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Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 2009, and ending 20

- B Check if applicable: X Address change, Name change, Initial return, Terminated, Amended return, Application pending.

C Name of organization: CHAMP CAMP INC. Address: 1338 SULLIVANS RIDGE, Zionsville, IN 46077.

D Employer identification number: 35-1855504. E Telephone number: (317) 733-1417. F Group Exemption Number.

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

G Accounting Method: X Cash, Accrual, Other (specify).

I Website: www.champcamp.org

J Tax-exempt status (check only one): X 501(c)(3), 4947(a)(1), 527.

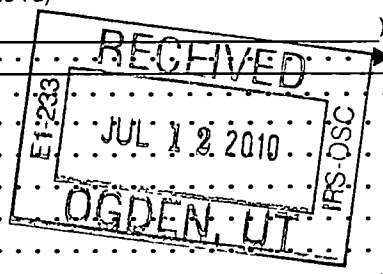
H Check X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 134,699

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

Table with 21 rows for revenue and expenses. Total revenue (line 9) is 109,951. Total expenses (line 17) is 105,168. Net assets at end of year (line 21) is 85,201.



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Assets

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for balance sheets. Total assets (line 25) are 80,418 at beginning and 85,201 at end. Net assets (line 27) are 80,418 at beginning and 85,201 at end.

4

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III)		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? PROVIDE ACTIVITIES FOR DISABLED CHILDREN			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	TO PROVIDE SUMMER CAMP FOR SEVERELY DISABLED CHILDREN FOR ONE WEEK DURING THE SUMMER  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	38,801
29	TO PROVIDED OTHER ACTIVITES FOR SEVERELY DISABLE CHILDREN OTHER THAN SUMMER CAMP  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	3,126
30	  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	41,927

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JENIFER FOGO 3435 EDEN WAY PLACE Carmel IN, 46033	PRESIDENT 4	0	0	0
CROWE HORWATH 1376 KINGSGATE DRIVE Carmel IN, 46032	VICE PRESIDENT 2	0	0	0
JEFF BALOGH 1338 SULLIVANS RIDGE Zionsville, 46077	TREASURER 4	0	0	0
MICHAEL J PIECHOCKI 2561 EAST 55TH PLACE Indianapolis, 46220	SECRETARY 2	0	0	0
FRED BALDWIN 8503 GALLANT FOX DRIVE Indianapolis, 46217	DIRECTOR 1	0	0	0
DON BROAD 13248 CONNER KNOLL PARKWAY Fishers, 46038	DIRECTOR 1	0	0	0
MATTHEW D BRUNO 151 NORTH DELAWARE STREET Indianapolis, 46204	DIRECTOR 1	0	0	0
KYLE R COFFEY 136 EAST MARKET STREET Indianapolis, 46204	DIRECTOR 1	0	0	0
JOBETH COX ZIMMERMAN 777 HILLSIDE COURT Plainfield IN, 46168	DIRECTOR 1	0	0	0
LUCY R DOLLENS 201 NORTH ILLINOIS STREET Indianapolis, 46204	DIRECTOR 1	0	0	0
DONNA GUIDER 6913 MILLBROOK COURT Indianapolis, 46237	DIRECTOR 1	0	0	0
DAN HAMPTON 3901 WEST 86TH STREET STE 125 Indianapolis, 46268	DIRECTOR 1	0	0	0
KAREN JANOWIECKI 9450 ASPEN GROVE LANE Indianapolis, 46250	DIRECTOR 1	0	0	0
SANDY SLAUGHTER 8326 EAGLE CREST LANE Indianapolis, 46234	DIRECTOR 1	0	0	0
KRISTINA WATKINS 8477 SOUTHERN SPRINGS BLVD Indianapolis, 46237	DIRECTOR 1	0	0	0
ANTHONY G WISE 4625 WEST 62nd STREET Indianapolis, 46268	DIRECTOR 1	0	0	0
JAMIE MITCHELL 49636 CHURCHILL STREET Mattawan, 49071	EXECUTIVE DIREC 30	42,720	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed	IN	
42 a	The organization's books are in care of	JEFF BALOGH	Telephone no
	Located at	1338 SULLIVANS RIDGE	317-733-1417
		Zionsville, IN	46077
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c	X
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

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

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

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ \_\_\_\_\_

**Sign Here**

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

Signature of officer: Jeff Balogh Date: 7/4/2010

JEFF BALOGH, TREASURER

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 06-30-2010 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Timpe and Timpe CPAs LLC EIN:           

4212 W 71st Street Suite C Phone no: 317-217-1660

Indianapolis, IN 46268

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from ln 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 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; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2009; 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; 16b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal 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") . . . . .	30,113	30,985	24,926	25,808	28,435	140,267
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 . . . . .	81,531	86,867	123,318	111,500	105,496	508,712
3 Gross receipts from activities that are not an unrelated trade or bus under sec 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .	111,644	117,852	148,244	137,308	133,931	648,979
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
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 . . . . .						
c Add lines 7a and 7b . . . . .						
8 Public support (Subtract line 7c from line 6) . . . . .						648,979

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .	111,644	117,852	148,244	137,308	133,931	648,979
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	750	761	1,083	1,159	1,159	4,912
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	750	761	1,083	1,159	1,159	4,912
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) . . . . .						653,891

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	99.25	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	99.38	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.75	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	0.62	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶

20 Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ▶

## Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

**2009**  
Attachment  
Sequence No **67**

Name(s) shown on return  
**CHAMP CAMP INC**

Business or activity to which this form relates  
**FORM 990 - 1**

Identifying number  
**35-1855504**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	
<b>Table 6: Section 179 Property</b>			
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . .	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 . ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . .	17	144
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year		40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions . . . . .	22	144
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

Form 990EZ, Part I, Line 16  
Other Expenses Schedule 2

<u>Description</u>	<u>Amount</u>
PROGRAM SUPPLIES	708
COUNSELOR AND CAMPER ITEMS	1,308
MEDICAL SUPPLIES	280
CAMP SHIRTS AND CAPS	2,003
ADAPTIVE EQUIPMENT	3,500
TRAVEL	99
FOOD	244
OTHER EXPENSES	1,293
HOT AIR BALOON	1,000
HOLIDAY GIFTS	123
MARKETING & PROMOTIONS	931
CREDIT CARD FEES	973
INSURANCE	2,942
COMPUTER SUPPLIES	370
DEPRECIATION	144
WEB PAGE	349
Total	<u>16,267</u>

Form 990EZ, Part II, Line 26  
Other Liabilities Schedule 3

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Total	<u>                    </u>	<u>                    </u>

Name(s) as shown on return

FEIN

CHAMP CAMP INC

35-1855504

CONTRIBUTIONS, GIFTS, AND GRANTS

Description	Amount
INDIVIDUAL DONATIONS	\$ 20,095
BOARD DONATIONS	7,430
CORPORATE DONATIONS	760
FOUNDERS CIRCLE	150
<b>Total:</b>	<b>\$ 28,435</b>

PROGRAM SERVICE REVENUE

Description	Amount
FAMILY TUITION	\$ 4,725
ADOPT A CAMPER	3,300
RETAIL SALES	823
<b>Total:</b>	<b>\$ 8,848</b>

GROSS REVENUE SPECIAL EVENTS

Description	Amount
SNEAKER'S BALL	\$ 74,103
CHAMP CAMP GOLF OUTING	5,045
ERMCO GOLF OUTING	7,500
TRENDS INTERNATIONAL BOWL-A-THON	10,000
<b>Total:</b>	<b>\$ 96,648</b>

SPECIAL EVENTS - DIRECT EXPENSES

Description	Amount
SNEAKER'S BALL EXPENSES	\$ 24,651
GOLF OUTING EXPENSES	97
<b>Total:</b>	<b>\$ 24,748</b>

SALARIES AND BENEFITS

Description	Amount
WAGES	\$ 42,613
BENEFITS	107
PAYROLL TAXES	3,260
<b>Total:</b>	<b>\$ 45,980</b>

Name(s) as shown on return

FEIN

CHAMP CAMP INC

35-1855504

PROFESSIONAL FEES

Description	Amount
ACCOUNTING AND TAX PREPARATION	\$ 1,220
FEES AND DUES	1,120
ADP FEES	850
<b>Total:</b>	<b>\$ 3,190</b>

OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE

Description	Amount
OFFICE RENTAL	\$ 6,037
FACILITY RENTAL	28,738
TELEPHONE	2,241
<b>Total:</b>	<b>\$ 37,016</b>

PRINTING, PUBLICATIONS, POSTAGE, AND SHIPPING

Description	Amount
POSTAGE	\$ 42
PRINTING	451
OFFICE SUPPLIES	724
SHIPPING	1,498
<b>Total:</b>	<b>\$ 2,715</b>

# Depreciation Detail Listing

**2009**

PAGE 1

\* Item was disposed  
of during current year

Program Services  
For your records only

Name(s) as shown on return: **CHAMP CAMP INC** Social security number/EIN: **35-1855504**

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current						
1	COMPUTER	20070515	749		100.00		749	7	200 DB HY	17.49	144	533			113						
<b>Totals</b>															749	749	144	533			113

Land Amount: 749  
Net Depreciable Cost: 749  
ST ADJ: 13

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

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

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

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

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <div style="font-family: cursive; font-size: 1.2em;">CHAMP CAMP INC</div>	Employer identification number <div style="font-family: cursive; font-size: 1.2em;">3511855504</div>
	Number, street, and room or suite no. If a P.O. box, see instructions. <div style="font-family: cursive; font-size: 1.2em;">C/O 4212 W. 71st Street, Suite C</div>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <div style="font-family: cursive; font-size: 1.2em;">Indianapolis, IN 46268</div>	

**Check type of return to be filed** (file a separate application for each return):

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

• The books are in the care of ▶ Timpe CPAs, LLC

Telephone No. ▶ ( 317 ) 217-1660 FAX No. ▶ ( 317 ) 217-1653

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug. 16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2009 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

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

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