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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. 7 a Gross servenue (not including \$	Α	For the 2009 calendar year	ar, or tax year beginning	9/01	, 2009, and ei	nding 8/3	31	,	2010
Mebsite: Mrw. camppals.com Section 501(cX3) organizations and 4947(aX1) nonexempt charitable trusts Mumber Mum	B _						D Em	oloyer ide	ntification number
Allentown, PA 18104 Section Allentown, PA 18104 Sectio		Address change use IRS Ca	amp PALS				35	5-233	4489
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Section 501(x/3) organizations and 4947(a/1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **Section 501(x/3) organizations and 4947(a/1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: ** WMW. camppals.** com Tar-exempt status (check only one) — X 501(c) (3) ** (meet no.) 4947(a/1) or 57 Tar-exempt status (check only one) — X 501(c) (3) ** (meet no.) 4947(a/1) or 57 Tar-exempt status (check only one) — X 501(c) (3) ** (meet no.) 4947(a/1) or 57 Tar-exempt status (check only one) — X 501(c) (3) ** (meet no.) 4947(a/1) or 57 Tar-exempt status (check only one) — X 501(c) (3) ** (meet no.) 4947(a/1) or 57 Tar-exempt status (check only one) — X 501(c) (3) ** (meet no.) 4947(a/1) or 57 Tar-exempt status (check only one) — X 501(c) (3) ** (meet no.) 4947(a/1) or 57 Tar-exempt status (check only one) — X 501(c) (3) ** (meet no.) 4947(a/1) or 57 Tar-exempt status (check only one) — X 501(c) (3) ** (meet no.) 4947(a/1) or 57 Tar-exempt status (check only one) — X 501(c) (3) ** (meet no.) 4947(a/1) or 57 Tar-exempt status (check only one) — X 501(c) (3) ** (meet no.) 4947(a/1) or 57 Tar-exempt status (check only one) — X 501(c) (4) ** (meet no.) 57 Tar-exempt status (check only one) — X 501(c) (4) ** (meet no.) 57 Tar-exempt status (check only one) — X 501(c) (4) ** (meet no.) 57 Tar-exempt status (check only one) — X 501(c) (4) ** (meet no.) 57 Tar-exempt status (check only one) — X 501(c) (4) ** (meet no.) 57 Tar-exempt status (check only one) — X 501(c) (4) ** (meet no.) 57 Tar-exempt status (check only one) — X 501(c) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6			llentown, PA 18104				1 (6	510)	442-7845
*Section 501(c/3) organizations and 4947(ax1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2). Website: * www. camppals.com	\vdash	Termination Specific							
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25 Total assets 9, 42 7 . 25 66, 92 3			e ▶	···· ·	• ••	—		+ +	00, 323.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		•		must agree with	 line 21)			_	66 923
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Form 990-EZ (2009) Camp PALS	_			-23 3	34489 Page	2			
Part III Statement of Program Se		(See the instruction	ons.)	(Poo	Expenses				
What is the arganization's primary exempt purpose? Se	e Statement 2			5010	c)(3) and (4)				
Describe what was achieved in carrying out the describe the services provided, the number of program title.	ne organization's exempt purp f persons benefited, or other	oses. In a clear and co relevant information for	each	orga 4947 for o	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers.)				
28 See Statement 3		· -							
									
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	nis amount includes foreign gi	rants, check here	····	28 a	99,135	•			
29									
(Grants \$) If the	nis amount includes foreign gi	rants, check here .		29 a					
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31 Other program services (attach schedule				Jua		-			
(Grants \$) If th	nis amount includes foreign gr	rants, check here	▶ □	31 a					
32 Total program service expenses (add li		<u> </u>	▶	32	99,135				
Part IV List of Officers, Directors				_		_			
(a) Name and address	(b) Title and average hours per week devoted to position	not paid, enter -0)	(d) Contributions employee benefit plan deferred compensat	is and	(e) Expense account and other allowances	, >			
Joshua Stein	Treasurer			0.	0.				
4368 Farmington Circle	20.00								
Allentown, PA 18104 Jason Toff	Vice President	0.				_			
4368 Farmington Circle	20.00			0.	0.	•			
Allentown, PA 18104	20.00								
Abigail Kolker	Secretary	0.		0.	0.	<u> </u>			
4368 Farmington Circle	5.00								
Allentown, PA 18104									
Jenni Newbury	President	0.		0.	0.	•			
4368 Farmington Circle Allentown, PA 18104	20.00								
Raj Bhandari	Junior Board	0.		0.	0.	-			
4368 Farmington Circle	20.00			٠.	0.	•			
Allentown, PA 18104									
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Par	t V Other Information (Note the statement requirements in the instrs for Part V.) See Sta	teme	ent	4
	•		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		x
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		-	,
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		x
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		_x_
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. Did the organization file Form 1120-POL for this year?	37b	-	<u> </u>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	-	
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved			1
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9			1
	Gross receipts, included on line 9, for public use of club facilities		,	
4 0 a	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		х
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		-	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed ► None			
42 a	The organization's			
	books are in care of ► Management Telephone no. ► Located at ► ZIP + 4 ►	- -		
		 1		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country	72.0		Λ,
				;
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			4
c	At any time during the calendar year, did the organization maintain an office outside of the US?	42c	~-	$\tilde{\mathbf{X}}^{-1}$
	If 'Yes,' enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	ı	►	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			N/A
			Yes	No
ΔA	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
44	of Form 990-EZ	44	<u></u>	Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45_		x
BAA		m 990)-EZ ((2009)

Form 990	-EZ (2009) Camp PALS			35-233	4489	Page 4			
	Section 501(c)(3) organizations 501(c)(3) organizations and sec 46-49b and complete the tables	s and section 4947 Stion 4947(a)(1) no stor lines 50 and 5	(a)(1) nonexemp nexempt charita i1.	ot charitable trusts on ble trusts must answe	nly. All sections	n			
46 Did	the organization engage in direct or indirect obtained by the complete Schedule Comp	t political campaign a	ctivities on behalf of	or in opposition to candida	ites Yes	No X			
	bublic office? if 'Yes,' complete Schedule C the organization engage in lobbying activit					X			
	ne organization a school as described in se					X			
	the organization make any transfers to an					X			
	es,' was the related organization a section	_							
50 Con	nplete this table for the organization's five ployees) who each received more than \$10	highest compensated ϵ 0,000 of compensation	employees (other that from the organization	n officers, directors, truste on. If there is none, enter 'I	es and key None.'				
	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account and other allowand	l			
None									
f Tota	I number of other employees paid over \$1	00,000 ▶							
51 Com	oplete this table for the organization's five inpensation from the organization. If there is	nighest compensated in s none, enter 'None.'	ndependent contracto	ors who each received mor	e than \$100,000) of			
	(a) Name and address of each independent contra	actor paid more than \$100,000		(b) Type of service	(c) Compensati	on			
None_									
				ļ					
d Tota	I number of other independent contractors	each receiving over \$	100,000	>					
-	Under penalties of penury, I declare that I have exami true, correct, and complete Declaration of preparer (o	ned this return, including according than officer) is based on a	npanying schedules and sla all information of which prep	stements, and to the best of my knowerer has any knowledge.	wiedge and belief, it	is			
	1215/11								
Sign Here	Strature of officer Joseph A. Strain Type or poor name good title.	Pireur		Date					
Pald	Preparer's signature William C/Oswall	d	Date 12/5/	Check If Self-	eparer's Identifying Mee instructions?	umber 2			
Pre- parer's	Firm's name (or Morey & Company,	LLC							
Use	employed), address, and DETRU FIRM DA 10				? <i>7 44359</i>	F. T.			
Only May the IF	BETHLEHEM, PA 18 RS discuss this return with the preparer shi	020-8046 own above? See instru	ctions	Phone no. ► (610) 882-1000 ►X Yes	No.			
BAA	10 discuss this termin with the brehard shi	SALL BOOTE: OCO IIISUU	Unulia		Form 990-EZ				

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.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Camp PALS 35-2334489 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety, See section 509(a)(4), 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No 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? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations. h (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) is the organization in col (i) listed in your (v) Did you notify the organization in col. (i) of (i) Name of Supported Organization (i) EIN (vi) Is the (vii) Amount of Support (i) organized in the your support? governing document? Yes Yes Yes No No No 7

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

Schedule A (Form 990 or 990-EZ) 2009

Par	Support Schedule for				DK (XXXIV) ai	na 1/0(b)(1)(A)(1	VI)	
Sec	-(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 or Par	(1)					
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	09	(f) Total	
•	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.').								
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-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	, K., ,	,		t verenze a	An a real property of the control of			
	shown on line 11, column (f).					477492	٠, ب		
6	Public support. Subtract line 5 from line 4					1 1	, , , , , , , , , , , , , , , , , , ,		
	tion B. Total Support	T	Γ			1			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009 (f)		(f) Total	
7	Amounts from line 4					† · · · · · · · · · · · · · · · · · · ·			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10						,		
12	Gross receipts from related activ	vities, etc. (see in:	structions)				12		
	First five years. If the Form 990 organization, check this box and	l stop here .		nd, third, fourth,	or fifth tax year a	is a section	501(c)(3	8) ▶ □	
	tion C. Computation of Pu						Г., Г		
14 15	Public support percentage for 20 Public support percentage from	•	•	ne 11, column (f).		•	15	<u>%</u> %	
16 a	16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
ŀ	b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
ł	b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organ		_			•		tructions -	
BAA								0 or 990-EZ) 2009	

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

(Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (e) 2009 (d) 2008 Calendar year (or fiscal yr beginning in) (a) 2005 (b) 2006 (c) 2007 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 43,206 90,282 133,488. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 57,950 66,155 124,105. nurpose Gross receipts from activities that are not an unrelated trade or business 0. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0. The value of services or facilities furnished by a governmental unit to the organization without charge 0. 257,593. 0 0 0 101,156 156,437 6 Total. Add lines 1 through 5... 7a Amounts included on lines 1. 2. 3 received from disqualified 0 0 0 2,800 2,300 5,100. persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0 0 0 0 0 0 0 0 2,800 2,300 5,100. c Add lines 7a and 7b. 8 Public support (Subtract line 7c from line 6.) 252,493. Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 Calendar year (or fiscal yr beginning in) (e) 2009 (f) Total 0. 0 0 101,156 156,437 257,593. 9 Amounts from line 6. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. 68 194 262. b Unrelated business taxable income (less section 511 taxes) from businesses 0. acquired after June 30, 1975. 0 0. 0 68 194 262. c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on 0. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0. 257,855. 13 Total support. (add Ins 9, 10c, 11, and 12) 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) **►** X organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 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 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 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

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

Schedule A	(Form 990 or 9	990-EZ) 2009	Camp PALS			35-2334489	Page 4
Part IV	Supplement	tal Informat	ion. Complete	this part to provide	e the explanations re	equired by Part II, Iir ormation. See instru	e 10;
	Part II, line	1/a or 1/b;	and Part III, III	ne 12. Provide any	other additional inf	ormation. See instru	ctions.
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2009	Federal Statements	Page 1
<u> </u>	Camp PALS	35-2334489
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses		
Camp Dining Hall Expenses Equipment Rental. General Camp Expenses Insurance Meals & Entertainment Miscellaneous Office Expenses Storage Supplies and Food Travel		25,217. 741. 356. 2,990. 2,524. 145. 13,744. 4,999.

Statement 2 Form 990-EZ, Part III Organization's Primary Exempt Purpose

Camp PALS aims to offer young adults with Down syndrome the best week of their summer while providing a variety of experiences, new opportunities, and a chance to become more independent. The organization strives to create an impassioned community: campers, counselors, parents, and friends who encourage each other and grow together. The organization then provides the framework to maintain and strengthen community bonds with alumni programming. The organization also attempts to make a meaningful impact in the larger Down syndrome community.

Statement 3 Form 990-EZ, Part III, Line 28 Statement of Program Service Accomplishments

Camp PALS has benefited over 500 individuals with and without Down syndrome since its incorporation. The Organization provides scholarship experiences for those with and without Down syndrome, offering overnight social inclusion experiences. The Organization's work has been instrumental in encouraging increased independence and equal opportunity for those with Down syndrome.

Statement 4 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No