

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



#### **0**90 Form:

1

# **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

Department of the Treasury Internal Revenue Service

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

2009

Open to Public sinspection

•	A Fo	r the	2009 calenda	ar year, or	tax year begin				, 2009, and en	ding		07-	31 , 20	10
i	B Ch	eck if a	oplicable	Please	C Name of organ	nization CAMP NEI	BAGAMON SCHO	LARSHIP	FUND			D	Employer i	identification no.
ſ	_	dress d		useIRS	Doing Busines								39-6059	545
í	=	me cha	- '	tabelor printor		treet (or P O box if ma	ul is not delivered to s	reet address)		Room	√suite	E	Telephone	number
ľ	_	hal retur	-	type. See	l .	UN AVENUE		,		Ì	101	i	(314) 86	52-1982
ſ	_			Specific		tate or country, and ZI	D + 4					G	Gross rece	enots
l T	=	rminate		Instruc- tions.		UIS, MO 6310						ľ	\$	79,291
Ĺ	=	nended			and address of pri	_	<u> </u>							
ι	~	piicatioi	n pending	r Name	and address or pri	inapar onicer				H(a)	Is this a grou affiliates?	up retur	n for	Yes X No
			at atatus	<b>X</b> 501(c) (	3 ) <b>◀</b> (insert	(no ) 4947(a)	)(1) or 527			H(b)	Are all affilia		i	Yes No
		x-exem ebsite	pt status  N/A	<u> </u>	) (insen	(110)4947(a)	)(1) th			<b>⊣</b> ``	If "No," attac	ch a list	(see instruc	
				Corporation	Tour X	Association Othe	ır 🕨	I Ve	ar of formation 1	947	M State o			МО
1		Form of organization Corporation Trust X Association Other L Year of formation 1947 M State of te								, logu.				
1	Ran	1			nanization's m	ission or most sig	nificant activities	SUM	MER CAMP F	OR DIS	SADVANT	AGED	YOUTH	
		i '	Differily descri	noe the org	gamzation 3 mi	ission or most sign	illiourit dollvilloo					-		
	A C G					<del></del>						-		
	c G t o					·								
	i v Ve	,	Chack this h	ov Novi	f the organizat	ion discontinued i	ts operations or o	isposed of r	nore than 25%	of its ne	et assets			
	r	1			-	overning body (Pa					1	3		6
	t n ia	ı		-	_	bers of the govern	,					4		6
	e n s c	ı		•	-	ine 2a) • • • •					<del>.</del>	5		
		١.		-	•	of necessary)						6		6
	&	6									`	7a		
		l	-			nue from Part VIII,					· · · · ·	7b		
-		<u>D</u>	Net unrelate	o busines:	s taxable incor	me from Form 990	J-1, line 34 • • •			••••	• • • • • •	76		
2011	R	_	<b>^</b> • • • • • •		(D) (III. I	4EV			-	P	hior Year	255	Cun	rent Year 60,377
	e		Contributions and grants (Part VIII, line 1h)									333		
9	ė	9 Program service revenue (Part VIII, line 2g) · · · · · · · · · · · · · · · · · · ·							4004		176			
0	n U										(900	,		
JAN	e								<u>-</u>		F.C	260		- 60 550
		12				11 (must equal Pa						369		60,553
$\cap$		13				rt IX, column (A)		• • • • • •	`		53,	600		60,000
Ш	E	14	Benefits par	d to or for	members (Par		ine 4)		• • • • • •  -					
Z	X	15	Salaries, oth	Salaries, other compensation, employee-benefits (Part IX, column (A), lines 5-10)  Professional fundralising fees (Part IX, column (A), line 11e)								0		
¥	P e	16a	Professiona	i fundraisır <b>10</b>	ng fees (Part I)	X, column (A), line	11e) · · · ·	• • • • • •	L	Tabilita i ake	ore of Carrier Space	CONTRACTOR	With and o'der at hearth	0
SCANNED	n S					column (D); line			0				A	WANTE SERVICE
U)	e					, lines 11a-11d (1		• • • • • •	• • • • • •		<u>'</u>	335		1,375
		18	Total expen	ses Addi	lines 13-13 (m	ustequal Part IX, ne-18-from line 12	dolumn (A), line	<u> </u>	• • • • • • •			935		61,375
		19	Revenue les	ss expense	esSubtract-In	ne-18-from line 12	Pres		• • • • • •		1,	434		(822
	Net Assets	1							<u> </u>	Beginning	of Current Y	_	Enc	d of Year
	or	20	Total assets	•	•	• • • • • • • •	• • • • • • • •	• • • • • •	• • • • • • •		65,	169		64,313
	Fund Bal-	21	Total liabiliti	•	•	• • • • • • • •	• • • • • • • •	• • • • • •	• • • • • • • • • • • • • • • • • • • •					0
	ances	22	Net assets of	or fund bal	ances Subtra	ict line 21 from lin	e 20 • • • • •		• • • • • •		65,	169		64,313
	Par	tilli		<u>ire Bloc</u>		·								
			and belief, it	ies of perjury, is true, correc	, I declare that I ha ct, and complete D	ve examined this return eclaration of preparer	n, including accompar (other than officer) is l	ying schedules based on all info	and statements, are	nd to the be reparer has	est of my kno s anv knowle	wiedge dae		1
	C:		1, 2		0 +	-	THE		•	•	-	. 1	2/12/	1,2
	Sign			enn	ara :	stery-	1/120						7'3/	<u> </u>
	Here	•		re of officer								Date	• ' /	
			<b>   </b>		IN, TRUST									
			Type or	pnnt name a	ind title			<del></del>			<b>T</b>			
			Preparer's					Date	Check self-	( II _	Prepare (see ins		ntifying numb	er
	Paid		signature		<b>&gt;</b> (				emplo	yed ▶L	11' .		•	c.
	Prepa	rer's	· ——		Eduan	/		12-09-20	010		10	0 Z	72649	<u> </u>
	Use C	nly	Firm's name			ROY TAX SERV				EIN	20.10	م	480	
			if self-employ address, and			AIN STREET S		327		1		<u> </u>		
			<u> </u>			ROY, WI 5312	<del></del>			Phone r	no ▶262	-642	-3058	
	<u> </u>				<del> </del>	r shown above? (s	<u></u>	· · · · ·	· · · · · · · ·	• • • •	• • • • •	• • •	$\cdots X$	Yes No
	For P	rivacy	Act and Pa	perwork R	eduction Act I	Notice, see the se	parate instructio	15.		\	, E	EA	√ Fo	orm <b>990</b> (2009)
											//	i	$\mathcal{O}_{p}$ ,	

Form	n 990 (2009) CAMP NEBAGAMON SCHOLARSHIP FUND	39-6059545	Page 2									
Pa	rtilli Statement of Program Service Accomplishments											
1	Briefly describe the organization's mission											
	SUMMER CAMP FOR DISADVANTAGED YOUTH											
2	Did the organization undertake any significant program services during the year which were not listed on											
	the prior Form 990 or 990-EZ?	· · · Yes	X No									
	If "Yes," describe these new services on Schedule O	<u> </u>										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
-	services? · · · · · · · · · · · · · · · · · · ·	· · · · Yes	X No									
	If "Yes," describe these changes on Schedule O	ب	<b></b>									
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses											
_	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants											
	allocations to others, the total expenses, and revenue, if any, for each program service reported	a.i.a										
	and cations to differs, the total expenses, and revenue, if any, for each program service reported											
4a	(Code ) (Expenses \$ 60,000 including grants of \$ 60,000 ) (Revenue	\$										
	CNSF PROVIDED FUNDS TO 25 NON-PROFIT AGENCIES THAT PROVIDE CAMPING OPPORTUNITIE	·										
	DISADVANTAGED YOUTH.											
	DISADVANIAGED 1001R.											
		<del></del>										
	<del></del>											
	(0.1											
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)									
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)									
4d	Other program services (Describe in Schedule O)											
	(Expenses \$ including grants of \$ ) (Revenue \$	)										
4e	Total program service expenses ► 60,000											
	EEA	Fo	rm <b>990</b> (2009)									

39-6059545

Page 2

<u>BEA</u>	TOTAL Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		163	100
•	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	х	l
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		Х
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		1
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	_	Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable • • • • • • • • • • • • • • • • • • •	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	2000 S		lin of
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more		4	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			1
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			12.5
	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		3	
•	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		X
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,			١
40	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	١	l	l
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
<b>1</b> P	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<b> </b>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		1	
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?	18	ļ	X
13	If "Yes," complete Schedule G, Part III • • • • • • • • • • • • • • • • •	40		.,
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19	<del> </del>	X
	on the organization operate one of more mospitals? If ites, complete scriedule in	20	Щ.	X

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 21 X in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 22 United States on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III ...... Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 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 24a X 24b through 24d and complete Schedule K If "No," go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? •••••• d 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 ......... Х Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 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 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) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... 28a X а A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete b 28b X An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N. Part II 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 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. 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 

Par	t V Statements Regarding Other IRS Filings and Tax Compliance	$\overline{}$	V	No
	To the contract of the Pow 2 of Form 4006. Applied Summon and Transmittal of	• .	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
Đ	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			. !
С	gaming (gambling) winnings to prize winners? • • • • • • • • • • • • • • • • • • •	1c		
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
2a	Statements, filed for the calendar year ending with or within the year covered by this return •••••• 2a 0	ł		
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		••	7.
		1		Î.
20	Instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
3a	this return? • • • • • • • • • • • • • • • • • • •	3a		Х
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			
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)? • • • • • • • • • • • • • • • • • • •	4a		Х
ь	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	if "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction? • • • • • • • • • • • • • • • • • • •	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<u> </u>
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b		Į
7	Organizations that may receive deductible contributions under section 170(c).	,		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u>                                     </u>
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • • • • • • •			
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			<u> </u>
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? • • • • • • • • • • • • • • • • • • •	7g	X	ļ
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		X
8	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	<u> </u>	ļ	ļ
	organization, have excess business holdings at any time during the year?	8		<del>  </del>
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		-
<b>a</b>	Did the organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	9a		<b></b>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ъ	<u> </u>	<del>                                     </del>
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • • • • • • • • • • • •		1	
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders		]	
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	[		
40-	· · · · · · · · · · · · · · · · · · ·			<del> </del>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<del> </del>	<del> </del>
_ <u>b</u>	ii res, enter the amount of tax-exempt interest received or accrued during the year 120	<u> </u>	L	<u>1</u>

Part VI

for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in

39-6059545 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and

Schedule O See instructions

1a Enter the number of voting members of the governing body		Yes X	X X X
b Enter the number of voting members that are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	- 2 - 3 - 4 - 5 - 6	X	X
<ul> <li>Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?</li> <li>Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?</li> <li>Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?</li> </ul>	2 · 3 · 4 · 5 · 6 · 7a	X	X
any other officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	· 3 · 4 · 5 · 6 · 7a	X	X
<ul> <li>Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?</li> <li>Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?</li> </ul>	· 3 · 4 · 5 · 6 · 7a	X	X
supervision of officers, directors or trustees, or key employees to a management company or other person?  • • • • • • • • • • • • • • • • • • •	• 4 • 5 • 6		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? • • • •	• 4 • 5 • 6		X
	• 5 • 6		X
E Did the economication become aware during the year of a material diversion of the economication's economic	• 6 • 7a	_	<del></del>
5 Did the organization become aware during the year of a material diversion of the organization's assets? • • • • • • • • • • • • • • • • • • •	· 7a		X
6 Does the organization have members or stockholders?			+
7a Does the organization have members, stockholders, or other persons who may elect one or more members			:
of the governing body?	• 7b		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<u> </u>	ļ	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during	· .	* * *-	15 v (3)
the year by the following			1
a The governing body? • • • • • • • • • • • • • • • • • • •	• 8a	X	<u> </u>
b Each committee with authority to act on behalf of the governing body? • • • • • • • • • • • • • • • • • • •	- 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O • • • • • • • • • • • • • • • • • •	. 9		X
Section B. Policies (This Section B requests information about policies not required by the Internal			
Revenue Code )			
		Yes	No
10a Does the organization have local chapters, branches, or affiliates? • • • • • • • • • • • • • • • • • • •	• 10a		Х
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
affiliates, and branches to ensure their operations are consistent with those of the organization?	• 10ь		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
form? ····································	• 11		Х
11a Describe in Schedule O the process, if any, used by the organization to review this Form 990			H_ 1
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	• 12a		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
rise to conflicts? • • • • • • • • • • • • • • • • • • •	- 12b	ļ	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
describe in Schedule O how this is done	· 12c	1	
Does the organization have a written whistleblower policy?	• 13		X
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 approval by	<u> </u>	·	
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	'	١.	1
a The organization's CEO, Executive Director, or top management official	· 15a		X
b Other officers or key employees of the organization	· 15b	<del>                                     </del>	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	<u> </u>	<del>                                     </del>	<del>                                     </del>
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	
with a taxable entity during the year?	• 16a	<b> </b>	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		<del>                                     </del>	<del>  ^</del> -
its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	İ		
the organization's exempt status with respect to such arrangements?	- 16b	<del></del> -	
Section C. Disclosure	100	<u> </u>	<u> </u>
17 List the states with which a copy of this Form 990 is required to be filed			
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
available 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, conflict of interest			
policy, and financial statements available to the public.			
20 State the name, physical address, and telephone number of the person who possesses the books and records of the			
organization: BERNARD STEIN (314)862-1982	-		
830 DE MUN 101 ST LOUIS, MO 63105			

Form 990 (2009)

Form 990 (2009)

Part VII

39-6059545 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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

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)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Posit I t d nr i d u r i s e v t c i e t d e o u r a o I r	l t n r s u t s i t e u e	0 f f c e	K e y e m	H c e i o m g mp e e o s n y t s e t e d	F o r	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
BERNARD STEIN					Ī					
TRUSTEE	1.00	Х	1					C	0	
SALLY STEIN										-
TRUSTEE	1.00	x						<u></u>		
ADAM KAPLAN		Ĭ								
TRUSTEE		x								
STEPHANIE HANSON										
TRUSTEE		X	L							
JIM GUEST										
TRUSTEE		X	ļ							
JESSICA STEIN DIAMOND										
TRUSTEE		X		l		l	L			
		-	├-	┝	-	ļ	<u> </u>	-		
		1	$\vdash$		<del>                                     </del>	<del> </del>	1			
							ļ			
				<u> </u>	T					
		<u> </u>	-	├-	-	1	$\vdash$			
<del></del>			T		<b>†</b>	<del> </del>				
		<del> </del>	$\vdash$	$\vdash$	-	-	$\vdash$			<u> </u>
		$\perp$				<u></u>				
-										
		1	1	1	1	ļ	1			

EEA

Pa	Section A. Officers, Directors, Trustees, K	(B)	es, and	יוח נ		) ()	mpen	Sate	(D)	(E)		(F)	_
	(A) Name and Title	Average	Posit	ion (c			at apply)		Reportable	Reportable	,	Estimated	
		hours per week	I t d nr i dur i se v t c i e t de o u o l	l t n r s u t s i t	Office	K	Homployeense ted	F o r m e r	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	co	amount of other mpensation from the rganization and related ganizations	
					ļ								_
													_
					_								_
			[								_		_
					<u> </u>								_
			-	_							_		_
					<u> </u> 					<u> </u>	+		_
											+		
					-	-					-	<del></del>	
				-	<del> </del>								
													_
1b	Total · · · · · · · · · · · · · · · · · · ·		•••	• •	٠.	• •	• • •	<b>•</b>	(	<del>                                     </del>	0		)
2	Total number of individuals (including but not limited t	o those listed	abov	e) w	/ho r	ecei	ved m	ore t	than \$100,000 in				
	reportable compensation from the organization										0	Yes No	_
3	Did the organization list any former officer, director or	trustee, key	emplo	yee,	, or h	nghe	est con	npei	nsated		<u>.                                    </u>	1 1	
	employee on line 1a? If "Yes," complete Schedule J fo									• • • • • •	• • 3	X	<u> </u>
4	For any individual listed on line 1a, is the sum of repo the organization and related organizations greater tha						•				-		
	Individual · · · · · · · · · · · · · · · · · · ·										. 4	X	<u> </u>
5	Did any person listed on line 1a receive or accrue con	•		-			-						
_	services rendered to the organization? If "Yes," comp	lete Schedul	e J for	suc	h pe	rsor	• • •	••	• • • • • • • •	• • • • • • •	- 5	<u> </u>	<u> </u>
<u>Sec</u>	ction B. Independent Contractors  Complete this table for your five highest compensated	independer	nt conti	racto	ors t	hat r	eceive	d m	ore than \$100.000	of			_
	compensation from the organization	<u> </u>											
	(A) Name and business address	(A) (B) Name and business address Description of services						services	(C) Compensation				
													_
_				•									
													_
	Total number of independent contractors (including b	ut not limited	to tho	se li	sted	abo	ve) w	10 [6	eceived			<del></del>	
	more than \$100,000 in compensation from the organi					•	-, .,,						

Part VIII		Statement of Revenue				
,	,		(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from lax under sections 512, 513, or 514
Contri-	1a b	Federated campaigns · · · · · · · · 1a  Membership dues · · · · · · · · 1b  Fundraising events · · · · · · · · 1c		ievende		,
butions, gitts, grants and	d	Related organizations • • • • • • • 1d  Government grants (contributions) • • 1e	<b>-</b>			
other similar amounts	f g	All other contributions, gifts, grants, and similar amounts not included above 1f 60,377  Noncash contributions included in lines 1a-1f \$ 4,892	,		,	7
	h	Total. Add lines 1a-1f	60,377			
Program Service	2a b c	Business Code				
Revenue	d					
	f g	All other program service revenue · · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		·
		Investment income (including dividends, interest, and other similar amounts) • • • • • • • • • • • • • • • • • • •	1,862	931		931
	5	Royalties · · · · · · · · · · · · · · · · · · ·				
		(i) Real (ii) Personal		p v 3		
		Less rental expenses · · · ·	- 6 4 . /	`	,	
	l	Rental income or (loss) • • •	- 4	,	-	
		· · · · · · · · · · · · · · · · · · ·	<del></del>	ļ		
		Net rental income or (loss)	<u> </u>	ļ		
	7a	Gross amount from sales of (i) Secunties (ii) Other assets other than inventory 17,052	_			
0	İ	Less cost or other basis and sales expenses · · · · 18,738  Gain or (loss) · · · · · · (1,686)	_			
h	1	Net gain or (loss) • • • • • • • • • • • • • • • • • •	(1,686	) (843	)	(843)
e r R e v e	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18 · · · · · · · · a  Less direct expenses · · · · · · · b				
n	1	Net income or (loss) from fundraising events ••••••	1	<del></del>		
0		Gross income from gaming activities See Part IV, line 19 · · · · · · · · a				
	Ь	Less direct expenses · · · · · · · · b				-
		Net income or (loss) from gaming activities • • • • • • • • •				<del> </del>
	1	Gross sales of inventory, less returns and allowances · · · · · · · a				
	ь	Less cost of goods sold · · · · · · · b				
		Net income or (loss) from sales of inventory · · · · · · · •	,			
		Miscellaneous Revenue Business Code				
	11a					
	b		<del>                                     </del>	<del> </del>		
	С					<del> </del>
	d	All other revenue				
	е	Total. Add lines 11a-11d				
	12	Total revenue. See instructions · · · · · · · · •	60,553	88	(	88

#### Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 60,000 60,000 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 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 . . . . . . 6 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) .... Payroll taxes • • • • • • • • • 10 Fees for services (non-employees) Management · · · · · · · а b 400 400 Accounting . . . . . . . . . . . . . C d Professional fundraising services See Part IV, line 17 • Investment management fees . . . . . . . f g 12 Advertising and promotion . . . . 600 600 Office expenses . . . . . . . . 13 14 Information technology . . . . . . 15 16 Occupancy · · · · · · · 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . 20 Payments to affiliates • • • • • • • • • 21 22 Depreciation, depletion, and amortization 23 Insurance · · · · · · · · · · · · 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) BANK FEES 149 149 PRINTING AND MAILING 226 Ь 226 c d 25 Total functional expenses. Add lines 1 through 24f . . 61,375 60,000 1,375 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 

Part :	ΧI	Balance Sheet	(A)		(B)
			Beginning of year		End of year
		Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	Degining of year	1	Life of year
	1	Savings and temporary cash investments · · · · · · · · · · · · · · · · · · ·	5,361	2	4,266
	2	Pledges and grants receivable, net	3,301	3	4,200
	3	Accounts receivable, net		4	
	4			*	
	5	Receivables from current and former officers, directors, trustees, key	. ~	·	3
- 1		employees, and highest compensated employees. Complete Part II of		- <u>-</u> -	<u>`</u>
		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section	,		•
A		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			<u> </u>
S		Part II of Schedule L · · · · · · · · · · · · · · · · · ·		6	
8	7	Notes and loans receivable, net		7	
ť	8	Inventories for sale or use •••••••••••••••••••••••••••••••••••		8	
s	9	Prepaid expenses and deferred charges • • • • • • • • • • • • • • • • • • •		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D • • • • • 10a			<u> </u>
	b	Less accumulated depreciation • • • • • • • • 10b		10c	
	11	Investments - publicly traded securities • • • • • • • • • • • • • • • • • • •	59,808	11	60,047
	12	Investments - other securities See Part IV, line 11		12	
1	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets • • • • • • • • • • • • • • • • • • •	-	14	
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	65,169	16	64,313
	17	Accounts payable and accrued expenses		17	
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
ᅵ	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·		19	
1	20	Tax-exempt bond liabilities • • • • • • • • • • • • • • • • • • •		20	
a h	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ī	22	Payables to current and former officers, directors, trustees, key	<del></del>		
!		employees, highest compensated employees, and disqualified	•		•
t		persons Complete Part II of Schedule L		22	
<u> </u>	23	Secured mortgages and notes payable to unrelated third parties		23	
e s	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities Complete Part X of Schedule D		25	<del></del>
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117, check here			
۔ ا		complete lines 27 through 29, and lines 33 and 34.			
F u	27	Unrestricted net assets • • • • • • • • • • • • • • • • • • •		27	
n	28	Temporarily restricted net assets			
d	29	Permanently restricted net assets		28	
в		Organizations that do not follow SFAS 117, check here	<u> </u>	29	<del></del>
а					
a	20	and complete lines 30 through 34.	CE 470		
n	30	Capital stock or trust principal, or current funds	65,170	30	
C	31	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>	31	
8	32	Retained earnings, endowment, accumulated income, or other funds	(1)	32	64,313
	33	Total net assets or fund balances	65,169	33	64,313
L	34	Total liabilities and net assets/fund balances	65,169	34	64,313

rom	1990 (2009) CAMP NEBAGAMON SCHOLARSHIP FUND 39-603934.			aye 14
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Cash Other	2	, . e.g	4
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in	Žį.	· ***	39
	Schedule O	* 1	- \$	JU 2.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		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	٠		2. 2
	Schedule O	.20-	, 5-	. K
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	₩.	*	2 4
	issued on a consolidated basis, separate basis, or both.	٠,	: #	 تا ورا
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		•	
	the Single Audit Act and OMB Circular A-133?	3a		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		
	· · · · · · · · · · · · · · · · · · ·	_		

EEA

Form 990 (2009)

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection.

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. Internal Revenue Service

Name of the organization Employer identification number 39-6059545 CAMP NEBAGAMON SCHOLARSHIP FUND Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II ) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b | Type II c Type III-Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (II) A family member of a person described in (i) above? ...... (iii) A 35% controlled entity of a person described in (i) or (ii) above? ..... 11g(m) Provide the following information about the supported organization(s) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col governing document? above or IRC section col (i) of your (i) organized in the (see instructions) ) UST support? Yes No Yes No Yes

Total

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)

	tion A. Public Support	<del></del>		4 1 2027	(4) 2022	(-) 2000	(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(1) TOTAL
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") • • • • •	38,330	54,346	63,749	57,355	60,377	274,157
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •						
3	The value of services or facilities furnished by a governmental unit to the organization without charge • • • • • •						
4	Total. Add lines 1 through 3 · · · · ·	38,330	54,346	63,749	57,355		274,157
5	The portion of total contributions by each	. , , %	2 5 17 Mg 1	a / 6	, , , ,	" " " " " " " " " " " " " " " " " " "	
	person (other than a governmental unit or	5	ر ا	5 % * ·	·	,	
	publicly supported organization) included	2 ~		'n	, , ,		
	on line 1 that exceeds 2% of the amount	, , , ,		, , ,		ا ا	,
	shown on line 11, column (f)	a · · · · 3 ·	. , ,	~4 , // #1 -		•	
6	Public support. Subtract line 5 from In 4	**	*	* **			274,157
Sec	tion B. Total Support						<u> </u>
Calen	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 • • • • • • • • • • • • • • • • • •	38,330	54,346	63,749	57,355	60,377	274,157
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,581	2,953	3,788	1,794	923	13,039
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 •	* *		ì			287,196
12	Gross receipts from related activities, etc. (	see instructions)	• • • • • • • •	• • • • • • • •	• • • • • • • •	12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)	)(3)	▶□
<u>Sec</u>	tion C. Computation of Public Si	<u>upport Percen</u>	<u>tage</u>			1	
14	Public support percentage for 2009 (line 6,						95.46 %
15	Public support percentage from 2008 Sche			• • • • • • • •		15	93.70 %
16a	33 1/3% support test - 2009. If the organiza						<b>.</b> (33)
	and stop here. The organization qualifies a		•			• • • • • • • •	· · · · • <u>X</u>
b	33 1/3% support test - 2008. If the organization						,
	box and stop here. The organization qualif	• •	• •			• • • • • • • •	•••••
17a	10%-facts-and-circumstances test - 2009.						
	more, and if the organization meets the "fa				· ·		
	organization meets the "facts-and-circums	tances" test. The or	rganızatıon qualifie	s as a publicly sup	ported organizatio	n • • • • • • •	• • • • • • • • • • • • • • • • • • •
b	10%-facts-and-circumstances test - 2008.	<del>-</del>					
	more, and if the organization meets the "fa	cts-and-circumstar	ices" test, check th	is box and stop he	re. Explain in Part	IV how the	_
	organization meets the "facts-and-circums	tances" test. The or	rganızatıon qualıfie	s as a publicly sup	ported organizatio	n • • • • • • •	• • • • • □
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see	instructions • •	• • • • • □

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

	(Complete only if you checked the						
	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchan-					<u> </u>	
-	dise sold or services performed, or fac- lities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
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 • • •						
С	Add lines 7a and 7b · · · · · · · ·						
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·	1 1			A STATE OF THE STA		
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6 · · · · · · · · ·						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 • • • • • •						
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 assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·						
14	First five years. If the Form 990 is for the or organization, check this box and stop here	ganization's first, s	econd, third, fourth	n, or fifth tax year a	s a section 501(c)(	3)	· · · · · ▶ □
<u>Se</u> 15	ction C. Computation of Public Su Public support percentage for 2009 (line 8, o			(f)) · · · · · ·		15	%
16	Public support percentage from 2008 Sched				• • • • • • • • •	16	
<u>Se</u>	ction D. Computation of Investme Investment income percentage for 2009 (line	nt Income Per	rcentage			17	%
18	Investment income percentage from 2008 S					18	
	33 1/3% support tests - 2009. If the organize 17 is not more than 33 1/3%, check this box	and stop here. Th	e organization qua	ilifies as a publicly	supported organiz	ation • • • • •	•••••
	33 1/3% support tests - 2008. If the organization 18 is not more than 33 1/3%, check this	box and stop here	<ul> <li>The organization</li> </ul>	qualifies as a pub	licly supported org	anization • • •	• • • • □
20	Private Foundation: If the organization did r	iot check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	s · · · · · ·	• • • • • ▶ □

Schedule A (Form 990 or 990-EZ) 2009 CAMP NEBAGAMON SCHOLARSHIP FUND	39-6059545	Page 4
Partiva Supplemental Information. Complete this part to provide the explanations required by Part II, Iir	ne 10,	
Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information. See instructions		
10% Facts and Circumstances Test (Part II, line 17a or 17b)		
	WALL OF	
THE ORGANIZATION SOLICITS FUNDS DURING THE YEAR FROM PRIOR DONORS AND CURRENT ME	MBERS OF	
THE CAMP NEBAGAMON FOR BOYS COMMUNITY.		
	-	
	<del></del>	
		·
		_
		<del> </del>
	· · · · · · · · · · · · · · · · · · ·	<del></del>

SCHEDULEI		SiS	Grants and Other Assistance to Organizations,	Assistance to	o Organization	IS,		OMB No 1545-0047
(Form 990)		Gove	Governments, and Individuals in the United States	ndividuals in	the United Sta	ites		. 5003
;		Complete	Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.	vered "Yes," to Form	990, Part IV, line 21 or	22.		Open to Publica
Department of the Treasury Internal Revenue Service			<b>A</b>	► Attach to Form 990.			₩.	Inspection
Name of the organization			:				Employer identification number	number
CAMP NEBAGAMON SC	SCHOLARSHIP FUND						39-6059545	
Part   General	nformation on G	General Information on Grants and Assistance	ance		,			
1 Does the organizat	tion maintain records t	o substantiate the amo		stance, the grantees'	eligibility for the grants	or assistance, and		_
the selection critering critering the selection critering the selection critering critering critering critering critering critering critering criterin	the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitorin	rants or assistance?	the selection criteria used to award the grants of assistance?	•			•	X Tes
	nd Other Assista	nce to Governme	ents and Organizat	tions in the Unit	ed States. Comple	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	wered "Yes" to	
_	art IV, line 21, for any	recipient that received	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	ck this box if no one re	scipient received more	than \$5,000 Use		,
Part IV and	Schedule I-1 (Form 99	Part IV and Schedule I-1 (Form 990) if additional space is needed				•		<b>△</b>
1 (a) Name and address of organization or government	s of organization ment	<b>(2)</b>	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHERWOOD FOREST CAMP	JAMP 63143	43-0653401	501 (C) (3)	900				CAMPERSHIPS
							:	
	-		- -					
l l	of section 501(c)(3) ar	Enter total number of section 501(c)(3) and government organizations	ations					
3 Enter total number of	Enter total number of other organizations			• • • • • • • • • • • • • • • • • • • •			<b>A</b> :	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990	erwork Reduction Act	t Notice, see the Instru	ctions for Form 990.		EEA			Schedule I (Form 990) 2009

.

Page 2 Schedule 1 (Form 990) 2009 PERSONALLY FAMILIAR WITH MANY OF THESE ORGANIZATIONS, AND FOLLOW THEIR OPERATIONS THROUGH THE AMERICAN CAMPING ASSOCIATION AND PERSONAL ALL GRANTS ARE MADE TO ORGANIZATIONS WHOSE SOLE PURPOSE IS TO PROVIDE CAMPING EXPERIENCES FOR DISADVANTAGED YOUTH. THE TRUSTEES ARE (f) Description of non-cash assistance 39-6059545 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance EEA (c) Amount of cash grant Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (b) Number of CAMP NEBAGAMON SCHOLARSHIP FUND recipients 01. Monitoring procedures (Part I, line 2) (a) Type of grant or assistance Schedule 1 (Form 990) 2009 COMMUNICATIONS. Part IV Part III

### **SCHEDULE O** (Form 990)

## Supplemental Information to Form 990

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

Open to Public

OMB No 1545-0047

2009

Inspection \*\*\*

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Employer identification number Name of the organization 39-6059545 CAMP NEBAGAMON SCHOLARSHIP FUND 01. Officer, directors, etc. family relationship (Part VI, line 2) BERNARD AND SALLY STEIN ARE HUSBAND AND WIFE ADAM KAPLAN AND STEPHANIE HANSON ARE HUSBAND AND WIFE JESSICA STEIN DIAMOND IS THE DAUGHTER OF BERNARD AND SALLY STEIN 02. Form 990 governing body review (Part VI, line 11) FORM 990 IS GENERALLY NOT REVIEWED BY THE GOVERNING BODY AS A GROUP, ONLY BY THE SIGNING TRUSTEE. 03. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST. NO REVIEW WAS CONDUCTED OR WILL BE CONDUCTED.