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Department of the Treasury

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

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

Open to Public Inspection

Α	For the	e 2009 calendar year, or tax year beginning	and ending							
В	Check if	Please C Name of organization		D Employer identifi	cation number					
•	applicabl	use IRS								
	Addre chang	ss label or CAMP CHIPPEWA FOUNDATION								
	Name chang	e type Doing Business As		39-1	951458					
	Initial return	See Number and street (or P.O. box if mail is not delivered to street addre	ss) Room/suit	e E Telephone numbe	r					
	Termir	n- Specific 15 E 5TH ST	4022		997968					
	Ameno		•	G Gross receipts \$	670,908.					
F	Applic			H(a) Is this a group re						
	pendir			for affiliates?	Yes X No					
			TI 5309	2 H(b) Are all affiliates inc						
	Tax-exe		527		list (see instructions)					
		te: NWW.CAMPCHIPPEWA.COM	<u></u>	H(c) Group exemptio						
		organization: X Corporation	I Vea		State of legal domicile: MN					
	art I	Summary		i oriormation. 1990 H	State of legal dofficile, PIT					
نت!	 	Briefly describe the organization's mission or most significant activities ED	TICATTON	<u>λ</u> Τ.						
Š	'	Briefly describe the organization's mission of most significant activities	OCALION	<u>\$</u>						
ā		Charlether have been discounted to accompany								
Activities & Governance	-	Check this box if the organization discontinued its operations or d	iisposea oi mo	1 _ :	sseis.					
Ĝ	1	Number of voting members of the governing body (Part VI, line 1a)	463	3	7					
త		Number of independent voting members of the governing body (Part VI, line	10)	4						
ies	1	Total number of employees (Part V, line 2a)		5	38					
₹		Total number of volunteers (estimate if necessary)		6	0					
Ş	1	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
		Contributions and grants (Part VIII, line 1h) RECEIVED		Prior Year	Current Year					
ō	8	Contributions and grants (Part VIII, line 1h)	_	326,204.	267,317.					
Revenue	9	Program service revenue (Part VIII, line 200		400,073.	402,692.					
ě	10	Program service revenue (Part VIII, line 25) Investment income (Part VIII, column (A), lines \$44,\ang 741) 2010		1,048.	153.					
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,797.	746.					
	12	Total revenue - add lines 8 through 11 (mustegral Fatt VIII, column (A) ine	12)	732,122.	670,908.					
	13	Grants and similar amounts paid (Part IX, solume A) Lines 1.3								
		Benefits paid to or for members (Part IX, column (A), line 4)								
Ś	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		•	232,778.					
ē	ь	Total fundraising expenses (Part IX, column (D), line 25)								
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		360,653.	368,312.					
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		600,140.	601,090.					
		Revenue less expenses Subtract line 18 from line 12		131,982.	69,818.					
70 %	3	Trovolido loso experises educidad interior formano 12		Beginning of Current Year	End of Year					
Net Assets or Find Balances	20	Total assets (Part X, line 16)	-	1,597,631.	1,665,393.					
ASS	21	Total liabilities (Part X, line 16)	<u> </u>	667,030.	664,974.					
let	22	Net assets or fund balances Subtract line 21 from line 20	-	930,601.	1 000					
Ē	art II	Signature/Block		930,001.	1,000,419.					
<u> </u>	<u></u>		ules and statements	s and to the best of my knowled	ge and belief it is true, correct					
i		Under penalties of perjury l'occlare that I have examined this return, including accompanying schedi and complete (Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowledg	10	go ana ponos, icio ado, borroot,					
.		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		15/2/	_					
Sig		Signature of officer		Date (<u> </u>					
He	re	orginature of ornical and orni		Date						
•		Type or print name and title		 						
_			to 10	heck if Prepare	er's identifying number					
Pai	d	Preparer s	S	elf (see in:	er's identifying number structions) 4					
Pre	parer's		5/17/10 e							
•	Only	yours if MISOCK, CHEVAILLIER & BOLDEN,	L.L.P.	EIN >						
,	•	self-employed), address, and 2021 SOUTH LEWIS, SUITE 700		_	40.454					
_		ZIP+4 TULSA, OKLAHOMA 74104		Phone no. > 9	18/747/6099					
NA-	w tha II	PS discuse this return with the preparer shows above? (see instructions)			IVIV. I N.					

	n 990 (2009) CAMP CHIPPEWA FOUNDA		39-1951458 Page 2
	Briefly describe the organization's mission NONE	nts	
1	Briefly describe the organization's mission NONE		
2	Did the organization undertake any significant program services du	ring the year which were not listed on	
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		Yes X No
3	Did the organization cease conducting, or make significant changes	in how it conducts, any program ser	vices? Yes X No
	If "Yes," describe these changes on Schedule O	The second control of	
4	Describe the exempt purpose achievements for each of the organiz	ation's three largest program services	s by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1)	•	ount of grants and
	allocations to others, the total expenses, and revenue, if any, for ea	ch program service reported.	
	(Code) (Expenses \$ 562,523. inclu	uding grants of \$) (Revenue \$
44	THE FOUNDATION PROVIDES EDUCATION		
	OF 8 AND 16		
			·
4b	(Code) (Expenses \$ inclu	iding grants of \$) (Revenue \$
			· · · · · · · · · · · · · · · · · · ·
4c	(Code) (Expenses \$ inclu	uding grants of \$) (Revenue \$
			
			
	Other program services. (Describe in Schedule O.)		
-ru	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ►\$ 562,523		

Form 990 (2009) CAMP CHIPPEWA FOUNDATION
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)?	1		
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 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 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 reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
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		<u> X</u>
12A	Was the organization included in consolidated, independent audited financial statements 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		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	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		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> X</u>
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	_	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.
46	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			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19	-	<u>X</u>
20	Did the diganization operate one of more hospitals? If Tes, complete schedule if		000 (

Form 990 (2009) CAMP CHIPPEWA FOUNDATION Part IV Checklist of Required Schedules (continued)

•	Dulitha account of the first of		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	24		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	-	
	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
24a	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 24b through 24d and complete	Ì		
	Schedule K If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			₹.
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		X
	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	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
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? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			37
20	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		<u>X</u>
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
	If "Yes," complete Schedule N, Part I	31		х
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		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, III, IV, and V, line 1	34		_X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	_35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
27	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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		X
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990 (2000)

Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Form 990 (2009) CAMP CHIPPEWA FOUNDATION 39-1951458 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes_ No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns. Enter -0- if not applicable 1a 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 38 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? 2b 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? X За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services X 7a provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7с to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 a Gross income from members or shareholders 11a

12a

11b

amounts due or received from them)

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a		7		
b	Enter the number of voting members that are independent	_1b		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 990) was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset			5		_X_
6	Does the organization have members or stockholders?			. 6		_X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers	of the			
	governing body?			7a	<u></u>	_X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?		7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken		the year			
	by the following					
а	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	<u> </u>	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapte	ers, 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 fi	ilıng th	e form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X_	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld gıv	e rise			
	to conflicts?			12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes, "	descnbe			
	in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13	X	ļ
14	Does the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve		dependent		1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	<u> </u>	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)					İ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a	1		
	taxable entity during the year?			16a	<u> </u>	<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-			n		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızat	on's			
	exempt status with respect to such arrangements?			16b	<u> </u>	<u>. </u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(501	c)(3)s only) av	allable for		
	public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest po	olicy, and fin	ancial	
	statements available to the public.				_	
20	State the name, physical address, and telephone number of the person who possesses the books a	and red	ords of the or	ganization	>	
	MICHAEL THOMPSON - 918-599-7968					
	15 E 5TH ST, STE 4022, TULSA, OK 74103					

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

(A) Name and Title	(B) Average hours	(cl	(C) Position heck all that apply)				iv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week	individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
JOHN P ENDRES EXECUTIVE DIRECTOR	40.00							0.	34,650.	0.	
CHARLES BEELER	1000	† <u> </u>	-						01,7000		
PRESIDENT					Ĺ			0.	0.	0.	
RICHARD K ENDRES SEC/TREAS								0.	0.	0.	
MICHAEL THOMPSON	40.00							0.	64.650		
CAMP DIRECTOR JOHN NORRIS	40.00	├				-		0.	64,650.	0.	
DIRECTOR								0.	0.	0.	
PETER KORNMAN		†				<u> </u>					
DIRECTOR								0.	0.	0.	
CHRIS KNAPP DIRECTOR							_	0.	0.	0.	
		<u> </u>				ĺ					
		-	-			_					
		-									
		-		-		-	-				

(A)

Name and title

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99,300.

0.

	•			•					•	
CAMP CHI	PPEWA FO	מטכ	ND.	\T]	101	1		<u> </u>	39-1951	458 Page 8
Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd F	lıgh	est	Compensated Employ	ees (continued)	
A)	(B)			(0	C)			(D)	(E)	(F)
and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cł	neck	all	that	арр	ly)	compensation	compensation	amount of
	per week	ctor						from the	from related	other
	week	or dire	as			ted		organization	organizations (W-2/1099-MISC)	compensation from the
		stee	truste		دبها	pens		(W-2/1099-MISC)	(** = / : *******************************	organization
		nal tri	ional		ploye	t com				and related
		Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Рогтег			organizations
		_		_	_	T 40				
				<u> </u>				· 		
		-						2 2 242		
										<u> </u>
			'	1						
		-								
-			_							
	i	•				$\overline{}$				

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable			
	compensation from the organization			C
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to			
	the organization? If "Yes," complete Schedule J for such person	5		Х
Sec	ction B. Independent Contractors			

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

	the organization NONE		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to the \$100,000 in compensation from the organization	nose listed above) who received more than	

1b Total

		(2009) CAMP	CHIPPEWA	FOUNDAT:	ION		39-1951	458 Page 9
	rt VII	II	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
th st	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
	С	Fundraising events	1c					
	d	Related organizations	1d					
	е	Government grants (contribut	tions) <u>1e</u>					
를 있	f	All other contributions, gifts, gran	its, and					
듗죑		sımılar amounts not ıncluded abo	ve . 1f 2	267,317.				
E 5	g	Noncash contributions included in lines	s 1a-1f \$					
<u>5</u> ē	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	•	267,317.		··	
				Business Code				
8	2 a			900099	371,698.			
او چَ	b			900099	23,340.	23,340.		
S E	С	HUDSON BAY		900099	7,654.	7,654.		
Program Service Revenue	d	l				<u></u> .		
<u> </u>	е					_		
•	f	All other program service reve	enue	L				
\rightarrow	g	Total. Add lines 2a-2f		▶	402,692.	_		
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶	153.	153.		
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		<u> </u>			 	
			(ı) Real	(II) Personal				
l	6 a	Gross Rents						
	b	Less rental expenses						
	С	: Rental income or (loss)		1				
		Net rental income or (loss)		, •				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis	1					
		and sales expenses						
		: Gain or (loss)				:		
		Net gain or (loss)		<u> </u>				_
ģ	8 a	Gross income from fundraisin	•					
Other Revenue		including \$						
Æ		contributions reported on line	e 1c) See					
ĕ		Part IV, line 18	a					
₹		Less direct expenses	b					
		: Net income or (loss) from fund	•	P				
	9 a	Gross income from gaming ad						
		Part IV, line 19	a					
		Less direct expenses	b	'				
		Net income or (loss) from gan						
	10 a	Gross sales of inventory, less						
		and allowances	a					
		Less cost of goods sold	b					
	c	Net income or (loss) from sale		Puginasa Carda				
	44	Miscellaneous Revenu	ne	Business Code 900099	746.	746.		
		OTHER INCOME		200033	/40.	/40.		
	b							
	d							
	_	Total. Add lines 11a-11d			746.			
	40	Total revenue See petrustions			670 909	403 501		<u> </u>

Form 990 (2009) CAMP CHIPPEWA Part IX | Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(8) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Program service expenses Fundraising expenses Fu
organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting 887.
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting 887.
the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes 17,402. 16,216. 1,186. Total contributions (include section 401(k) and section 403(b) employer contributions) Amanagement Legal Accounting
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 99,300. 83,412. 15,888. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 116,076. 100,578. 15,498. 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 17,402. 16,216. 1,186. 11 Fees for services (non-employees) a Management 428. 428. 6 c Accounting 887. 887.
organizations, and individuals outside the U S See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting
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Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes 17,402. 16,216. 1,186. 17,402. 16,216. 428. Accounting 428. 428. 887.
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting 15,888. 99,300. 83,412. 15,888. 115,498. 116,076. 100,578. 15,498. 17,402. 16,216. 1,186.
trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes 17,402. 16,216. 1,186. Thees for services (non-employees) Management Legal Accounting 428. 428. 887.
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes Thees for services (non-employees) Management Legal Accounting Accounting Accounting
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persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting 116,076. 100,578. 15,498. 17,402. 16,216. 1,186.
7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting 116,076. 100,578. 15,498. 17,402. 16,216. 1,186.
Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes 17,402. 16,216. 1,186. These for services (non-employees) a Management b Legal c Accounting Pension plan contributions (include section 401(k) and section 401
and section 403(b) employer contributions) 9
9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting 17,402. 16,216. 1,186. 17,402. 16,216. 1,186. 1887.
10 Payroll taxes 17,402. 16,216. 1,186. 11 Fees for services (non-employees) a Management b Legal 428. 428. c Accounting 887. 887.
11 Fees for services (non-employees) a Management b Legal
a Management b Legal 428. 428. c Accounting 887. 887.
b Legal 428. 428. c Accounting 887. 887.
d Lobbyng
u cooping
e Professional fundraising services. See Part IV, line 17
f Investment management fees
g Other 11,950. 11,950.
12 Advertising and promotion
13 Office expenses
14 Information technology
15 Royalties _
16 Occupancy
17 Travel 6,956. 6,956.
18 Payments of travel or entertainment expenses
for any federal, state, or local public officials
19 Conferences, conventions, and meetings 20 Interest 45,349. 45,349.
20 Interest 45,349. 45,349.
22 Depreciation, depletion, and amortization 55,673. 53,364. 2,309.
23 Insurance 42,033. 42,033.
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.)
a FOOD COSTS 28,560.
b TRANSPORTATION 26,814. 26,814.
c SUPPLIES 24,522. 22,151. 2,371.
d PROPERTY TAXES 22,636. 22,636.
e PROMOTION COSTS 22,507. 22,507.
f All other expenses
25 Total functional expenses Add lines 1 through 24f 601,090. 562,523. 38,567.
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

Pa	rt X	Balance Sheet		
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	<5,548.>1	
	2	Savings and temporary cash investments	121,964. 2	185,423.
	3	Pledges and grants receivable, net	3	3
	4	Accounts receivable, net	4	<u> </u>
	5	Receivables from current and former officers, directors, trustees, key		
		employees, and highest compensated employees Complete Part II		
		of Schedule L	5	<u> </u>
	6	Receivables from other disqualified persons (as defined under section		
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		
		Part II of Schedule L	6	
ets	7	Notes and loans receivable, net	. 7	
Assets	8	Inventories for sale or use	8	
	9	Prepaid expenses and deferred charges)
	10a	Land, buildings, and equipment, cost or other	540	
	١.	basis Complete Part VI of Schedule D 10a 2,080		1 477 050
	l	· · · · · · · · · · · · · · · · · · ·		
	11	Investments - publicly traded securities Investments - other securities See Part IV, line 11	1	<u> </u>
	12 13	Investments · program-related See Part IV, line 11	1:	
	14	Intangible assets	1,	<u> </u>
	15	Other assets See Part IV, line 11	463. 1	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,597,631.	
	17	Accounts payable and accrued expenses	29,592. 1	
	18	Grants payable	1/2	
	19	Deferred revenue	19	
	20	Tax-exempt bond liabilities	2	
ģ	21	Escrow or custodial account liability Complete Part IV of Schedule D	2	
itie	22	Payables to current and former officers, directors, trustees, key employ		
Liabilities		highest compensated employees, and disqualified persons. Complete I	Part II	
=		of Schedule L	2	2
	23	Secured mortgages and notes payable to unrelated third parties	637,438. 2	633,822.
	24	Unsecured notes and loans payable to unrelated third parties	2	4
	25	Other liabilities Complete Part X of Schedule D	2	
	26	Total liabilities. Add lines 17 through 25	667,030. 2	6 664,974.
		Organizations that follow SFAS 117, check here and com	plete	
ės	l	lines 27 through 29, and lines 33 and 34.		
anc	27	Unrestricted net assets	2	<u> </u>
Bal	28	Temporarily restricted net assets	2	
P .	29	Permanently restricted net assets	2	9
Ŧ		Organizations that do not follow SFAS 117, check here	and	
S		complete lines 30 through 34.		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	0.3	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		
Net	32	Retained earnings, endowment, accumulated income, or other funds	930,601.3 930,601.3	
_	33	Total hebities and not assets fund belonges		
	34	Total liabilities and net assets/fund balances	<u>1,597,631. 3</u>	4 1,005,393.

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Cash Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a_		_ <u>X</u> _
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	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		
	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			
	Separate basis Consolidated basis Both consolidated and separate basis	ľ	ł	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		1	
	Act and OMB Circular A-133?	3a		X
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	3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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

2009

Open to Public Inspection

Name of the organization

CAMP CHIPPEWA FOUNDATION Employer identification number 39-1951458

Part I	Heason t	or Public Charl	ty Status (All organiza	ations mus	st complet	e this part) See inst	ructions				
he organ	ization is not a	private foundation b	pecause it is: (For lines 1	through 1	1, check o	only one be	ox)					
1	A church, con	vention of churches	, or association of churc	hes descr	ibed in se	ction 170(b)(1)(A)(i).					
2	A school desc	cribed in section 170	0(b)(1)(A)(ii). (Attach Sch	nedule E)								
з 🔲	A hospital or a	a cooperative hospit	al service organization d	lescribed ii	n section	170(b)(1)(A)(iii).					
4	A medical res	earch organization o	perated in conjunction v	with a hosp	oital descr	ibed in sec	ction 170(b)(1)(A)(iii). Enter ti	he hospital'	s name	e,
. —	city, and state	-	•				•		-			
5			penefit of a college or un	versity ow	vned or op	erated by	a governn	 nental unit	describe	ed in		
•		b)(1)(A)(iv). (Comple				•	Ü					
6 🔲			ent or governmental unit	described	l in section	n 170(b)(1	γαγν)					
7 🗔	=	· ·	eives a substantial part o					r from the	neneral r	oublic desci	ribed ir	า
<i>,</i> —	•	b)(1)(A)(vi). (Complet	•	or ito oupp	011 110111 4	9515	intal arm o		90,,0,0,	, , , , , , , , , , , , , , , , , , , ,		
8 🔲			ection 170(b)(1)(A)(vi). (Complete	Part II \							
e X	•		eives (1) more than 33 1			om contrib	outions m	emhershir	rfees an	nd arnss rea	eints f	from
9 🕰	-		ictions - subject to certa									
		•	exable income (less secti									
		5 09(a)(2). (Complete		ion on ta	x) 110111 bu.	sii iesses a	cquired b	y tile orgal	iization e	itei ourie o	0, 107	
			erated exclusively to tes	et for publi	o cafoty. S	ee cootio	n E00(a)(4	`				
10			erated exclusively to test	•	-			•	out the	nurnosas o	f one c	nr.
ш	_	-	tions described in section									,
			organization and comple). See Sec	tion sosta	1)(3). One	CK IIIE DOX	liiai	
			7	\Box	e III - Func		agratad			 Type - C)thor	
	a Type I		」Type Ⅱ c t the organization is not			,	•	more dies	d ∟l			_
e	-											
		•	nan one or more publicly						(a)(1) 01 3	section 303	(a)(z).	
f			ten determination from t	ne ino ina	uusary	pe i, type	ii, oi Type	111				
	, . •	ganization, check th				from one	of the felle	wana noro	0002			ш
9	_		rganization accepted an								Yes	No
	••		rectly controls, either al	one or logi	enier wini	persons u	escribed i	ri (ii) ariu (i	ii) below,	44-63	162	140
	•	· .	upported organization?							11g(i)		
		·	n described in (i) above?	- (v) abava	.0					11g(ii)		
_			person described in (i) o							11g(iii)	<u> </u>	
h	Provide the to	ollowing information	about the supported org	ganization	S).							
			(iii) Type of	h		() D.J		(vi) Is	the			
	of supported	(ii) EIN	organization	in col. (i) lis	rganization sted in vour	organizat		organizátic	n in col.	(vii) Am		Ť
org	anization		(described on lines 1-9	governing		(i) of your		(i) organızı U.S.	ed in the	Sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(See mandenons)/	165	140	162	140	163	140			
	1											
				_			-					
							_					
												
Total			1	1	!			L	1			

Sche	dule /	A (Form 990 or 990-EZ) 2009			
Par	t II	Support Schedule for Organizations	Described in Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)

Page 2

	(Complete only if you checked	d the box on line 5	5, 7, or 8 of Part I)	 			
	tion A. Public Support		T				, <u>. </u>
Cale	ndar 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf		<u> </u>			 	
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)						
6	• • • • • • • • • • • • • • • • • • • •		-				
	Public support. Subtract line 5 from line 4 ction B. Total Support		<u></u>		1	<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	(4)	1-1	(6)			Na -
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>	<u> </u>	
12	Gross receipts from related activities	, etc (see instruct	ions)			12	
13	First five years. If the Form 990 is fo	r the organization	s first, second, th	ırd, fourth, or fıfth t	tax year as a secti	on 501(c)(3)	
	organization, check this box and sto	p here					
Se	ction C. Computation of Publ	ic Support Pe	ercentage			- 11	
14	Public support percentage for 2009 (•	column (f))		14	%
15	Public support percentage from 2008					15	%
16a	33 1/3% support test - 2009.If the o				14 is 33 1/3% or r	more, check this bo	ox and
	stop here. The organization qualifies						. ▶□
t	33 1/3% support test - 2008. If the c				d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qua	•	· · ·		40.40 45:		▶Ш
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					aπ IV now the orga	nization 🛌 🥅
_	meets the "facts-and-circumstances"					475	100/ -::
ŀ	10% -facts-and-circumstances tes	_					
	more, and if the organization meets t						▶ []
40	organization meets the "facts-and-cir						
<u>18</u>	Private foundation. If the organization	on ala not check a	DOX OF TIME 13, 1	oa, 100, 17a, 0f 17	D, CHECK THIS DOX	and see instruction	15

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 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(c) 2007 (d) 2008(f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 81,700. 121,827. 311,592. 326,204. 267.317. 1.108.640. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 467,063. 400,073. 438,599. 316,303 organization's tax-exempt purpose 374.258. 1,996,296. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 560,426. 778,655. 726,277. 583,620. 455,958. 3 104 936. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 22,500 26,400. 124,720. 132,250. 118,440. 424,310. 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 124.933 194,338 26,333 38.952 419.556. 35,000 amount on line 13 for the year 57,500 151,333. 319,058. 158,583 157,392 843,866. c Add lines 7a and 7b 8 Public support (Subtractine 7c from line 6) 2,261,070. Section B. Total Support (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(c) 2007(e) 2009 (f) Total 9 Amounts from line 6 455,958. 560,426. 778,655. 726,277. 583,620 3,104,936, 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 923 264 1,926. 1,048 152 4,313. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 923. 1,926 1,048 152. 4,313. 264. c Add lines 10a and 10b 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 600. 4.797 746 6.143. assets (Explain in Part IV) 456,222. 561,349. 781,181. 732.122. 584, 518. 3,115,392. Total support (Add lines 9, 10c, 11, and 12) 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 72.58 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 67.44 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .14 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 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 $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 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

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2009
Open to Public Inspection

Name of the organization

CAMP CHIPPEWA FOUNDATION

Employer identification number 39-1951458

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? in Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

_	dule D (Form 990) 2009 CAMP CH	IPPEWA FOU			0001100	or Oth			51458	
3	Using the organization's acquisition, accessi	on, and other record	is, cnec	k any of the	tollowing tha	at are a s	igniticant	use of its	collection i	tems
	(check all that apply).	_	. —		ha					
a	Public exhibition	C			hange progr					
b	Scholarly research	•	• 🗀	Other						
С	Preservation for future generations							_		
4	Provide a description of the organization's co				-			ose in Par	t XIV	
5	During the year, did the organization solicit of					ier simila	r assets		7	
	to be sold to raise funds rather than to be m								Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if org	ganization ar	nswered "Ye	s" to For	m 990, Pa	rt IV, line	9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	is or other as	ssets not	included		_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table [.]						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	212						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV									
Par			nswered	"Yes" to Fo	rm 990, Part	IV, line 1	10			
		(a) Current year		rior year	(c) Two yea			ears back	(e) Four ye	ears back
1a	Beginning of year balance	(,					<u>,-,</u>		107	
b	Contributions							•		
c	Net investment earnings, gains, and losses							····		····
٦	Grants or scholarships									
u	Other expenditures for facilities									
e	•									
	and programs									
Ţ	Administrative expenses	 	 							
9	End of year balance	1 15 - 15 - 1 - 1 - 1 - 1	<u> </u>		l					
2	Provide the estimated percentage of the year	r end balance neld a								
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		%								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for t	he organiz	zation	_	
	by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organization:	s listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Pai	t VI Investments - Land, Building	gs, and Equipm	ent. Se	e Form 990	, Part X, line	10				
	Description of investment	(a) Cost or o	other		or other		ccumulate		(d) Book v	/alue
		basis (invest	ment)	basis	(other)	de	preciation			
1a	Land			4	0,000.				40	,000.
b	Buildings			1,56	2,275.		146,3	41.	1,415	
С	Leasehold improvements									
d	Equipment									
е	• •			47	8,265.		456,3	41.	21	,924.
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Pari	X, colur						1,477	

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 CAMP CHIPP	EWA FOUNDATION		39-1951458 Page
Part VII Investments - Other Securities.	see Form 990, Part X, line 12		 .
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
Financial derivatives			
Closely-held equity interests			
Other			
AMP.			
		·	
			T
199			
<u></u>	-		
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of va	
	(3)	Cost or end-of-year r	narket value
-			
			74
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)			_
Part IX Other Assets. See Form 990, Part X, Iin	e 15.		_
(a) Description		(b) Book value
			-
,	•		
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B) III	ne 15)		>
Part X Other Liabilities. See Form 990, Part >	ne 15) (, line 25		
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15) (, line 25	ount	
Part X Other Liabilities. See Form 990, Part X (a) Description of liability	K, line 25	ount	>
Part X Other Liabilities. See Form 990, Part X (a) Description of liability	K, line 25	ount	
Part X Other Liabilities. See Form 990, Part X (a) Description of liability	K, line 25	ount	
Part X Other Liabilities. See Form 990, Part > (a) Description of liability	K, line 25	ount	
Part X Other Liabilities. See Form 990, Part > (a) Description of liability	K, line 25	ount	
Part X Other Liabilities. See Form 990, Part > (a) Description of liability	K, line 25	ount	
Part X Other Liabilities. See Form 990, Part > (a) Description of liability	K, line 25	ount	
Part X Other Liabilities. See Form 990, Part >	K, line 25	ount	
Part X Other Liabilities. See Form 990, Part > (a) Description of liability	K, line 25	ount	
Part X Other Liabilities. See Form 990, Part X (a) Description of liability	K, line 25	ount	

uncertain tax positions under FIN 48

	dule D (Form 990) 2009 CAMP_CHIPPEWA_FOUNDATION					<u>951458 </u>	Page 4
Pa	t XI ' Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Finan	cial St	atements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	-		1		670,	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		601,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		69,	<u>818.</u>
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8			
9	Total adjustments (net) Add lines 4 through 8			9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10		69,	818.
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th Reve	nue pe	r Return		
1	Total revenue, gains, and other support per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV)	2d					
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					
С	Add lines 4a and 4b				4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expe	enses p	er Returr	1	•
1	Total expenses and losses per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities	2a					
b	Prior year adjustments .	2b					
С	Other losses	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					
С	Add lines 4a and 4b				4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5		
Pa	rt XIV Supplemental Information						•
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	, lines 1	a and 4, Pa	art IV, line	es 1b and 2b	, Part V, line 4	, Part
X, lın	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compl	lete this	part to pro	ovide any	additional ir	formation	
						*	
			<u> </u>				
			*				
							

SCHEDULE O

(Form 990)

Department of the Treasury

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.

2009
Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** CAMP CHIPPEWA FOUNDATION 39-1951458 FORM 990, PART VI, SECTION A, LINE 2: JOHN ENDRES AND RICHARD K ENDRES HAVE A FAMILY RELATIONSHIP FORM 990, PART VI, SECTION B, LINE 11: THE CAMP DIRECTOR REVIEWS THE FORM 990 AND THE BOARD APPROVES UPON RECOMMENDATION FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD HAS APPOINTED A COMMITTEE OF INDEPENDENT INDIVIDUALS TO REVIEW CONFLICTS OF INTERESTS RELATED TO OFFICERS, DIRECTORS, MANAGERS AND KEY EMPLOYEES. THE POLICY PROHIBITS ANY INDIVIDUAL WITH A CONFLICT FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS REGARDING THE CONFLICTING TRANSACTION. FORM 990, PART VI, SECTION B, LINE 15: CAMP CHIPPEWA HAS ESTABLISHED A COMPENSATION COMMITTEE AS APPOINTED BY THE BOARD OF DIRECTORS. COMMITTEE CONSISTS OF 3 INDEPENDENT INDIVIDUALS WHO IDENTIFY DISQUALIFIED PERSONS AND DETERMINE REASONABLE SALARIES; ASSEMBLE AND EVALUATE COMPARATIVE DATA; REVIEW AND APPROVE COMPENSATION POLICIES; AND DOCUMENT ACTIVITIES VIA A WRITTEN REPORT FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE AND PROVIDED UPON REQUEST

4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

990

OMB No 1545-0172 2009

Attachment Sequence No 67

Identifying number

CAMP CHIPPEWA FOUNDATION FORM 990 PAGE 10 39-1951458 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 250,000. 1 Maximum amount See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 2 3 800,000. 3 Threshold cost of section 179 property before reduction in limitation Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 7 Listed property Enter the amount from line 29 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 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 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 3.199. the tax year 14 15 Property subject to section 168(f)(1) election 15 175 16 Other depreciation (including ACRS) Part III | MACRS Depreciation (Do not include listed property) (See instructions.) 46,629 17 MACRS deductions for assets placed in service in tax years beginning before 2009 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 Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year placed (c) Basis for depreciation (business/investment use (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction only - see instructions) 3-year property 19a 3,146. 200DB 629 YRS. HY 5-year property b 49 YRS. 7-year property HY 200DB C 10-year property d 15-year property е 20-year property 25-year property 25 yrs. S/L g 27 5 yrs MM S/L Residential rental property h MM S/L 27 5 yrs MM S/L 39 yrs Nonresidential real property STATEMENT 1 ММ S/L 359 Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class Irfe b 12-year 12 yrs S/L 40-year 40 yrs MM S/L Part IV Summary (See instructions) 1,675. 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 instr 22 55,673. 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

Form 4562 (2009) CAMP CHIPPEWA FOUNDATION 39-1951458 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment. recreation, or amusement. Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) XYes 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? X Yes No (b) (c) (e) (i) (f) (g) (h) (d) (a) Date Business/ Elected Basis for depreciation Recovery Method/ Type of property Cost or Depreciation placed in investment (business/investment section 179 (list vehicles first) Convention other basis period deduction service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use 04 CHEVY AUTO 052504100.00% 28,157. 17,547.5.00 200DB-HY 1.675 % % 27 Property used 50% or less in a qualified business use % S/L % S/L S/L % 1,675 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI | Amortization (b) (e) (f) (a) (c) (d) Amortizable amount Amortization Amortization for this year Code section begins period or percentage 42 Amortization of costs that begins during your 2009 tax year

43

44

43 Amortization of costs that began before your 2009 tax year

Total. Add amounts in column (f) See the instructions for where to report

FORM 4562	PART	III -	NONRESIDENTIAL	REAL PROPERT	Y S	PATEMENT 1
(A) DESCRIPTION OF	PROPERTY		(B) MO/YR	(C) BASIS	(D) PERIOD	(G) DEDUCTION
BUILDING-ALUMN SEPTIC-HEALTH BLDG-RIFLERY R	CTR		12/09 10/09 07/09	17,280. 175. 28,930.	39.0 YRS 39.0 YRS 39.0 YRS	18. 1. 340.
TOTAL TO FORM	4562, PART	III,	LINE 19I	46,385.		359.