9	Progran	m ser	vice revenue (Par	t VIII, line 2ç	3)			<i>.</i> . L		,865.		792 , 8	
Š	10	Investr	nent ir	ncome (Part VIII,	, column (A)	, lines 3, 4, and	d 7d)			27	,821.		23,8	27.
œ	11	Other r	evenu	ie (Part VIII, colu	umn (A), line	s 5, 6d, 8c, 9c	. 10c. and 11e)		· · · · ·	5	,923.		5,0	32.
	12			e - add lines 8 th						1,017	-	1.0	017,3	45.
	_									-,	0.			0.
	13	Grants	and s	imilar amounts p	ald (Part IX,	column (A), III	ies 1-3)				0.			- 0.
	14	Benefit	s paid	I to or for member	ers (Part IX,	column (A), lin	e 4)							
o)	15	Salarie	s, oth	er compensatior	ı, employee	benefits (Part I	X, column (A), lır	nes 5-10)	🖵	331	,258.		325,9	30.
Expenses	16a	Profess	sional	fundraising fees	(Part IX, col	umn (A), line 1	1e)		L		0.			_0.
9	b	rotalifi	ındırai	sing Expenses, F	art IX, colun	nn (D), line 25°	>	0.						
ω	17	。文印		es (Part IX, pop)	mn (A) line	s 11a-11d 11f	-24f)			722	,233.		732,6	43.
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- 60		Kekedî	ne iegs		'+	from line 12.		· · · · · · · ·						
8 9	4	1			- 1				<u> </u>	Beginning			of Year	
Assets or	20	Fotal a	ssels (Part X, Ime 16)	. 1				L	3,552	,663.	3,	553 , 5	
AB	21_	Totali	abiiibe	s Part-X, line 20	57 4					4	,819.		3,0	63.
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				ZIP+4 45	MINE WII	LE WOODS	ROAD CATS	KILL, NY	12414	Phone no	• 5	518-943	-4502	2
Ma	the I	RS disc	uss th	nis return with th	e preparer s	hown above? (see instructions)					X Ye	s	No
For	Priva	icy Act	and P	aperwork Redu	ction Act N	otice, see the	separate instruct	ions.*					990 (2	

Statement of Program Service Accomplishments riefly describe the organization's mission: ROVIDE QUALITY SUMMER RECREATION TO DESERVING CHILDREN. Id the organization undertake any significant program services during the year which were not listed on e prior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O id the organization cease conducting, or make significant changes in how it conducts, any program ervices? "Yes," describe these changes on Schedule O.
ROVIDE QUALITY SUMMER RECREATION TO DESERVING CHILDREN. id the organization undertake any significant program services during the year which were not listed on e prior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O id the organization cease conducting, or make significant changes in how it conducts, any program ervices? Yes X N
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ervices?
"Yes," describe these changes on Schedule O.
escribe the exempt purpose achievements for each of the organization's three largest program services by expenses ection 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and locations to others, the total expenses, and revenue, if any, for each program service reported
Code: (Code: (Code) (Co
AMPING- SUMMER CAMP IS OPERATED DURING THE MONTHS OF JULY
ND AUGUST. CHILDREN ARE ACCOMODATED FOR THREE WEEK PERIODS
ITH ALL PARTICIPATING IN ARTS & CRAFTS, SWIMMING & BOATING
Code) (Expenses \$
ARMING- A WORKING FARM IS OPERATED BY CHILDREN. UNDER
UPERVISION, THEY PARTICIPATE IN SOWING & HARVESTING CROPS.
Code: (Code: (Code) (Co
SSISTANCE PROVIDED FOR COUNSELORS BY WAY OF EDUCATIONAL
CHOLARSHIPS TO COLLEGE STUDENTS WITH AN EXTRAORDINARY
CHOLASTIC APTITUDE & OUTSTANDING CHARACTER TO FURTHER
DUCATION
(0.1.1.0)
other program services. (Describe in Schedule O.)
Expenses \$ including grants of \$)(Revenue \$)

Form **990** (2009)

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 Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Sections 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		
6	Did the organization maintain any donor advised funds or any similar funds or 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		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		
•	complete Schedule D, Part III	8		Х
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, directly or through a related organization, hold assets in term, permanent, or			
. •	quasi-endowments? If" Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable	11	Х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	•••		7
	Schedule D, Part VI.			, §
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			ì
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			4
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			7
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			-
-	complete Schedule D, Parts XI, XII, and XIII	12		Х
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No		-	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
_	business, and program service activities outside the United States? 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	1.12		
. •	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
• •	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	, · ·		
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a?	10	-	
. 3	If "Yes," complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	 	X
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Part	IV Checklist of Required Schedules (continued)			
•	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States 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 of grants and other assistance to individuals in the			
	United States 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, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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, that was issued after December 31, 2002? If "Yes," answer lines	1		
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ļ
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			U
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			l .
	990-EZ? 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			x
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27		x
	If "Yes," complete Schedule L, Part III	27	 	
28				! '
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
D	Schedule L. Part N	28b		X
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	100		
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part N	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		X
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	<u> </u>	X
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,			l
	III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			١
	Schedule R, Part V, line 2	35		X
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		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			U
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		U	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>

Form 990 (2009)

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- finot applicable, 1a 0	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
U.S. Information Returns Enter -0- in ot applicable, 1b 0 0 D. Enter the number of Forms W-C3 included in line 1a Enter-0- in ot applicable, 1b 0 0 C. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 59 Statements, filed for the calendar year ending with or within the year covered by this return 59 Bit al least one is reported on line 2a, did the organization file all required federal employment tax returns? 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 Dd the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "ves," has it filed a Form 990-1 for this year? If "No," provide an explanation in Schedule 0. 3b 1 "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts of the state of the security (such as a bank account, securities account, or other financial accounts)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have access broad t		•		Yes	No
US Information Returns Enter -0- if not applicable, 1b 0 0 b Enter the number of Forms W-ZG included in line 1a. Enter -0- if not applicable, 1b 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 59 Statements, filed for the calendar year ending with or within the year covered by this return? Note. If the sum of lines 1 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? b if "Yes," has it filed a Form 980-1 for this year? If "No," provide an explanation in Schedule 0. 3b I "Yes," enter the name of the foreign country lover, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic any contributions that were not tax deductible? b if "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sell, each pany? 5a If Yes," did the organization include with every solicitation an express statement that such contributions or gaths were not tax deductible? 6b If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services pr	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			•
b Enter the number of Forms W.ZG included in line 1a. Enter -0- if not applicable, Did the organization combly with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? Statements, filed for the calendar year ending with or within the year covered by this return Statements, filed for the calendar year ending with or within the year covered by this return Statements, filed for the calendar year ending with or within the year covered by this return Statements, filed for the calendar year ending with or within the year covered by this return. Statements, filed or broad in line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. B If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? B If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 3b Unit were a financial account in a foreign country See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization a party to a prohibited tax shelter transaction? and Financial Accounts. Sa Was the organization a party to a prohibited tax shelter transaction? Sa Did any taxable party notify the organization file Form 88988-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? Sa Did the organization include with very solication in express statement that such contributions or gifts were not tax deductible? b) If "Yes," did the organization include with every solication in express statement that such contributions or gifts were not tax deductible? b) If "Yes," did the organization michal entile where y solication in express statement that such contributi		· · · · · · · · · · · · · · · · · · ·			- 4
c Did the organization comply with backup withholding rules for reportable pamming gambing ga	b				1
gaming (gambling) winnings to prize winners? 2a Effect 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 2b					-
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: b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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? b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 4a At any time during the calendary 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 accounts? b if "Yes," enter the name of the foreign country {such as a bank account, securities account, or other financial accounts and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 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 Did any taxable party notion whose annual gross receipts that are normally greater than \$100,000, and did the organization solled any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization may be an entitle to the explanation of the value of the goods or services provided? 7 To grain and the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 To grain and the organization sell, exchange, or			1 c		
Statements, filed for the calendar year ending with or within the year covered by this return 2	2a				. 4
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organization solicit any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization and a section 509(a)(3) supporting organizations. Did the supporting organization was a distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Gross receipts, included on Form 990, Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 c Gross income from 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.) 12a Section 501(c)(7) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	ο-		50		
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	12a		12a		A.
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body		-	,
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following.		- 1	1
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	Х	
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
	muo oodo.,		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			_
U	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •	form?	11	Х	
114	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•		
12a		12a		Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
U	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by	17	-	
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	х	١ '
a b	Other officers or key employees of the organization	15b	X	
IJ	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ıva	with a taxable entity during the year?	16a		х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	.00		
U	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			٠,
	the organization's exempt status with respect to such arrangements?	16h		
Sect	ion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed \(\bigsim_{\text{NY}'} \)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)		. – – -	
10	available for public inspection. Indicate how you make these available. Check all that apply.	o uniy	,	
	Own website X Another's website Upon request			
40				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	est		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► RICHARD LERNER 24 GLENWOOD ROAD NEW CITY, NY 10956	1e		
	organization: ► 11011111			
	1.0 000 001			

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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) of 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.

| X | Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per week	्रें Individual trustee	୍ତି Institutional trustee	Officer	k Key employee	জ Highest compensated ক্ৰ employee	y) Former	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
RICHARD LAWRENCE PRESIDENT - AS NEEDED		Х						0.	0.	0
MARC COHN VP/SECRETARY - AS NEEDED		Х						0.	0.	0
MAURICE SCHLANG VICE PRESIDENT - AS NEEDED		Х						0.	0	0
DANIEL COHN TREASURER - AS NEEDED		Х						0.	0.	0
CRAIG SNOW VP/RECORDING SEC AS NEEDED		Х						0.	0.	0
ROBIN CAINE DIAMANT DIR/ASST TREAS - AS NEEDED		Х						0.	0.	. 0
CHERYL JANER DIRECTOR - AS NEEDED		Х						0.	0	0
ADRIENNE GARNETT DIRECTOR - AS NEEDED		х						0.	0.	0
SARAH LAWRENCE DIRECTOR - AS NEEDED		Х						0.	0.	0
CARY SPIEGEL DIRECTOR - AS NEEDED		х						0.	0.	0
IRA ALTMAN DIRECTOR - AS NEEDED		х						0.	0	0
RICHARD LERNER CEO					х			63,135	0	0

, (A)	(B)			•	C)			(D)	(E)	(F)	
Name and title	Average hours per week	P or director	Institutional trustee	Officer	Key employee	Highest compensated at employee	Pomer	Reportable compensation from the organization (W-2/1099-MISC)	Reportabl compensati from relate organizatio (W-2/1099-M	on amount of ed other ns compensat	of tion e on ed
1b Total							•	63,135.		0.	(
 Total number of individuals (including but not reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Schedu 	n ▶ er, directe	or or	tru	uste	e,	key e	emp	ployee, or highes	t compensat		No X
4 For any individual fisted on line 1a, is the the organization and related organizations individual	greater th	nan \$	150	0,00	0?	If "Y	'es,'	" complete Sched	ule J for su	ich 4	X
5 Did any person listed on line 1a received services rendered to the organization? If "Yes,"											X
Section B. Independent Contractors									<u> </u>		
1 Complete this table for your five highest compensation from the organization.	compensal	ted ir	ndep	pen	dent	con	trac	ctors that received	d more than	\$100,000 of	
(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation	
		_		_			+				
							\perp				
							1				

Total revenue Calcal Cal		990 (2							Page 9
Description	Par •	· † VIII	Statement of Rever	nue -	, ,		Related or exempt function	Unrelated business	Revenue excluded from tax under sections
1 1000, Aud miss term 10000 786,877	हा स	1a	Federated campaigns	<u>1a</u>		-			
1 1000, Aud miss term 10000 786,877)rar	ь	Membership dues	1b					1
1 1000, Aud miss term 10000 786,877	S, g	С	Fundraising events	1c					1
1 1000, Aud miss term 10000 786,877	gift	d							
1 1000, Aud miss term 10000 786,877	S E	e	•	i . I	4,185.	İ			
1 1000, Aud miss term 10000 786,877	itlo r s		= -	· 1 1				i	
1 1000, Aud miss term 10000 786,877	d t	-		امدا	191,482				
1 1000, Aud miss term 10000 786,877	do	۱ ۾							1. 1
Business Code 786,877	ς g	I .				195,667			
3 Investment income (including dividends, interest, and other smillar amounts). ATTACHENT 2 23,827 23,8	ne			<u> </u>					
3 Investment income (including dividends, interest, and other smillar amounts). ATTACHENT 2 23,827 23,8	ven	22	CAMPER FEES		110000	786,877	786,877		
3 Investment income (including dividends, interest, and other smillar amounts). ATTACHENT 2 23,827 23,8	Re	l '				5,942	5,942		<u> </u>
3 Investment income (including dividends, interest, and other smillar amounts). ATTACHENT 2 23,827 23,8	ice								
3 Investment income (including dividends, interest, and other smillar amounts). ATTACHENT 2 23,827 23,8	٥	C .							
3 Investment income (including dividends, interest, and other smillar amounts). ATTACHENT 2 23,827 23,8	S E	a							
3 Investment income (including dividends, interest, and other smillar amounts). ATTACHENT 2 23,827 23,8	Jrai	e							-
3 Investment income (including dividends, interest, and other smillar amounts). ATTACHENT 2 23,827 23,8	õ	l f				702 010			+
Other similar amounts ATTACHMENT 2 23,827 23,827						792,019	+		-
1 1 1 1 1 1 1 1 1 1		3	Investment income (includin	g dividends, inter TTACHMENT	rest, and	22 927			23 827
S Royalites			•		_ 1				23,627
10 10 10 10 10 10 10 10						-			
Continue	5	Royalties	(ı) Paal	(iı) Percenal	· · · · · · · · · · · · · · · · · · ·			3	
b Less rental expenses				(i) ixeai	(II) Felsoliai	ſ			
C Rental income or (loss)		6a	Gross Rents			1			
Table Tab		b	Less rental expenses			1			
7a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses		С							·
Table Servers and uniform sales of assets other than inventory be Less, cost or other basis and sales expenses		d	Net rental income or (loss).			0			
b Less. cost or other basis and sales expenses		7a	Gross amount from sales of	(1) Securities	(II) Other	÷			-
and sales expenses			assets other than inventory						
C Gain or (loss)		b	Less. cost or other basis						1
d Net gain or (loss)			and sales expenses						
8a Gross income from fundraising events (not including \$		С	Gain or (loss)		<u> </u>				-
9a Gross income from gaming activities See Part IV, line 19		d	Net gain or (loss)	• • • • • • • • • • • • • • • • • • •	· <u>····</u>	0			ļ
9a Gross income from gaming activities See Part IV, line 19	Ę	8a	Gross income from f	undraising					
9a Gross income from gaming activities See Part IV, line 19	ē		events (not including \$						
9a Gross income from gaming activities See Part IV, line 19	ě		of contributions reported on	line 1c).					
9a Gross income from gaming activities See Part IV, line 19	~		See Part IV, line 18	a		,			
9a Gross income from gaming activities See Part IV, line 19	Ē	ь	Less: direct expenses	b					
See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities 0 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory 0 Miscellaneous Revenue Business Code 11a REIMBURESENTS FROM PARENTS 624 624 b REFUNDS AND REBATES 4,408 4,408 c d All other revenue 5,032	ŏ	С	Net income or (loss) from fur	ndraising events	. <u></u>	0.			<u> </u>
b Less direct expenses b c Net income or (loss) from gaming activities > 0 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory > 0 .		9a	Gross income from gaming a	activities					
c Net income or (loss) from gaming activities		ł	See Part IV, line 19	а					1
10a Gross sales of inventory, less returns and allowances		ь	Less direct expenses	b					
returns and allowances					. <u></u>	0			<u> </u>
returns and allowances		10a	Gross sales of invento	ory, less		1			
b Less: cost of goods sold b									
c Net income or (loss) from sales of inventory. ▶ 0. Miscellaneous Revenue Business Code 11a REIMBURESENTS FROM PARENTS 624. 624. b REFUNDS AND REBATES 4,408. 4,408. c 4 4 4 d All other revenue 5,032 5,032		ь							_
11a REIMBURESENTS FROM PARENTS b REFUNDS AND REBATES c d All other revenue		i	Net income or (loss) from sal	les of inventory.		0.			
b REFUNDS AND REBATES 4,408. 4,408. c d All other revenue			Miscellaneous Reven	iue	Business Code				
c d All other revenue		11a	REIMBURESENTS FROM PARENT	's		624.	624.		
d All other revenue		Ь	REFUNDS AND REBATES			4,408.	4,408.		
d All other revenue		c							
e Total. Add lines 11a-11d		1 .	All other revenue						
)		_				5,032			
		į.				1,017,345	797,851.		23,827.

Part IX Statement of Functional Expenses

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

D	All other organizations must complete on include amounts reported on lines 6b,		(B) '	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0.			
2	Grants and other assistance to individuals in the US See Part IV, line 22	0.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			,
5	Compensation of current officers, directors, trustees, and key employees	63,135.	0.	63,135.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salanes and wages	203,248.	203,248.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.	01 010	10.000	
9	Other employee benefits	32,003.	21,913.	10,090.	
10	Payroll taxes	27,544.	22,187.	5,357.	
11	Fees for services (non-employees)	0.			
	Management	0.			
	Legal	9,477.		9,477.	
	Accounting	0.		3,317.	
	Professional fundraising services See Part IV, line 17	0.		-	
	Investment management fees	0.		- · · ·	
g		0.			
12	Advertising and promotion	758.	758.		
13	Office expenses	6,103.		6,103.	
14	Information technology	0.			
15	Royalties	0.	10.605		
16	Occupancy	54,039.	48,635.	5,404.	
17	Travel	3,501.	3,501.		
18	Payments of travel or entertainment expenses	0.		1	
	for any federal, state, or local public officials	0.	-		
19	Conferences, conventions, and meetings	- 0.			
20 21	Payments to affiliates	0.	-		
22	Depreciation, depletion, and amortization	146,853.	146,853.		
23	Insurance	85,582.	79,770.	5,812.	
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
-	AUTO & TRUCK	38,184.	38,184.		
	CAMPER FOOD & BEVERAGE	152,681.	152,681.	2 000	
_	CONSULTING	2,000.	- 55 116	2,000.	
	OUTSIDE LABOR	55,116. 11,880.	55,116. 11,880.		
	CAMPER TRANSPORTATION	166,469.	157,916.	8,553.	
	All other expenses	1,058,573.	942,642.	115,931.	0.
	Total functional expenses. Add lines 1 through 24f	1,000,070.	242,042.	113, 331.	
26	Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part 2	Balance Sheet			
	•	(A) Beginning of year		(B) End of year
<u>1</u>	Cash - non-interest-bearing	6,614.	1	11,720.
2		239,630.	2	283,782.
3			3	
4			4	
5		,		
ŀ	employees, and highest compensated employees Complete Part II of			
	Schedule L		5	
ε				
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	-		-
	Part II of Schedule L		6	
Assets			7	
8 8	Inventories for sale or use		8	
] g	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment. cost or 10a 4,841,610.			
	other basis. Complete Part VI of Schedule D		_	
	b Less: accumulated depreciation	2,981,589.	10c	2,889,598.
11		321,598.	11	365,440.
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	3,232.		2,979.
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,552,663.	16	3,553,519.
17	Accounts payable and accrued expenses		17	
18			18	
19			19	
20	, , , , , , , , , , , , , , , , , , , ,		20	
တ္ထု 21	· · · · · · · · · · · · · · · · · · ·		21	
Liabilities 52	• • • • • • • • • • • • • • • • • • • •			•
ä	employees, highest compensated employees, and disqualified	•		
-1	persons. Complete Part II of Schedule L		22	
23	, , , , , , , , , , , , , , , , , , , ,		23	
24		4.010	24	2 062
25	, , , , , , , , , , , , , , , , , , , ,	4,819.		3,063.
26		4,819.	26	3,063.
σ l	Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.	-		•
2	•	3,547,796.	, ,	3,525,408.
27 28 28		48.	27	25,048.
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		40.	28	23,040.
5 2	Permanently restricted net assets		29	
Net Assets or Fund Balances	and complete lines 30 through 34.	-		•
\$ 30			30	
35 31			31	
¥ 32			32	
		3,547,844.	33	3,550,456.
34	Total liabilities and net assets/fund balances	3,552,663.	34	3,553,519.
				Form 990 (2009)

Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.	1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	If "Yes" to line 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?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	X Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь 📗		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TRANOUTLILITY CAMP TNC Employer identification number 13-5634525

110	11400	THUTTI C	mii, inc.							15 50	34323
Pai	t I	Reason fo	r Public Chari	ty Status (All organi	izations m	ust compl	lete this p	part.) Se	e instruc	tions.	
The	orga	nization is no	t a private found	lation because it is. (F	or lines 1 t	hrough 11,	check on	ly one bo	k)		
1		A church, co	onvention of chu	rches, or association of	of churches	described	in sectio	n 170(b)(1)(A)(i).		
2				n 170(b)(1)(A)(ii). (Att							
3				hospital service organi		•	ction 170	(b)(1)(A)	(iii).		
4		•	•	zation operated in col						170(b)(1)	(A)(iii). Enter the
	ш		ime, city, and sta	•	.,		p				(-7()
5		·-	•	or the benefit of a coll	lege or uni	versity ow	ned or o	perated b	ov a gove	ernmental	unit described in
		-	(b)(1)(A)(iv). (Co		logo or arm	voloky ou	1100 01 0	poratou t	,, a gon	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	dinc docorioda iii
6				vernment or governme	ntal unit de	ecribad in e	saction 1	70(h)(1)(A1/w1		
7	Н		_	lly receives a substant						or from t	he general nublic
•		•		(1)(A)(vi). (Complete P	•	its support	i iioiii a ş	Jovennine	mai umi	or monn t	ne general public
					=	molete Bad	• II V				
8	X			d in section 170(b)(1)(utions n		in food and arose
9	Δ			lly receives (1) more							
				ted to its exempt fun							
			-	ment income and uni						o i i tax)	from businesses
	$\overline{}$		•	after June 30, 1975.					•		
10	\vdash	-	-	nd operated exclusive	-		-				4 4.40
11	Ш	_	-	and operated exclusi	-						-
				ublicly supported orga					-	-	
			_	at describes the type o							
		а Тур	_	Type II c		e III - Fund	-	-			pe III - Other
е	Ш	-		rtify that the organiz				-			
				on managers and oth	er than on	e or more	publicly s	supported	organiz	ations de	scribed in section
			section 509(a)(•							
f		=		l a written determina	tion from t	he IRS tha	at it is a	Type I, T	ype II, o	r Type III	supporting
		_	n, check this box								
g		Since Augus	st 17, 2006, has	the organization acce	pted any g	ıft or contri	bution fro	m any of	the		
		following pe	rsons?								
			-	or indirectly controls		-	ether wit	h person	s descrit	oed ın (iı)	Yes No
				erning body of the supp		inization?					11g(i)
				erson described in (i) a							11g(ii)
				of a person described		•					11g(iii)
h		Provide the	following inform	ation about the suppo	rted organi	zation(s)					
(i) l	Name	of supported	(ii) EIN	(iii) Type of organization				ou notify		s the	(vii) Amount of
	orga	anization		(described on lines 1-9 above or IRC section	in col. (i) lis governing			nization in of your		tion in col.	support
				(see instructions))	J			port?		S.?	
					Yes	No	Yes	No	Yes	No	
							1				<u> </u>
										ļ	
							 				
		·								<u> </u>	
Tot	.1										

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

Schedule A (Form 990 or 990-EZ) 2009

Par	(Complete only if you check	ganizations D ked the box or	escribed in Son line 5, 7, or	Sections 170(8 of Part I.)	b)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						_
4	Total. Add lines 1 through 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)		-	,		4	
6	Public support. Subtract line 5 from line 4						
-	tion B. Total Support				I	I	<u> </u>
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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					<u> </u>	
12	Gross receipts from related activities, etc. (s	see instructions) .			·	12	
13	First five years. If the Form 990 is f organization, check this box and stop here	or the organiza	tion's first, seco	nd, third, fourth,	, or fifth tax ye	ear as a section	501(c)(3) ▶
<u>Sec</u>	tion C. Computation of Public Sup						
14	Public support percentage for 2009 (li						%
15	Public support percentage from 2008						%
16a	331/3% support test - 2009. If the o	•			•		
	this box and stop here. The organization						
b	331/3% support test - 2008. If the o	=					
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me Part IV how the organization meets to organization	the "facts-and-o	circumstances"	test The organi	ization qualifies	as a publicly s	supported
h	10%-facts-and-circumstances test						
U	15 is 10% or more, and if the organization		-				
	Explain in Part IV how the organization supported organization	on meets the "	facts-and-circui	mstances" test.	The organization	on qualifies as a	a publicly
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2009

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						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include				1		
	any "unusual grants.")	325,970.	417,895.	624,479	203,309	195,667.	1,767,320
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	607,758	605,146	637,125.	782,445	792,819	3,425,293.
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						
	ıts behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	933,728	1,023,041	1,261,604	985,754.	988,486	5,192,613.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	50,000	60,000	75,000	20,000	18,000	223,000.
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	50,000	60,000	75,000	20,000	18,000	223,000
8	Public support (Subtract line 7c from					-	
	line 6)			-		,	4,969,613.
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	933,728.	1,023,041.	1,261,604	985,754	988,486	5,192,613
10a	Gross income from interest, dividends,						
	payments received on secunties loans, rents, royalties and income from similar						
	sources	32,597	63,013	35,509	27,821	23,827	182,767
b	Unrelated business taxable income (less				:		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	32,597.	63,013	35,509	27,821	23,827	182,767
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)	966, 325	1,086,054	1,297,113	1,013,575	1,012,313.	5,375,380.
14	First five years. If the Form 990 is for						
	organization, check this box and stop here					<u> </u>	
	tion C. Computation of Public Sup			(5)			92.45%
15	Public support percentage for 2009 (line 8					15	93.26%
16	Public support percentage from 2008 Sche			· · · · · · · · · · · · · · · · · · ·		16	93.20%
	tion D. Computation of Investmen	· · · · · · · · · · · · · · · · · · ·					3 40 04
17	Investment income percentage for 2009 (li					17	3.40%
18	Investment income percentage from 2008					18	
19a	33 1/3% support tests - 2009. If the o						, [77]
	17 is not more than 33 1/3%, check the				•		· · · · · · · · · · · · · · · · · · ·
b	33 1/3% support tests - 2008. If the org						
	line 18 is not more than 331/3%, check						
20 JSA	Private foundation. If the organization	aid not check	a box on line 1	4, 19a, or 19b			
JSA 221 1 0	00				S	cnedule A (Form	990 or 990-EZ) 2009

Page 4

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

Description of Property GENERAL DEPRECIATION													•
DEPRECIATION				470	-			2017	-		_		
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Accumulated /	Ending Accumulated depreciation	Me- thod Conv	Life	ACRS C	CRS 179	Current-year depreciation
FULLY DEPREC ASSE	12/31/1987	123,054	100 000			123,054	123,050	123,050		5 000			
POLE BARN	12/31/1987	12,544	100 000			12,544	11,914	12,332 SL	_	30 000			418.
LAKE PROJECT	12/31/1997	14,334	100 000			14,334	14,334	14,334. 20	200DB MQ		5		
DRAINAGE DITCH	12/31/1997	2,567	100.000			2,567	2,566.	2,566 20	200DB MQ		S		
AUTO & TRUCK	12/31/1987	48,782	100 000			48,782.	48,782	48,782 SL		9 000			
DORMITORY	12/31/1987	234,227	100 000			234,227	234,227	234,227 SL	_	30.000			
BARN	12/31/1987	7,840.	100 000			7,840	7,840	7,840 SL	_	30 000			
PRAYER BOOKS	12/31/1997	298	100 000			298	298	298. 20	200DB MQ		S		
MEMORIAL PLAQUES	12/31/1997	2,057	100 000			2,057	2,057.	2,057. 20	200DB MQ		2		
WELLS	12/31/1997	3, 125	100.000			3,125.	3,125	3,125 20	200DB MQ		5		
ERIKSON HOUSE	12/31/1987	44,856.	100 000			44,856	44,856	44,856 SL		000 00			
NEW FLOORING	12/31/1987	7, 613.	100.000			7,613	7,613	7,613 SL		20 000			
HOUSE SIDING	12/31/1987	24,870.	100 000			24,870	24,870	24,870 SL		20.000			
TREES	12/31/1997	1,627	100 000			1,627.	1,627	1,627 20	200DB MQ		5		
SWIMMING POOLS	12/31/1987	65, 421	100 000			65, 421	65,421	65,421 SL		20.000			
ROOF ON DINING HAL	12/31/1987	18,150	100 000			18,150	18,150	18,150. SL		10.000			
FIRE SYSTEM EQUIPM	12/31/1987	1,850	100 000			1,850	1,850.	1,850 SL	_	10.000	-		
GENERATOR EQUIPMEN	12/31/1987	9,234	100.000			9,234	9,234	9,234 SL	-	10.000			
PROJECT "50"	12/31/1987	359, 526	100.000			359,526	275,632	287,616 SL		30.000			11,984
Less. Retired Assets													
Subtotals						4,840,010	1,805,159	1,952,012.	1				146,853
Listed Property									-				
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Less: Retired Assets													
Subtotals													
TOTALS		4,841,610.				4,840,010.	1,805,159	1,952,012.					146,853
AMORTIZATION						:		;	ŀ	-			
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Ф			Current-year amortization
BLDG PERMITS	12/14/2006						217.	321	A248 15 000	000			104
FLOOR PLANS BUNG	05/30/2006	480.					83	115. A2	A248 15 (000			32.
FLOOR PLANS NM	10/10/2006	1,750					263.	380 A2	A248 15.000	000			117
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TOTALS		3,795.					563.	816					253.
*Assets Retired													
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CALENDAR YEAR

Description of Property GENERAL DEPRECIATION												:	•
DEPRECIATION													
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Accumulated depreciation	Ending Accumulated depreciation	Me-	Life	ACRS CRS class class	A Current-year 179 ss expense	Current-ýear depreciation
FIRE EXTINGUISHERS	01/01/1988	630	100.000			630	630	630					
STORAGE TANKS	01/01/1988	771.	100 000			171	771.	171 ST	נ	20 000			
TELEPHONE PAGER	01/01/1988	97	100 000			91	16	TS 91	11	10 000			
WHITE HOUSE ROOF	04/30/1989	4,200	100.000			4,200	4,200	4,200 SL		15 000			
DRIVEWAY	06/30/1989	1,100	100 000			1,100	1,100	1,100. SL	LI.	000 01			
LAUNDRY ROOF	07/31/1989	3,400	100 000			3,400.	3,400	3,400. SL	1	15 000			
SEPTIC SYSTEM	11/01/1989	6,658	100 000			6,658	6,658	TS 859'9	11	15 000			
FURNACE	01/31/1990	2,300	100 000			2,300	2,300.	2,300. SL		7 000			
ROOFING MAILER	03/31/1990	470	100 000			470	469	469. SL	ı	7 000			
FLOOR TILE	05/31/1990	452.	100.000			452	452	452. SL	L.	7 000			
SEPTIC TANK	06/30/1990	855	100 000			855	854	854. St	r	7 000			
HOT WATER HEATER	08/31/1990	2,100	100 000			2,100	2,100	2,100. SL		7.000			
ELECTRICAL IMPRVMN	07/01/1990	2,451	100 000			2,451.	2,450	2,450. St		7.000			
BUILDING IMPROVMNT	07/01/1990	1,250	100 000			1,250	1,250	1,250. St		7.000			
FARM WELDER	03/31/1991	557	100 000			557.	556	556. SI		5 000			
GAZEBO	04/30/1991	8,027.	100 000			8,027	7,085	7,486. SL	ı	20 000			401
FARM IMPROVEMENTS	03/31/1991	3,300	100 000			3,300	3,300	3,300.	Ľ	15 000			
FARM ROTARY CUTTER	04/30/1991	1,800.	100 000			1,800	1,800	1,800. SL	L,	5 000			
BUILDING IMPROVMNT	04/30/1991	332	100 000			332.	300	317 SL		20.000			17
Less' Retired Assets													-
Subtotals													
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AMORTIZATION												•	
Asset description	Date placed in service	Cost or basis					Accumulated	Ending Accumulated amortization	Code Life	Ф		<u> '</u>	Current-year amortization
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CALENDAR YEAR

Description of Property GENERAL DEPRECIATION													•
DEPRECIATION						:						1 1	
Asset description	Date placed in	Unadjusted Cost	Bus.	179 exp. reduction in basis	Basis	Basis for	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Ęę.	ACRS CRS class class	Current-year S 179 ss expense	Current-year depreciation
STOVE	04/30/1991	330.	100.000			330	330.	330		5 000			
FARM MOWER ATTCHMN	05/30/1991	440.	100 000			440	440.	440 ST		5.000			
STORAGE BARN DECK	05/30/1991	300	100 000			300	264.	12 672	L	20 000			15
STONE TOP SOIL	05/30/1991	1,507	000 001			1,507	1,507	1,507 SL	ں	15.000			
HOT WATER HEATER	05/30/1991	442	100 000			442	441	441. SL	ت.	7.000			
BOATS	06/30/1991	1,707.	100.000			1,707.	1,707	1,707 SL	٠	7 000			
AUTO	06/30/1991	1,250	100 000			1,250	1,250	1,250. SL	Ľ	7.000			
WASHER	07/31/1991	180	100.000			180.	180	180 SE		2 000			
HM MILLER FIELD IM	1961/18/10	5,903	100 000			5,903.	5,903	5,903. SL	י	15 000			
	08/31/1991	182	100 000			182	180	TS 081		2 000			
KITCHEN EQUIPMENT	08/31/1991	605	100.000			605	605	605. SL		2 000			
VAN TRANSMISSION	08/05/1991	2,154	100 000			2,154	2,154.	2,154 SL		5 000			
DEEP FRYER	1961/12/10	1,010	100.000			1,010	926	926 ST	. I	5 000			
VIDEO EDITOR	03/28/1992	340.	100 000			340	340	340 SL	L	5.000			
BUCKET LOADER	06/01/1992	569	000 001			569	569	1S 699		5 000	-		
MOWER	06/01/1992	1,550	100 000			1,550	1,550	1,550. SL		5.000			
AIR CONDITIONER	06/30/1992	602	100 000			602	600.	TS 009		5.000			
BEDS & BEDDING	06/30/1992	3,326.	100.000			3,326	3,326.	3,326 SL	.1	5.000			
FIRE EXTINGUISHERS	06/30/1992	610.	100 000			610	610.	610 SE		5 000			
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Subtotals													
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AMORTIZATION								-	-				
Asset description	Date placed in service	Cost or basis					Accumulated , amortization	Ending Accumulated amortization	Code	<u>ق</u>			Current-year amortization
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CALENDAR YEAR

Description of Property GENERAL DEPRECIATION													•
DEPRECIATION													
Accet description	Date placed in	Unadjusted Cost	Bus %	179 exp. reduction in basis	Basis	Basis for	Beginning Accumulated	Ending Accumulated depreciation	Me	Life	ACRS CI	MA Current-year CRS 179 class expense	Current-year depreciation
TELEPHONES	06/30/1992	475	0			475	475.	475.	SL	5			
DINING ROOM SILVER	07/31/1992	1,263	100 000			1,263	1,263	1,263.	SL	5 000			
SEPTIC TANK & IMPR	07/31/1992	12,149	100 000			12,149	12,149	12,149.	SL	5 000			
TENNIS EQUIPMENT	07/31/1992	405	100 000			405.	405	405 8	SL	5 000			
WALKIE TALKIES	07/31/1992	111	100 000			111	111	111.	SL	3 000			
SHELVING	08/31/1992	220	100.000			220	220	220	SL	5 000			
WASHER & DRYER	09/30/1992	. 797 .	100 000			797	796	796 s	SL	5.000			
BUILDING IMPROVMEN	09/30/1992	11,272	100 000			11,272	9,165	9,729.	SL	20.000			564.
STOVE	12/15/1992	495	100 000			495	495	495 S	SL	5.000			
WASHER	03/31/1993	454	100 000			454	454	454	SL	5 000			
WATER HEATER	03/31/1993	223	100 000			223	223	223	SL	7 000			
SUMP PUMP	04/30/1993	103	100 000			103	103	103	1S.	5 000			
SUMP PUMP	05/31/1993	185	100 000			185	185.	185.	TS	5 000			
GAZEBO	06/30/1993	2,100.	100.000			2,100	1,628	1,733.	SL	20 000			105
BEDDING	06/30/1993	186	100 000			186	186	186.	SL	5 000			
WATER HEATER	07/31/1993	399	100 000			399.	399	399	SL	5 000			
STOVES	07/31/1993	7, 698	100 000			7,698	7,698	7,698	SL	5 000			
WATER FOUNTAINS	07/31/1993	1,299	100 000			1,299	1,299	1,299.	SL	5 000			
вимь	09/30/1993	3,990	100 000			3,990	3,990	3,990	SL	5 000			
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Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization (Code Life	.0		•	Current-year amortization
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Description of Property													•
DEPRECIATION													
Asset description	Date placed in service	Unadjusted Cost or basis	Bus	179 exp. reduction in basis	Basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Life	ACRS CRS class class	Current-year 5 179 s expense	Current-year depreciation
ROTOTILLER	10/31/1993	330	8			330	330.	330.	SL	5 000		Ш	
BUILDING IMPROVMEN	12/31/1993	5,891	100 000			5,891	5,891	5,891	SL	15 000			
CRUSHED STONE	12/31/1993	1,400	100 000			1,400	1,395	1,395	SL	15 000			
WELL	12/31/1993	6,495.	100.000			6,495	6,495.	6,495	SL	10.000	-		
POOL REPAIR	12/31/1993	1,700.	100 000			1,700	1,695.	1,695	SL	15.000			
COMPRESSOR	06/30/1994	801	100.000			801	800.	800	SL	5.000			
WASHER & DRYER	07/31/1994	870	100 000			870	870.	870	SL	5.000			
2 DRYERS	07/31/1994	1,026	100 000			1,026	1,026	1,026	SL	5 000			
NEW PUMP	07/31/1994	716	100 000			716	716	716	SL	5.000			
2 WATER COOLERS	07/31/1994	849.	100 000			849	848	848	SL	7.000			
VIDEO PROJECTOR	07/31/1994	856	100 000			856	855	855	SL	5 000			
WASHER	07/31/1994	629	100 000			629	629	659.	SL	5 000			
KITCHENWARE	07/31/1994	140	100 000			140	140	140	SI	2 000			
CAR	07/31/1994	18,766	100 000			18,766	18,765.	18,765.	SL	2 000			
KITCHEN SUPPLIES	08/31/1994	245	100 000			245	245.	245.	SL	5 000			
REFRIGERATOR	09/30/1994	630	100 000			630	630	630.	SL	5 000			
NEW PLOW	10/31/1994	1,150	100.000			1,150	1,150	1,150.	SL	5 000			
PLOW	11/30/1994	111	100.000			111	110	110.	SL	5 000			
MODULAR	06/30/1994	56,119.	100 000			56,119	20,865	22,304.	SL	99 000			1,439
Less Retired Assets						i							
Subtotals													
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Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	ور	_		Current-year amortization
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Description of Property GENERAL DEPRECIATION DEPRECIATION							:							
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POOL LINER	06/30/1994	1,025	100.000	222		1,025	1,025.	1,025.	7	2		1		
MISC. CAPITAL IMPR	06/30/1994	2,695	100.000			2,695	2,610.	2,695. SL		15.000				85.
OUTHOUSE	07/31/1994		100 000			558	534	18 . 858		15.000				24
NEW DRYWELL	08/31/1994	840.	100.000			840.	803	840 SL		15.000				37
MATTRESSES	06/30/1994	887	100 000			887	988	7S 988		5 000				
FURNITURE	05/31/1994	2,779.	100 000			2,779	2,779	2,779 20	200DB HY		S	_		
WASHER & DRYER	05/31/1994	917.	100 000			917.	917	917 20	200DB HY		S	_		
FURNITURE	05/31/1994	923.	100 000			923	922.	922 20	200DB HY		S			
1995 CHEVY SURBURB	05/31/1995	25,318	100 000			25,318	24,898.	24,898 SL		5.000				
WORD PROCESSOR	07/31/1995	272.	100.000			272	272.	272 SL	3	5.000				
TENNIS CT IMPRVMNT	06/30/1995	17,640	100.000			17,640	15,876.	17,052. SL		15 000				1,176
WATER HEATER	06/30/1995	1,165	100 000			1,165	1,162.	1,162 SL		7.000				
LANDSCAPING	12/15/1995	10,000	100 000			10,000	9,004.	9,671. SL		15.000		-		667
CAPITAL IMPROVEMEN	07/01/1995	6,570	100 000			6,570	5,913	6,351 SL	اد	15.000		-		438.
MICROWAVE	05/31/1996	120	100 000			120	118	118 SL		5.000				
FOOSBALL TABLES	06/30/1996	937	100 000			937	936	1S 986	٦	5 000				
MATTRESSES	06/30/1996	477	100 000			477.	476	476 SL	_	5 000				
ICE MACHINE	06/30/1996	700	100 000			700	700.	700 SL		5 000				
REFRIGERATOR	07/31/1996	750	100 000			750	750.	750. SL		5.000		_		
Less. Retired Assets													-	
Subtotals				:								_		
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AMORTIZATION														
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	φ		_		Current-year amortization
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Asset description														
	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis	Basis for depreciation	Beginning Accumulated / depreciation	Ending Accumulated depreciation	Me- thod Conv	Lıfe	ACRS (MA Current-year CRS 179 class expense	Current-year depreciation	/ear tion
SEWING MACHINE	07/31/1996	219	100 000			219	219	219.		5 000				
LAWNMOWER	08/31/1996	310	100 000			310	310	310 SL	r l	5 000				
COMPRESSOR	08/31/1996	911	000 001			911	911	911 SL		5 000				
POLE BARN	04/30/1996	6,108	000 001			6,108	3,813	4,118. SL	٠	20 000				305
MANSE ROOF REPAIR	05/31/1996	6,556	000 00τ			6,556	2,121	2,289 SL	L MM		3	39		168
DINING ROOM ROOF	06/30/1996	15,271	100 000			15,271	4,915	5,307. SL	Œ		e	39		392
DINING ROOM GRILL	07/31/1996	2,100	100 000			2,100	2,100.	2,100. SL		5 000		-		
MANSE FLOOR	07/31/1996	559	100.000			559	175	189. SI	L MM		3	39		14
TENNIS COURTS	07/31/1996	5,292	100.000			5,292	4,412	4,765. SL	נ	15 000				353.
ROAD GRAVEL	9661/18/40	2,209	100 000			2,209	1,838	1,985 SL	נ	15 000				147
FAN	08/01/1996	132.	100.000			132.	132	132. SL	י	5 000				
DECKING	08/15/1996	894	100 000			894	750.	810 SL	ני	15 000				60
BUNK BEDS & COTS	06/14/1996	973	100 000			973	973.	973 2	2000в ну		7			
SHELVING & NEW BAT	05/27/1997	1,609.	100 000			1,609	591	642 SL		31 500				51
HOT WATER HEATER	05/27/1997	808	100 000			808	808.	1S 808	ر د	7 000				
POOL LINER	06/13/1997	3,450.	100 000			3,450	3,450	3,450 SL	ا ـ	5 000				
FENCING	06/18/1997	1,150.	100 000			1,150	1,150.	1,150 SL	ت ـ	7.000				
WASHING MACHINE	7661/10/10	439.	100 000			439	439.	439 SL	ت.	7 000				
PUMP	7661/10/10	3,595.	100 000			3,595	2,760	3,000 SL		15.000				240
Less. Retired Assets													-	
Subtotals												_		
Listed Property									}			•		
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Subtotals														
TOTALS.														
AMORTIZATION								-						
Asset description	Date placed in service	Cost or basis			٠		Accumulated amortization	Ending Accumulated amortization	Code	Life		-	Current-year amortization	ear tion
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TOTALS														
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Description of Property GENERAL DEPRECIATION										,		į	
DEPRECIATION													
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated / depreciation	Ending Accumulated depreciation	Me- thod Conv	Life	ACRS CRS class class	A Current-year S 179 ss expense	Current-year depreciation
PAVING	07/20/1997		100.000			3,600	2,740.	2,980.		15 000			240.
TY & MANSE REPAIRS	08/15/1997		100 000			8,790	3,185	3,464 SL		31 500			279.
IMPROVEMENTS	04/29/1998	5,679	100.000			5,679	4,042	4,421 SL	-	15 000			379
POOL REPAIR	05/10/1998	3,050	100.000			3,050.	3,050.	3,050 SL		5.000			
COOLER DOOR	05/10/1998	564.	100 000			564	405.	443 SL		15.000			38
IMPROVEMENTS	05/27/1998	572	100.000			572	402	440 SL		15 000			38
WATER COOL & FOUNT	07/21/1998	1,295.	100.000			1,295.	1,295	1,295 SL		5 000			
FENCE	07/08/1998	574.	100 000			574	574	574. SL		7 000			
IMPROVEMENTS	10/21/1998	1,	100 000			1,720	1,169	1,284. SL		15 000			115
HAYBINE	07/23/1998	10,200	100 000			10,200.	10,200	10,200 SL		7 000	j		
MOWER	02/20/1999	207	100 000			207	207.	207 SL		5 000			
DOORS	05/24/1999	1,063	100 000			1,063	326	360 SL		31.500	_		34
DRYER & DISHWASHER	05/25/1999	800	100 000			800	800.	800. SL		5.000			
TABLES & BENCHES	06/18/1999	982.	100 000			982	982	982. SL		7 000			
MANSE SHOWERS	06/18/1999	5,041	100 000			5,041.	3,192	3,528 SL		15 000			336
BASKETBALL COURT	06/19/1999	3,600.	100 000			3,600	3,600	3,600. SL		7 000			
WATER HEATERS	07/07/1999	800	100 000			800	800	1S 008		7 000			
TABLES & BENCHES	07/16/1999	982	100 000			982.	982.	982. SL		7 000			
DINING ROOM FURN	07/18/1999	500	100 000			500	500	200 ST	_	7 000	_		
Less: Retired Assets										-			
Subtotals													
Listed Property							ļ	-	ļ.				
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AMORTIZATION									-				
Asset description	Date placed in service	Cost or basis	•				Accumulated amortization	Ending Accumulated amortization Cc	Code	۵	•		Current-year amortization
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CALENDAR YEAR

Description of Property GENERAL DEPRECIATION														,
DEPRECIATION														
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Accumulated Me-	Ş 0 0 , 0	Life	ACRS class	MA Cur CRS class e	Current-year 179 expense	Current-year depreciation
BEDS & MATRESSES	07/20/1999	3,579.	0			3,579	3,579	3,579		5 000				
васквоакр	08/05/1999	280	000 001			280.	280	280. SL		5 000				
GAS PUMP	08/07/1999	411	100 000			411	411	411. SL		5 000				
TENNIS COURT	09/01/1999	2,925	100 000			2,925	2,925	2,925 SL		7 000				
IMPROVEMENTS-ROOF	11/11/1999	901	000 001			901	266	295 SL		31 500				29
POOL COVER	12/29/1999	1,918	000 001			1,918	1,918	1,918 SL		5 000				
FARM FURNACE	02/04/1999	2,700	100 000			2,700	1,785	1,965 SL		15 000				180
FARM TRUCK	08/16/1999	2,500	100 000			2,500	2,500	2,500. SL		5 000				
FORD 250	04/27/2000	24,138	100 000			24,138	24,138	24,138 SL		5.000				
TOILET, TANK, WATERH	05/10/2000	1,635	000 001			1,635	1,635	1,635 SL		7 000				
	06/09/2000	562	100 000			562.	562	562 SL		5 000				
WATER COOLER	06/23/2000	368	100 000			368	368	368 SL		5 000				
MATTRESSES, TILE	07/14/2000	2,595	000 001			2,595	2,595.	2,595. SL		5 000				
DRIVEWAY	08/01/2000	4,950	100 000			4,950	4,950	4,950. SL		7 000				
DEEP FRYER	10/06/2000	166	100 000			166	766	766. SL		5 000				
WATER HEATER	12/29/2000	2,250.	000 001			2,250	2,250	2,250. SL		5 000				
PUMP	07/25/2000	1,089	000 001			1,089	614	687. SL		15.000				73.
BUNK BEDS	08/15/2000	1,253.	100.000			1,253	1,253	1,253 SL		7 000				
FARM-TILE	04/22/2000	066	100 000			066	572	638. SL		15 000				99
Less. Retired Assets	:		·									Į		
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Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization Code	e Life		•			Current-year amortization
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CALENDAR YEAR

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Description of Property

GENERAL DEPRECIATION		:											
DEPRECIATION										 -		I-	
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated / depreciation	Ending Accumulated depreciation	Me- thod Conv	Lıfe	ACRS CRS class class	Current-year 179 expense	Current-year depreciation
FARM-DOOR	11/27/2000	420	100 000			420	226.	254	SL	15 000			28.
BARN	12/29/2000	610	100 000			610	120	135	SL	39 500			15.
FREEZER	06/07/2001	619	100 000			619	619	619.	SL	5 000			
DRYER	06/26/2001	440	000 001			440	440	440.	SL	5 000			
BATHROOM RENOVATIO	07/14/2001	13,957	100 000			13,957	6,975	7,905.	SL	15 000			930
POOL RENOVATIONS	09/06/2001	4,520.	100 000			4,520	2,207	2,508	SL	15 000			301
PUMP	11/23/2001	1,402	100 000			1,402.	1,402	1,402	SL	000 6			
DINING RM EXHAUST	10/23/2001	9,101	100 000			9,101.	4,350.	4,957	SL	000 51			607
	01/01/2002	4,709	100.000			4,709	4,709	4,709.	SL	000 \$			
FURNACE WHITE HOUS	05/19/2002	1,835	100 000			1,835	1,835	1,835	SL	5 000			
MANSE SEPTIC	06/18/2002	22,650	100 000			22,650	3,825	4,406	SL	39.000			581
BEDS\MATTRESS	06/20/2002	2,937	100 000			2,937	2,937.	2,937.	SL	2 000			
COOLER FLOOR	06/24/2002	1,343	000 001			1,343	1,343	1,343	SL	5 000			
WASHING MACHINES	07/03/2002	1,300	100.000			1,300	1,300.	1,300	SL	5.000			
DISH WASHER	07/29/2002	4,680	000 001			4,680.	4,680.	4,680	SL	5.000			
MANSE POWER UPGRAD	08/20/2002	1,980	100 000			1,980	327	378	SL	39 000			51.
MANSE SEPTIC	10/10/2002	1,750.	100 000			1,750	281	326	SL	39 000			45
BENCHES	08/10/2002	11,527.	100.000			11,527	10,568	11,527	SL	7 000			959.
SPORTS CENTER	08/01/2002	1,312,701	100 000			1,312,701	215,979.	249,638	SL	39 000			33,659
Less Retired Assets			!									- [•
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AMORTIZATION													
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code		<u>.</u> .		Current-year amortization
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CALENDAR YEAR

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Description of Property GENERAL DEPRECIATION										i			•
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis	Basis for depreciation	Beginning Accumulated /	Accumulated Me-	Sol	Life	ACRS CRS class	A Current-year 179 ss expense	Current-year depreciation
NEW BARN	01/01/2003	61,486	8			61,486	18,444	21,518					3,074
FARMHOUSE SIDING	03/30/2003	10,000	100 000			10,000	3,835	4,502 SL		5 000			667.
FARMHOUSE A/C	07/24/2003	2,080	100 000			2,080	2,080	2,080 SL		5 000		:	
FARMHOUSE SHUTTERS	04/22/2003	205	100 000			205	79.	93 ST		5.000			14.
BLDG IMPROVEMENTS	06/30/2003	59, 933.	100 000			59,933	21,978	25,974 SL		5 000			3,996
SPRT CNTR CURTAIN	06/10/2003	17,300.	100.000			17,300	13,797	16,268. SL		000 4		_	2,471.
SPRT CNTR ELECTIC	07/30/2003	7,120	100 000			7,120	991	1,174 SL		39 000			183
SPRT CNTR FENCE	07/08/2003	7,040	100 000			7,040.	5,533	6,539 SL		000 4			1,006
SPRT CNTR LANDSCAP	07/31/2003	1,075.	100 000			1,075	390	462. SL		5 000			72
SPRT CNT SECUR CAM	10/01/2003	2,130	100 000			2,130	2,130	2,130. SL		5.000			
15 PASSENGER BUS	05/08/2003	17,420	100 000			17,420.	17,420	17,420. SL		5 000			
GENERATOR	01/16/2003	3,150	100 000			3,150.	3,150	3,150. SL		5.000			
TRACTOR	01/16/2003	15,500	100 000			15,500	13,100	15,314. SL		000 4			2,214
TRACTOR ACCESSORIE	05/21/2003	1,695	100.000			1,695.	1,695.	1,695 SL		000 9			
TOOLS & CABINET	05/21/2003	6,025.	100 000			6,025	6,025	6,025 SL		5 000			
BLDG IMPROVEMENTS	06/30/2004	73,192	100 000			73,192	21,956	26,835 SL		5 000			4,879
КАВОТА	04/22/2004	11,400.	100 000			11,400	10,640	11,400 SL		5 000			760.
ICE MACHINE	05/14/2004	2,358	100.000			2,358.	2,202	2,358 SL		5.000			156
2 STEEL CARTS	08/30/2004	1,492	100 000			1,492	1,291.	1,492 SL		000 5			201
Less' Retired Assets	•												
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TOTALS													
AMORTIZATION													
Asset description	Date placed in service	Cost or basis					Accumulated	Ending Accumulated amortization Code	le Life	1			Current-year amortization
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Description of Property GENERAL DEPRECIATION													
DEPRECIATION													
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod Conv	Life	ACRS CRS class class	S Current-year 179 ss expense	Current-year depreciation
SPREADER	03/17/2004	430.	100 000			430	409	430					21
MINI GOLF COURSE	12/31/2004	20,345.	100 000			20,345	5,424.	TS 08''9		15 000			1,356
2 BUNK BEDS	04/08/2004	1,797	100 000			1,797	1,706	1,797 SL	.,	5 000			91
2 BUNK BEDS	05/05/2004	1,797	100 000			1,797	1,676	1,797. SL		5 000			121
7 WATER COOLERS	07/05/2004	2,938.	000 001			2,938	2,646	2,938 SL	.,	5 000			292.
BUILDING IMPROVEME	07/01/2005	. 474.	000 001			69,474	16,212.	20,844 SL	7	15 000			4,632
MINI GOLF COURSE	07/31/2005	54,366.	100 000			54,366.	12,382	16,006. SL		15 000			3,624.
WARMING BOX - KITC	08/04/2005	2,224	100.000			2,224	1,520	1,965 SL		5 000			445
TRACTOR PLOW	04/21/2005	2,968	100 000			2,968.	2,178	2,772 SL		5 000			594
WATER HEATER	04/21/2005	282.	100 000			282	206	262 SL		5 000			56
BLINDS	07/05/2005	1,742.	100 000			1,742	1,218.	1,566 SL		5 000			348
POOL PUMP	07/29/2005	363.	100 000			363	249	322 SL		5 000			73
SNOW PLOW	10/24/2005	1,000.	100 000			1,000	633	833 ST		5 000			200
NAIL GUN	11/17/2005	450	100 000			450	278	368 ST		5 000			90
MOWER	04/21/2005	1,895	100 000			1,895.	1,390.	1,769 SL		5 000			379.
COPIER	06/26/2005	3,910	100 000			3,910	2,737	3,519 SL		5 000			782
DRYERS - 2	08/09/2005	1,366	100 000			1,366	933	1,206 SL		5 000			273
EXCAVATION SF	11/22/2006	32,711	100 000			32,711	4,544	6,725 SL		15 000			2,181
EXCAVATION MM	11/22/2006	11,850	100 000			11,850	1,646.	2,436 SL		15 000			790.
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AMORTIZATION										,			
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	_o			Current-year amortization
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CALENDAR YEAR

Description of Property

GENERAL DEPRECIATION										!			,
DEPRECIATION								1			- - 	ŀ	
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated /	Ending Accumulated depreciation	Me- thod Conv	Life	ACRS CRS class class	A Current-year S 179 ss expense	Current-year depreciation
BUNGALOW	08/28/2006	45,429.	100 000			45,429	3,533.	5,047		30 000			1,514.
BLDG IMPROVEMENTS	10/17/2006	44,834	100 000			44,834	6,476	9,465. SL		15 000			2,989
FURNACE	03/08/2006	5,300	100 000			5,300	1,502	2,032. SL		10 000			530
12 BUNKBEDS	05/23/2006	3,550	100 000			3,550	1,834	2,544. SL		5 000			710
DISHWASHER	08/03/2006	3,321	100.000			3,321	1,605	2,269 SL		5 000			664
WASHING MACHINE	08/04/2006	1,037	100 000			1,037.	200	707 SL		2 000			207
WELL PUMP	07/13/2006	481	100.000			481.	240.	1S 9EE		000 \$			96
HAY RAKE	03/15/2006	3,850.	100.000			3,850	2,182	2,952 SL		5.000			077
KABOTA TILLER	05/10/2006	1,381	100 000			1,381	736	1,012 SL		5.000			276
BLDG IMPROVEMENTS	08/03/2006	9,315	100.000			9,315	1,501	2,122 SL		000 51			621
1994 F250	01/01/2006	4,500.	100.000			4,500.	2,700	3, 600 st		2 000			900.
DRIVEWAY	12/19/2006	15,750.	100.000			15,750	4,500	TS 051,9		000 4			2,250
SOCCER FIELD	11/06/2007	27,220	100.000			27,220.	2,117	3,932. SL		15 000			1,815.
NEW MANSE	7/27/2007	1,079,308	100.000			1,079,308.	39,206	66,881 SL		000 68			27,675
BUNGALOW	06/16/2007	14,446.	100.000			14,446	555.	925 SL		39.000			370
MINI GOLF COURSE	06/01/2007	1,033	100.000			1,033	109	178 SL		15 000			69
BUILDING IMPROVEME	09/06/2007	20,087.	100.000			20,087	687	1,202 SL		39.000			515
BUILDING IMPROVEME	07/18/2007	46,868	100 000			46,868	1,703	2,905 SL	-	39 000			1,202
FIRE EXTINGUISHER	06/02/2007	3,356	100 000			3,356.	759	1,238 SL		7.000			479
Less: Retired Assets	•												
Subtotals													
Listed Property											-		
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Subtotals													
TOTALS													
AMORTIZATION													
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization Co	Code	6)			Current-year amortization
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Description of Property													,
DEPRECIATION							:						
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated A	Accumulated Medepreciation thod	Conv	Lıfe	ACRS C	MA Current-year CRS 179 class expense	Current-year depreciation
PA SYSTEM & LIGHTS	07/16/2007	8,642.	100 000			8,642	1,749	2,984		7 000			1,235
SCOCCER FIELD	05/12/2008	26,095	100.000			26,095	1,160.	2,900 SL		5 000			1,740
NEW MANSE TOP SOIL	05/12/2008	1,600.	100.001										-
BUILDING IMPROVEME	07/31/2008	75,056	100 000			75,056	883.	2,807 SL	Σ		39		1,924
MOWER	08/06/2008	12,023	100.000			12,023.	1,002	3,407 SL		5 000			2,405.
BATH IMPROVEMENTS	06/30/2009	11,101.	100 000			11,101		142 SL		39 000			142
EQUIPMENT	06/30/2009	4,217.	100.000			4,217		422. SL		5 000			422
BUNKBEDS	06/30/2009	5,791	100 000			5,791		579. SL		5 000			579.
IMPROVEMENTS	08/31/2009	23,434	100.000			23,434		200 SE	3	39 000			200
WHITEHOUSE PORCH	12/14/2009	4,254	100 000			4,254		9. SL	_	000 61			6
HAY TEDDER	09/05/2009	5,200	100 000			5,200		248 SL		7.000			248
DELL COMPUTER	01/07/2009	865	100 000			865		173. SL		5 000			173
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Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization Code	Lıfe			-	Current-year amortization
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CALENDAR YEAR

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

	e of the organization ANQUILLITY CAMP, INC.			Er	mployer identification number 13-5634525
		tand Franks on Other	Cimilan Fr		
Рa	rt I Organizations Maintaining Donor Adv the organization answered "Yes" to For	m 000 Part IV line i	Similar Fu	unas or Acc	counts. Complete if
	the organization answered Tes to For	(a) Donor advi			(b) Funds and other accounts
		(a) Donor davi			(b) I dilab dila bala decedila
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	L <u>-</u>			
5	Did the organization inform all donors and donor a	•			1 1 1
	funds are the organization's property, subject to the				
6	Did the organization inform all grantees, donors, a				
	used only for charitable purposes and not for the b				
	purpose conferring impermissible private benefit?				Yes No
Pa	rt II Conservation Easements. Complete if Purpose(s) of conservation easements held by the			es to Form	990, Part IV, line 7.
1					
	Preservation of land for public use (e.g., recre	eation or pleasure)	I I		historically important land area
	Protection of natural habitat		Preser	rvation of a c	certified historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization h	eld a qualified conserv	ation contrib	bution in the	form of a conservation
	easement on the last day of the tax year.				Held at the End of the Year
					T
а	Total number of conservation easements			l l	T
b	Total acreage restricted by conservation easement				
С	Number of conservation easements on a certified				
d	Number of conservation easements included in (c				
3	Number of conservation easements modified, tran	isferred, released, exti	nguished, o	r terminated	by the organization during
	the tax year ▶				
4	Number of states where property subject to conse				
5	Does the organization have a written policy regard	•			- 1 1 1
	violations, and enforcement of the conservation ea				
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing	ig conserva	ition easeme	ents during the year
	>				
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing co	nservation e	easements d	luring the year
	> \$			_	
8	Does each conservation easement reported on lin	` '			
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?				
9	In Part XIV, describe how the organization reports				
	balance sheet, and include, if applicable, the text		rganization'	's financial st	atements that describes
	the organization's accounting for conservation eas			- 045 03	
-Fa	rt-III- Organizations Maintaining Collections Complete if the organization answered	s of Art, Historical Ti	Part IV line	or Other Sir	miar Assets.
_					
1 a	If the organization elected, as permitted under Sart, historical treasures, or other similar assets he	SFAS 116, not to repo	ort in its rev	venue stater	nent and balance sheet works han furtherance of public servic
	provide, in Part XIV, the text of the footnote to its f	inancial statements tha	t describes	these items.	The translation of public control
b	If the organization elected, as permitted under \$	SFAS 116, to report in	its revenu	e statement	and balance sheet works of a
	historical treasures, or other similar assets held		education,	or research	in furtherance of public service
	provide the following amounts relating to these ite				. .
	(i) Revenues included in Form 990, Part VIII, line				
_	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of a			sımılar asse	its for financial gain, provide th
	following amounts required to be reported under S				
a	Revenues included in Form 990, Part VIII, line 1.				
b	Assets included in Form 990, Part X				▶ ७

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

Schedule D (Form 990) 2009

Par	t III Organizations Maintainir	ng Collections of	of Art, Hist	<u>torical</u>	Treasures	, or Otl	ner Similar A	ssets (c	continued)
								_	_	
3	Using the organization's acquisition,		other record	ds, che	ck any of th	e follow	ing that are a	significan	it use of its	
	collection items (check all that apply	/)	_							
а	Public exhibition		d		Loan or exc	change p	orograms			
b	Scholarly research		e		Other					
С	Preservation for future ger									
4	Provide a description of the organiz	ation's collections	and explai	n how	hey further	the orga	anization's exe	mpt pur	pose in	
	Part XIV.									
5	During the year, did the organization	n solicit or receive	e donations	of art,	historical tr	easures	, or other simila	ar		
	assets to be sold to raise funds rath	er than to be main	ntained as	part of	the organiz	ation's c	ollection?	[Yes	No
Par	t IV Escrow and Custodial Ar	rangements. C	omplete if	the or	ganization	answe	red "Yes" to F	orm 99	0. Part	
	IV, line 9, or reported an	amount on Forr	n 990, Pa	rt X, Iir	e 21.				,	
	·		_			-				
1a	Is the organization an agent, trustee	e, custodian or oth	ner interme	diary fo	r contribution	ons or o	ther assets not	t		
	included on Form 990, Part X?			-				_	Yes	No
b	If "Yes," explain the arrangement in									•
	,				,		Ār	mount		
С	Beginning balance					10				
	Additions during the year							-		
e	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amo								Yes	No
	If "Yes," explain the arrangement in		, 1 alt 7, III	621	• • • • • •	• • • •		٠٠٠ ـ	169 [
	t V Endowment Funds. Com		ation anev	vored '	Voc" to Fo	rm 000	Part IV line	10		
r at	Lindowillent Funds. Com	(a) Current Year	(b) Pnor		(c) Two yes		(d) Three yea		(e) Four ye	om book
1 a	Beginning of year balance	(a) Cullent Teal	(0) 1101	year	(C) Two yes	ars Dack	(u) Three yea	15 Dack	(e) Four ye	ars back
b	Contributions									
	Net investment earnings, gains,		<u> </u>			<u>-</u>	-	٠.		
C	1					•	· .	-		
	and losses									
	Grants or scholarships						ļ ·			
е	Other expenditures for facilities .								•	
	and programs			_		<u>.</u>	<u> </u>			
	Administrative expenses						<u> </u>		_	
g	End of year balance		ļ							
2	Provide the estimated percentage of	•		as.						
a	Board designated or quasi-endowm		%							
b	Permanent endowment ▶									
		%								
3 a	Are there endowment funds not in t	he possession of	the organi	zation t	hat are held	and ad	Iministered for	the		
	organization by								Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related orga								3b	
4	Describe in Part XIV the intended us	ses of the organiz	ation's end	owmer	t funds.					
Par	t VI Investments - Land, Build	dings, and Equi	pment. Se	e For	n 990, Pai	t X, line	e 10.		_	
	Description of investment		or other basis restment)	(b) Cost or other basis (other)		Accumulated depreciation	(0	i) Book value	
1a	Land									
b	Buildings			1	4,285,70	50 1	,441,806.		2,843	,954.
C	Leasehold improvements	<u> </u>			<u> </u>	_	 		· · · · · · · · · · · · · · · · · · ·	
d	Equipment				476,53	33	445,512.		31	,021.
е	Other			+-	79,3		64,694.			,623.
	I. Add lines 1a through 1e (Column		rm 990, Pa	rt X, co					2,889	

Page 3

Part VII	Investments - Other Securities. See	e Form 990, Part X, line 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial d	derivatives		
Closely-hel	eld equity interests		
Other			
			· · · · · · · · · · · · · · · · · · ·
	·		
	nn (b) must equal Form 990, Part X, col (B) line 12)	>	
Part VIII		e Form 990, Part X, line 13	3.
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
			-
	mn (b) must equal Form 990, Part X, col (B) line 13)	>	
Part IX	Other Assets. See Form 990, Part >	X, line 15.	
		(a) Description	(b) Book value
Total. (Colum	mn (b) must equal Form 990, Part X, col (B) line 15)		······
Part X	Other Liabilities. See Form 990, Pa	art X, line 25.	
1.	(a) Description of liability	(b) Amount	
	ncome taxes		2
	L TAXES PAYABLE	3,063.	•
-	_		
		+	
Total (Colur	mn (b) must equal Form 990, Part X, col (B) line 25)	▶ 3,063.	·

2. FIN 48 Footnote 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.

Schedule D (Form 990) 2009 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI Total revenue (Form 990, Part VIII, column (A), line 12) 1 2 Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year. Subtract line 2 from line 1 3 3 4 5 6 6 7 7 Other (Describe in Part XIV) 8 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: b Donated services and use of facilities 2b 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 4b c Add lines 4a and 4b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d 2e Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV.) 4b c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). . .

and 2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional 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, lines 1b

Schedule D (Form 990) 2009

Part XIV Supplemental Information

Part XIV Supplemental Information (continued)

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TRANQUILLITY CAMP, INC.

Employer identification number

13-5634525

ATTACHMENT 1

DIRECTORS WHO CANNOT BE REACHED AT ORGANIZATION'S ADDRESS

SECTION A QUESTION #11

RICHARD LAWRENCE, PRESIDENT

260 UMPAWAUNG ROAD, REDDING

CT 068965-1826

MARC S. COHN, VICE PRESIDENT & SECREATRY

53 NORTH PARK AVENUE, SUITE 302

ROCKVIOLLE CENTRE, NY 11570

MAURICE SCHLANG, VICE PRESIDENT

2580 SOUTH OCEAN BLVD

PALM BEACH, FL 33480

ROBIN VAINE DIAMANT, ASSISTANT TREASURER

20791 EAGLE CREEK COURT

BOCA RATON, FL 33498

DANIEL COHN, TREASURER

15 WEST 72ND STREET, #9D

NEW YORK, NY 10023

CRAIG SNOW, VICE PRESIDENT

Page 2

Schedule O (Form 990) 2009

Name of the organization

TRANQUILLITY CAMP, INC.

Employer identification number 13-5634525

ATTACHMENT 1 (CONT'D)

11 HUNTER'S LANE

ITHACA, NY 14850

CHERYL JANER, DIRECTOR

4132 CEDAR CREEK ROAD

BOCA RATON, FL 33487

SARAH LAWRENCE, DIRECTOR

260 UMPAWAUG ROAD

REDDING, CT 6896

CARY SPIEGEL, DIRECTOR

3 SHERMAN COURT

PLAINSBORO, NJ 08536

ADRIENNE GARNETT, DIRECTOR

126 BEAUFORT PLACE

NEW ROCHELLE, NY 10801

IRA ALTMAN, DIRECTOR

74 PROSPECT STREET

HUNTINGTON, NY 11743

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

PART VI, SECTION C QUESTION #19

THE ORGANIZATION GOVERNONG DOCUMENTS AND FINANCIAL STATEMENTS ARE

Name of the organization TRANQUILLITY CAMP, INC. Employer identification number 13-5634525

ATTACHMENT 1 (CONT'D)

AVAILABLE ON ANOTHERS WEBSITE - WWW.GUIDSTAR.COM.

THESE DOCUMENTS CAN ALSO BE MADE AVAILABLE AT ITS LOCATION DURING CAMP HOURS WHEN THE REQUEST IS MADE WITH ADVANCE NOTICE.

COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15

THE BOARD REVIEWS AND AUTHORIZES COMPENSATION FOR EXECUTIVE OFFICERS AND KEY EMPLOYEES.

AUDIT COMMITTEE

FORM 990, PART XI, LINE 2

THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT AND REVIEW OF AUDITS, REVIEWS AND COMPILATIONS PERFORMED BY INDEPENDENT ACCOUNTANTS.

FORM 990, PART VIII - INVESTMENT	INCOME		ATTACHMENT 2	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST	17,723.			17,723.
DIVIDENDS	6,104.			6,104.
TOTALS	23,827.		-	23,827

ATTACHMENT 3

Page 2

Name of the organization TRANQUILLITY CAMP, INC. Employer identification number

13-5634525 ATTACHMENT 3 (CONT'D)

FORM' 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
COMMON STOCKS	53,253.	66,355.	FMV
FIXED INCOME SECURITIES	179,840.	42,915.	FMV
PREFERRED/FIXED RATE CAP SEC	88,505.	256,170.	FMV
TOTALS	321,598.	365,440.	

		<u>.</u>					
if you are filling for an Automatic 3-Month Extension, complete only Part I (on page 1). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Name of Exempt Organization TYPPO or print Timely the TRANOUILLITY CAMP, INC. Number, street, and room or suite no. If a PO box, see instructions. 170 TRANOUILLITY CAMP, INC. Number, street, and room or suite no. If a PO box, see instructions. 170 TRANOUILLITY CAMP, INC. Number, street, and room or suite no. If a PO box, see instructions. 170 TRANOUILLITY CAMP, INC. Number, street, and room or suite no. If a PO box, see instructions. 170 TRANOUILLITY CAMP, INC. Number, street, and room or suite no. If a PO box, see instructions. 170 TRANOUILLITY CAMP, INC. Number, street, and room or suite no. If a PO box, see instructions. 170 TRANOUILLITY CAMP, INC. Number, street, and room or suite no. If a PO box, see instructions. 170 TRANOUILLITY CAMP, INC. Number, street, and room or suite no. If a PO box, see instructions. 170 TRANOUILLITY CAMP, INC. Number, street, and room or suite no. If a PO box, see instructions. 170 TRANOUILLITY ROAD The box see instruction be filed (File a separate application for each return) 170 TRANOUILLITY ROAD Form 990-EZ 170 TRANOUILLITY ROAD Form 990-EX 170 TRANOUILLITY ROAD TRANOUILLITY ROAD TRANOUILLITY ROAD TRANOUILLITY ROAD TRANOUILLITY ROAD TRANOUILLITY ROAD TRA							Page 2
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170 TRANQUILLITY ROAD City, town or post office, state, and ZIP code. For a foreign address, see instructions. EARLTON, NY 12058	•	1	Number, street, and room or suite no. If a P O box, see instructions.	132	For IRS use only		
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5 For calendar year 2009, or other tax year beginning 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting per 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION IN ORDER FOR A COMPLETE AND ACCURATE TAX 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. 8 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. 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 instructions. Signature and Verification Under penalties of paquey. I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and b it is true, correct, and complete, and that I have examined this form. PATTISON, KOSKEY, BOWE & BUCCI, CPA Form 8868 (Rev 4-2							
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CATSKILL, NY 12414							
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Form .4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99) ➤ See separate instructions.

► Attach to your tax return.

Attachment Sequence No 67

TRANQUILLITY CAMP, INC.

Identifying number 13-5634525

Part I Election To Expense (Certain Property U	nder Section 179				
Note: If you have any li			you compl	ete Part I.		
1 Maximum amount. See the instruct						
2 Total cost of section 179 property	placed in service (see in	structions)			2	
3 Threshold cost of section 179 prop						
4 Reduction in limitation. Subtract lin	ne 3 from line 2. If zero o	r less, enter -0-			4	
5 Dollar limitation for tax year Subtract line 4 fr separately, see instructions	rom line 1 If zero or less, enter	0- If marned filing	<u> </u>		5	
6 (a) Description	on of property	(b) Cost (bu	siness use only	(c) Electe	ed cost	_
7 Listed property Enter the amount f						<u> </u>
8 Total elected cost of section 179 p						
9 Tentative deduction. Enter the small	ller of line 5 or line 8				9	
Carryover of disallowed deduction						
1 Business income limitation Enter		•	•	•	· 	
2 Section 179 expense deduction A					12	
3 Carryover of disallowed deduction			. 🕨 13			
lote: Do not use Part II or Part III below I						
Part II Special Depreciation						instructions)
4 Special depreciation allowance					I .	
during the tax year (see instructions						<u></u>
5 Property subject to section 168(f)(1						144,3
6 Other depreciation (including ACRS				· · · · <u>· · · · · · · · · · · · · · · </u>	16	144,5
Part III MACRS Depreciation	(Do not include liste	a property) (See instr	uctions)			
8 If you are electing to group any asset accounts, check here	assets placed in ser	vice during the tax yea	ar into one	or more genera	al	
8 If you are electing to group any asset accounts, check here	assets placed in service	rs beginning before 2009 vice during the tax yes	ar into one	or more genera	al	· · · · · · · · · · · · · · · · · · ·
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Pai		Property (Include used for entertain						icies,	cellular	telepr	iones,	certa	in con	nputers	s, and
٠		any vehicle for w						nge ra	te or dec	luctina	lease e	exnense	comp	lete onl	v 24a
	24b, colur	nns (a) through (c)	of Section A,	all of	Section B,	and	Section	n Cıf	applicable).		,,,po,,.oo,			, a,
	Section A -	Depreciation and	Other Infor	matior	n (Cautior	n: See	the II	nstruc	tions for I	ımıts fo	r passe	nger au	itomobi	les.)	
24a	Do you have evidend	ce to support the bus	iness/investme	ent use	claimed?	Ye	s X	No	24b if "	es," is tl	he evide	nce writte	en?	Yes	X No
	(a)	(b)	(c)		(4)		(e)		(f)	(9	3)	(1	h)	(i)
•	Type of property (list	Date placed in	Business/ investment use	Cost	(d) or other basis		is for dep siness/inv		Recovery		hod/		ciation		section
	vehicles first)	service	percentage			1,00.	use on		period	Conve	ention	dedu	iction	1/9	cost
25	Special depreciation	allowance for qua	lified listed p	roperty	/ placed in	serv	nce du	ring th	ne tax						
	year and used more t	than 50% in a qualifie	d business us	e (see ii	nstructions)	<i></i>				. 25				
26	Property used more	than 50% in a qualifie	d business use) .	-						•				
			9	6											
			9	6											
			9	6											
27	Property used 50% of	or less in a qualified bu	isiness use:			_				•		-	•		
			9	6						S/L -	_				
			9	6						S/L -				1 .	i
			9	6		1				S/L -	•			1	'
28	Add amounts in colu	ımn (h), lınes 25 thro	ough 27 Enter	here a	nd on line 2	1. pac	ae 1		'		28			j .	i
29	Add amounts in colu												. 29		
					Informat										
Com	plete this section for	r vehicles used by a								related	person	If you p	rovided	vehicles	to your
	loyees, first answer th														
				· ·	a)	(1	o)	Ī	(c)	10	d)	1 0	e)	ľ	n)
30	Total business/investment miles driven during the year (do not include commuting miles)						cle 2	v	ehicle 3	,	cle 4		ıcle 5	Vehicle 6	
												Ì			
31	Total commuting mi								-						
	•	ersonal (noncomm	· .												
	miles driven	•	Ţ, I		ĺ										
33	Total miles driven														
34	Was the vehicle			Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
		ours?	Г												
35	Was the vehicle		ſ												
		wner or related pe	- 1									1			
36	is another vehicle	e available for pe	rsonal												
	use?	· <u>.</u> .													
		Section C - Que		mploy	yers Who	Prov	ide Ve	hicles	for Use b	y Their	Emplo	yees			
Ans	wer these question				•					-			ployees	s who a	are not
	re than 5% owners													_	
37	Do you maintain	a written policy	statement the	at pro	hibits all	perso	nal u	se of	vehicles	ıncludın	ig com	mutina.	bv	Yes	No
	•										_				
38	Do you maintain a	written policy state	ment that pro	hibits	personal (ise of	vehic	es, ex	cept comn	nuting, b	y your	employe	es?		
	See the instructions	for vehicles used by o	corporate offic	ers, dır	ectors, or 1	% or n	nore ov	vners .							<u> </u>
39	Do you treat all use	of vehicles by employe	es as persona	l use?											
40	Do you provide i	more than five ve	hicles to yo	ur en	nployees,	obtain	ınfor	mation	n from ye	our emp	oloyees	about	the		
	use of the vehicles, a	and retain the informa	ition received?												
41	Do you meet the r	equirements concerr	ning qualified	autom	obile dem	onstra	tion us	æ? (Se	e instruct	ons.)					
	Note: If your answer	to 37, 38, 39, 40, or	41 is "Yes," do	not co	omplete Se	ction E	3 for the	e cover	ed vehicles	·					
Pa	rt VI Amortiza	tion													
			(b)									e)		(5	
	(а) Descпption	of costs	Date amorti				,	(d) Code se	Amortization		Amorti-	(f) ation for tl	his væst		
	Description		begins				amoun		Code St			ntage	Amuraz		no year
42	Amortization of cos	sts that begins durin	g your 2009	tax y	ear (see in	struct	ions):								

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Amortization of costs that began before your 2009 tax year
 Total. Add amounts in column (f) See the instructions for where to report

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253.

253.