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For the 2010 calendar year, or tax year beginning

Department of the Treasury Internal Revenue Service

ENVELOPE OCT 0 7 2011

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)

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

, 2010, and ending

OMB No 1545 0047

2010

Open to Public inspection

Tax-exempt status X 501(c/3) 501(c) 101(c) 10	
Intel return Annead return Application peeding F Name and address of principal officer Same As C Above Tax exempt status X \$50(c)(3) \$50(c) ** (insert no.) \$49J(a)(1) or \$527 \$10	
Tax-exempt status X 301(x/3) 501(c) - (insert no.) 4947(a)(1) or 527 17 the present personal and states of principal officer Same As C Above Tax-exempt status X 301(x/3) 501(c) - (insert no.) 4947(a)(1) or 527 17 the present personal and states X 10 the present 10 the present 10 the present 10 the present 10 the prese	
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Tax exempt status X 501(c)(3) 501(c) 1	,110.
Tax-exempt status X Solic(x)	X No
Website: * www. Christitalancamps.net* Nego Group exemption number	No
Family Summary	
Part Summary	
The strict of the organization's mission or most significant activities. Evangelical and Religious Ministry 2 Check this box	<u> </u>
2 Check this box - if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of independent voting members of the governing body (Part VI, line 1b) 6 Total number of voting described in calendar year 2010 (Part VI, line 2a) 7 Total number of voting described in calendar year 2010 (Part VI, line 2a) 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 Investment income (Part VIII, column (A), lines 3, 4(a) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	
b Net unrelated business taxable income from form 990-T, line 34	Y
b Net unrelated business taxable income from form 990-T, line 34	
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Program service revenue (Part VIII, line 2g)	
Program service revenue (Part VIII, line 2g)	
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 56,5 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Part II Signature Block Under penalties of penury, I declare that I have examined fine return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, signature of officer is passed on all information of which preparer has any knowledge. Signature of officer Signa	
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17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, asset of officer of the preparer (other than officer) is asset on all information of which preparer has any knowledge Signature of officer Date Executive Director	,500.
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Sign Signature of officer Date Here Figure 1 Small Executive Director	
Here Front W SMALL Executive Director	
Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN	
Print/Type preparer's name Preparer's signature Date Check if PTIN	
TOTAL PROPERTY OF THE PROPERTY	
Raid Eric J. Stinson Eric J. Stinson 9.12.11 self employed N/A	
Preparer Firm's name > Robert G. Stinson Co., PC	
Use Only Firm's address ► 144 Pleasant Street Firm's EIN ► N/A	
Laconia, NH 03246 Phone no (603) 524-0940	40
	No
BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 12/21/10, Form 990 (2)	
617 N	(· /

	& Conferences, Inc.		305424	<u> </u>	Page 2
Part III Statement of Program Se	•				_
***************************************	response to any question in this Part III .		·	<u> </u>	Ц
1 Briefly describe the organization's miss	•••				
Evangelical and Religiou	is_ministry				
		·			
2 Dud the assessment and state as					
	nificant program services during the year which v	vere not listed on the prior		. 🖼	
Form 990 or 990-EZ?		• •		Yes X	No
If 'Yes,' describe these new services of			_		
	or make significant changes in how it conducts,	any program services?		Yes X	No
If 'Yes,' describe these changes on Sci			_		
and 501(c)(4) organizations and section expenses, and revenue, if any, for each	nents for each of the organization's three largest in 4947(a)(1) trusts are required to report the amo in program service reported.	program services by expe	nses. Sec ns to othe	ers, the to	c)(3) otal
4a (Code. (Expenses \$	1, 264, 848. including grants of \$) (Revenue	Ś		· · · · · ·
Summer Camp - approx 75			·		
Children ages 8 - 18 are	presented with the Gospel of	Jesus Christ whi	ch inc	cludes	
Bible study and other ca					
					
					
					
	- 		-		
					-
4b (Code: " (Expenses \$	500,072. including grants of \$) /Davague	<u>.</u>		
	- approx 70 groups (Approximate	(Revenue			
	eens and adults, seek to get av				
				za L_alli	-
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	- 	- 			
			-		
					
				- -	
					
		- 			
		- 			
) (Revenue)
	Related Party Nonprofit Organ	<u>nization to assis</u>	st_in_t	<u>their</u>	
mission of Evangelical 8	Religious Ministry.	- <i></i>	. 		
					 _
			_		
					
					
4d Other program services. (Describe in S	chedule O.)				
(Expenses \$	including grants of \$) (Revenue \$)	
4e Total program service expenses ►	2,027,552.	,			
BAA	TEEA0102L 10/06/10			Form 99	0 (2010)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) .	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		<u>X</u>
- 5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		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	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
ā	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	Х	
ŀ	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	11 b		Х
•	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	11 c		Х
•	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	11 d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	ļ	<u>X</u>
f	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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 <i>a</i>	Did the organization maintain an office, employees, or agents outside of the United States?.	14a	ļ <u>.</u>	X
t	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, Parts I and IV	14b		Х
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, Parts II and IV	15		<u> </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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
t	olf 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 Ь		

Form 990 (2010) Christian Camps & Conferences, Inc.

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and IL	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		_ X_
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 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
	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).			v
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>x</u>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3 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		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
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Check if Schedule O contains a response to any question in this Part V			
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	. 1		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	. 1		
c 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, filed for the calendar year ending with or within the year covered by this return 2a 194			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2ь	х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3b	X	
4a 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)?	4a		Х
b If 'Yes,' enter the name of the foreign country. ▶			
See instructions for 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?	5Ь		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь	Ī	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7Ь		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year . 7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 q		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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 organization, have excess business holdings at any time during the year?	8		
9 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?	9Ь		
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 10 b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	13a		1
Note. See the instructions for additional information the organization must report on Schedule O.	124		
· ·	- 1		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?			v
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14a		Х
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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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1 a b Enter the number of voting members included in line 1a, above, who are independent 1 b 11 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? .. See Schedule 0 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a 7b **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director or 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 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 b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Х 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O 12c 13 Does the organization have a written whistleblower policy? . X 13 X 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official See Schedule O 15a Х X See Schedule O. **b** Other officers of key employees of the organization 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 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 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. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► Robert M. Strodel 34 Camp Brookwoods Road, Alton, NH 03809 (603) 875-3600

Form 990 (2010)	Christian	Camps	r	Conferences.	Tnc
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Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any. See instructions for definition of 'key employees.'
- 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.

Check this box if neither the organization	n nor any i	related	org	janiz	zatio	n con	nper	sated any current offi	cer, director, or truste	€.
(A)	(B)							(D)	(E)	(F)
Name and title	Average hours			check	all t	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week (describe hours for related organiza tions in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	amount of other compensation from the organization and related organizations
(1) Peter C. Bennett										
Secretary	10	X		X				0.	0.	0.
(2) George F. Bennett, Jr.										
Chairman	10	Х		X				0.	0.	0.
(3) William Voge					-					
Director	2	X						0.	0.	0.
(4) Robert M. Strodel										
President	50	X		X	Х			105,112.	0.	0.
(5) Kathy Vaselkiv										
Director	2	X						0.	0.	0.
(6) Lisa Bennett Forkner										
Director	2	X	Ш					0.	0.	0.
(7) Robert B. Bennett	_									
Director	2	X	Ш	X				0.	0.	0.
(8) Cheryl Crawford	_									
Director	2	X						0.	0.	0.
_(9) Todd Blount	_									
Director	2	X						0.	0.	0.
(10) David R. Bass	_							_		
Director	2	X						0.	0.	0.
(11) George Veth	↓							_		
<u>Treasurer</u>	2	X		X				0.	0.	<u> </u>
(12) Steven R. Aldridge	-								_	
Food Service Direc	30					<u>X</u>		44,825.	0.	9,749.
(13) Melissa C. Yonan									_	
Dir Alumni & De	40				_	X	ļ	56,656.	0.	4,467.
(14) Craig Boronow	╡								_	
Assoc Dir of Camp	40				ļ	Х	<u> </u>	55,000.	0.	10,004.
(15) David Gleason	٠, ا				Ì	,,		,, ,, ,, ,	_	
Facility Director	40_	1	_		<u> </u>	Х	<u> </u>	45,317.	0.	9,085.
(16) George Bowling	٠, ا					17		47.000	_	10 005
Director of Confer	40	-	\vdash		\vdash	Х	<u> </u>	47,808.	0.	19,865.
<u> </u>	-									
RAA		١	LL.	2107		/21/10	Ц	L		Form 990 (2010)

Part VII Section A. Officers, Directors, Trus	tees, I	∕eу	En	npl	oye	es,	an	d Highest Co	mpensated Em	ployee	es (co	ont)
(A)	(B)			•	c)			(D)	(E)		(F)	
Name and title	Name and title Average Position (check all that apply) Reportable Reportable Compensation from Compensation from				Reportable compensation from	E	stimated int of oth	ner				
	per week (describe hours for related organi-	or di	Insti	Officer	Eg.	High	Form	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	con	pensation of the	
	hours for related	recto	nstitutional	e .	emp	est c	jer	(** = ***** ***************************	l ord	anization	n H	
	zations	trustee			employee	duo				org	anızatıon	ıs
	Sch O)	8	trustee		ŀ	Highest compensated employee		!				
						8						
(18)	-			-			:-	-		-	_	-
(20)												
(21)		_										
(22)		-		-	├							
					ļ							
									-			
_(24)												
(25)												
(26)												
<u>(27)</u>												
(28)				ļ. —	-			-				
(29)												
1b Sub-total	!		<u> </u>	<u> </u>	1	l		354,718.	0.		53,1	L70.
c Total from continuation sheets to Part VII, Section A							•	0.	0.			0.
d Total (add lines 1b and 1c)							•	354,718.	0.		53,1	L70.
2 Total number of individuals (including but not limited	to thos	e lis	ted	abo	ve)	who	rece	eived more than \$	100,000 in reportal	ole comp	oensat	ıon
from the organization 1								_				
										F	Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	еу е	emp	loye	e, o	r hig	hest compensate	d employee	3		Х
						•				-		
4 For any individual listed on line 1a, is the sum of retune organization and related organizations greater to	ortable nan \$15	0,00	iper 0? <i>I</i>	isau f'Ye	es' c	omp	otne olete	r compensation in Schedule J for	om			
such individual						•		•	•	4	ļ	X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' or	ompens:	ation Sci	n fro hedi	m a ule -	ny ι <i>I for</i>	inrel suc	atec h pe	i organization or il erson	ndividual	5]	Х
Section B. Independent Contractors	_											
Complete this table for your five highest compensation from the organization.	ed indep	end	ent	con	trac	ors	that	received more th	an \$100,000 of			
(A)								(B	<u>, </u>		(C)	
Name and business addres	s							Description	of services	Comp	ensatio	n
			-									
2 Total number of independent contractors (including	but not	lımıtı	ed t	o th	OSE	liste	d at	ove) who receive	d more than			
\$100,000 in compensation from the organization	0		Ju (J 411	JJ6		_ at	.510/ 1110 1606146				
DAA								·				(2010)

F G	1 Aith Statement of Venerine				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S	1a Federated campaigns 1a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				
88	·				
S. A	c Fundraising events 1c		1		
뜯衔	d Related organizations 1 d				
S	e Government grants (contributions)				
52	• All other contributions gifts grants and				
둛뜀	f All other contributions, gifts, grants, and similar amounts not included above 1, 361, 469.				
EÖ	g Noncash contributions included in lns 1a-1f. \$ 14,000.				
중割	h Total. Add lines 1a-1f	1 261 460			
	Business Code	1,361,469.		······	
Ž		1 666 017	4 555 047		
8	2a Camper Fees	1,666,917.	1,666,917.		
2	b Conference Fees	484,627.	484,627.		
乡	c Management Income	379,414.	379,414.		
Ě	d			•	
ξ	e	· ·			
8	f All other program service revenue			<u></u>	
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f	2,530,958.			
	g Town: Add liftes 2d-21	2,000,000.			<u> </u>
	3 Investment income (including dividends, interest and other similar amounts)	-36,156.		-40,497.	4,341.
	4 Income from investment of tax-exempt bond proceeds	30/130.		10,151.	4,541.
					· · · · · · · · · · · · · · · · · · ·
	5 Royalles				
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less. rental expenses				
	c Rental Income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory 38,000.				
	b Less: cost or other basis and sales expenses 34,094.				
	c Gain or (loss) 3, 906.	2 225	2 225		
	d Net gain or (loss)	3,906.	3,906.		
ENUE	8a Gross income from fundraising events (not including \$				
OTHER REVEN	of contributions reported on line 1c).				
8	See Part IV, line 18. a			•	
E	b Less, direct expenses. b				
١	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less. direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a 231, 839.				
	b Less cost of goods sold b 169, 253.				
	c Net income or (loss) from sales of inventory	62,586.		57,836.	4,750.
	Miscellaneous Revenue Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-/
	11a	[1
	b			-	
	d All other revenue				
					<u> </u>
	e Total. Add lines 11a-11d	3 000 762	2 524 064	17 222	2 2 2 2 2
	12 Total revenue. See instructions	3,922,763.	2,534,864.	17,339.	9,091.

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	262,632.	262,632.		
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			,	
	Benefits paid to or for members .		.		
5	Compensation of current officers, directors, trustees, and key employees	260,935.	0.	226,797.	34,138.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	713,387.	491,651.	218,736.	3,000.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,530.	10,008.	16,522.	
9	Other employee benefits.	193,565.	74,575.	117,386.	1,604.
10	Payroll taxes	74,278.	36,194.	34,888.	3,196.
	Fees for services (non-employees):				
	Management	1 704		4 504	
	Legal .	1,704.		1,704.	
	Accounting	18,624.		18,624.	
	Lobbying	56,500.			F6 F00
	Professional fundraising services See Part IV, line 17	30,300.			56,500.
	Investment management fees Other	13,502.	1,584.	11,918.	
_	Advertising and promotion	17,587.	7,009.	11, 910.	10,578.
13	Office expenses	22,352.	17,399.	1,276.	3,677.
14	Information technology	22,002.	21,70331	2/2:01	
15	Royalties				
16	Occupancy	127,986.	127,986.		
17	Travel	106,183.	89,305.	1,323.	15,555.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	· · · · · · · · · · · · · · · · · · ·		•	
19	Conferences, conventions, and meetings	3,961.	1,895.		2,066.
20	Interest .	25,736.	25,734.		2.
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	128,110.	128,110.		
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)	66,734.	66,734.		
	Food Supplies	279,318.	279,318.		
	Supplies - Program	131,077.	131,077.		
	Scholarships-Campers	100,433.	100,433.		
	Scholarships-Staff	48,333.	48,333.		-
	Supplies - Mtnce	48,257.	48,257.	44.406	
	All other expenses	119,360.	79,318.	11,106.	28,936.
	Total functional expenses. Add lines 1 through 24f	2,847,084.	2,027,552.	660,280.	159,252.
26 	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA					Form 990 (2010)

			(A) Beginning of year		(B) End of year
\sqcap	1	Cash – non-interest-bearing .	40,452.	1	59,236.
	2	Savings and temporary cash investments	466, 404.	2	521,448.
	3	Pledges and grants receivable, net	1,000.	3	880,150.
	4	Accounts receivable, net	20,935.	4	23,443.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
-	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Š	7	Notes and loans receivable, net.		7	
SETS	8	Inventories for sale or use	10,684.	8	10,494.
T S	9	Prepaid expenses and deferred charges	13,893.	9	33,273.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 9,768,434.			· · · · · · · · · · · · · · · · · · ·
		Less. accumulated depreciation. 10b 2,694,515.	7,068,357.	10 c	7,073,919.
	11	Investments – publicly traded securities	1,333.	11	1,357.
	12	Investments – other securities. See Part IV, line 11		12	
l	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	189,422.	15	316,493.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,812,480.	16	8,919,813.
	17	Accounts payable and accrued expenses	44,001.	17	133,661.
	18	Grants payable		18	
	19	Deferred revenue		19	107,147.
-	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
E	23	Secured mortgages and notes payable to unrelated third parties	378,532.	23	368,025.
	24	Unsecured notes and loans payable to unrelated third parties .	3.07000.	24	
	25	Other liabilities, Complete Part X of Schedule D	151,806.	25	
	26	Total liabilities. Add lines 17 through 25	574,339.	26	608,833.
И		Organizations that follow SFAS 117, check here ► X and complete lines			
¥		27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets .	7,223,141.	27	7,250,194.
SSETS	28	Temporarily restricted net assets.	15,000.	28	1,060,786.
- 1	29	Permanently restricted net assets	<u> </u>	29	
R		Organizations that do not follow SFAS 117, check here ▶ □ and complete			·····
		lines 30 through 34.			
4	30	Capital stock or trust principal, or current funds		30	
1	31	Paid-in or capital surplus, or land, building, or equipment fund		31	······································
î	32	Retained earnings, endowment, accumulated income, or other funds		32	······································
日本上へまい	33	Total net assets or fund balances.	7,238,141.	33	8,310,980.
Š	34	Total liabilities and net assets/fund balances.	7,812,480.	34	8,919,813.
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Form 990 (2010)

Forn	1990 (2010) Christian Camps & Conferences, Inc.	23-7305424		Pa	ge 12
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	•		_	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,9	22,7	<u> 163.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,8	47,0	<u> 184</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1,0	75, 6	<u>579.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	7,2	<u>38,1</u>	41.
5	Other changes in net assets or fund balances (explain in Schedule 0) See Schedule 0	5		-2,8	<u>340.</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6 -	8,3	10,9	980.–
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				\Box
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
ŀ	Were the organization's financial statements audited by an independent accountant?		2b	Х	
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule 0 .				-
ď	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both.	issued on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a		х
	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	required audit	3Ь		
BAA			Forn	9 90	(2010)

TEEA0112L 12/21/10

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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.

4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2010

Name of the organization Employer identification number Christian Camps & Conferences, Inc. 23-7305424 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). 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, city, and state. 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X 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 9 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). 11 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. | Type III - Functionally integrated Type I b Type II C 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 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? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (iii) Type of organization (described on lines 1-9 above or IRC section (i) Name of supported organization (i) EIN (iv) Is the (v) Did you notify (vi) Is the (vii) Amount of support the organization in column (i) of organization in column (i) listed in organization in column (i) (see instructions)) your governing document? organized in the your support? Yes No Yes No Yes No (A) (B) (C) (D) **(E)** Total

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

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')									
2	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 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									
Sec	tion B. Total Support									
	ndar year (or fiscal year nning in) ►	(e) 2010	(f) Total							
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		:							
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activ	ities, etc (see inst	ructions)				12			
13	organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3) ► ∏			
<u>Sec</u>	tion C. Computation of Pu									
14	Public support percentage for 20	• .	• • • • • • • • • • • • • • • • • • • •	e 11, column (f))		<u> </u>	14 %			
15	Public support percentage from 2	2009 Schedule A,	Part II, line 14		• •	L	15 %			
16	a 33-1/3% support test — 2010. If the and stop here. The organization	ne organization di qualifies as a pub	d not check the b licly supported or	ox on line 13, and ganization	I the line 14 is 33-	1/3% or more	, check this box			
ı	o 33-1/3% support test — 2009. If the and stop here. The organization				i, and line 15 is 33	-1/3% or mor	e, check this box			
17 a	17a 10%-facts-and-circumstances test — 2010. 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.									
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	ind-circumstances test. The organiz	s' test, check this lation qualifies as	box and stop here a publicly supporte	. Explain in P ed organizatio	dart IV how the			
	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,						
BAA					S	chedule A (Fo	orm 990 or 990-EZ) 2010			

Schedule A (Form 990 or 990-EZ) 2010 Christian Camps & Conferences, Inc. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u> </u>	tion A. Public Support						
	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include any 'unusual grants.')	908,634.	592,677.	183,172.	202 527	1 261 460	2 240 470
2	Gross receipts from admis-	900,034.	392,611.	103,172.	202,321.	1,361,469.	3,248,479.
_	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is	_					
_	related to the organization's	0.00 500	0 076 400	0 600 000		0 760 707	10 006 484
2	tax-exempt purpose Gross receipts from activities	2,060,500.	2,376,422.	2,693,883.	2,392,869.	2, 162, 191.	12,286,471.
3	that are not an unrelated trade						
4	or business under section 513 Tax revenues levied for the						0.
4	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or		<u></u>				0.
	facilities furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	2,969,134.	2,969,099.	2,877,055.	2,595,396.	4,124,266.	15,534,950.
7 8	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
ŧ	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.	0.	0.	0.	0.	O.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						15 504 050
500	7c from line 6.)	<u> </u>	1			<u> </u>	15,534,950.
	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(O Total
valei	uar year (or riscal yr begillilling ili)						(f) Total
	Amounts from line 6	2 969 134	2 aga naa	2 877 NSS	12 505 306	1 1 1 2 1 266	115 524 050
9	Amounts from line 6 Gross income from interest.	2,969,134.	2,969,099.	2,877,055.	2,595,396.	4,124,266.	15,534,950.
9	Gross income from interest, dividends, payments received	2,969,134.	2,969,099.	2,877,055.	2,595,396.	4,124,266.	15,534,950.
9	Gross income from interest,						
9 10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	126,740.	8,727.	6,999.	2,595,396. 9,150.	4,341.	15,534,950. 155,957.
9 10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from						
9 10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						155, 957.
9 10 <i>a</i> I	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	126,740.	8,727.	6,999.	9,150.	4,341.	155,957.
9 10a I	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						155, 957.
9 10a I	d Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	126,740.	8,727.	6,999.	9,150.	4,341.	155,957.
9 10 <i>a</i> 1	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	126,740.	8,727.	6,999.	9,150.	4,341.	155,957.
9 10 <i>a</i> 1	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Ourrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include	126,740.	8,727.	6,999.	9,150.	4,341.	155, 957. 0. 155, 957.
9 10 <i>a</i> 1	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in	126,740.	8,727. 8,727.	6,999.	9,150. 9,150.	4,341.	155,957. 0. 155,957.
9 10a 1	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.	126,740. 126,740. 10,617.	8,727. 8,727. 9,052.	6,999. 6,999. 2,905.	9,150. 9,150. 13,445.	4,341.	155,957. 0. 155,957. 0. 36,019.
9 10a 1 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Ourrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.	126,740. 126,740. 10,617. 3,106,491.	8,727. 8,727. 9,052. 2,986,878.	6,999. 6,999. 2,905. 2,886,959.	9,150. 9,150. 13,445. 2,617,991.	4,341.	155,957. 0. 155,957. 0. 36,019. 15,726,926.
9 10a 1 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	126,740. 126,740. 10,617. 3,106,491. s for the organiza stop here	8,727. 8,727. 9,052. 2,986,878.	6,999. 6,999. 2,905. 2,886,959.	9,150. 9,150. 13,445. 2,617,991.	4,341.	155,957. 0. 155,957. 0. 36,019. 15,726,926.
9 10a 1 11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	126,740. 126,740. 10,617. 3,106,491. Is for the organiza stop here	8,727. 8,727. 9,052. 2,986,878. tion's first, second	6,999. 6,999. 2,905. 2,886,959. d, third, fourth, or	9,150. 9,150. 13,445. 2,617,991.	4,341. 4,341. 4,128,607. section 501(c)(3	155,957. 0. 155,957. 0. 36,019. 15,726,926.
9 10 <i>a</i> 1 11 12 13 14 Secc 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV. Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and etion C. Computation of Public support percentage for 20	126,740. 126,740. 10,617. 3,106,491. Is for the organiza stop here Iblic Support	8,727. 8,727. 9,052. 2,986,878. tion's first, second Percentage (f) divided by line	6,999. 6,999. 2,905. 2,886,959. d, third, fourth, or	9,150. 9,150. 13,445. 2,617,991.	4, 341. 4, 341. 4, 128, 607. section 501(c)(3	155,957. 0. 155,957. 0. 36,019. 15,726,926.) ►□
9 102 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV. Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and attom C. Computation of Pupublic support percentage from 20.	126,740. 126,740. 10,617. 3,106,491. Is for the organiza stop here Iblic Support I0 (line 8, column 2009 Schedule A,	8,727. 8,727. 9,052. 2,986,878. tion's first, second Percentage (f) divided by line Part III, line 15	6, 999. 6, 999. 2, 905. 2, 886, 959. d, third, fourth, or	9,150. 9,150. 13,445. 2,617,991.	4,341. 4,341. 4,128,607. section 501(c)(3	155,957. 0. 155,957. 0. 36,019. 15,726,926.
9 102 11 11 12 13 14 Sec 15 16 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and action C. Computation of Public support percentage from action D. Computation of Inventory.	126, 740. 126, 740. 126, 740. 10, 617. 3, 106, 491. Is for the organiza stop here Iblic Support I10 (line 8, column 2009 Schedule A, vestment Inco	8,727. 8,727. 9,052. 2,986,878. Ition's first, second Percentage (f) divided by line Part III, line 15	6, 999. 6, 999. 2, 905. 2, 886, 959. d, third, fourth, or e 13, column (f))	9,150. 9,150. 13,445. 2,617,991. fifth tax year as a	4, 341. 4, 341. 4, 128, 607. section 501(c)(3	0. 155,957. 0. 155,957. 0. 36,019. 15,726,926.) ►□ 98.8 % 97.2 %
9 102 11 12 13 14 Sec 15 16 Sec 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and the composition of Public support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage for	126,740. 126,740. 126,740. 10,617. 3,106,491. Is for the organiza stop here IDIO (line 8, column 2009 Schedule A, vestment Incoor 2010 (line 10c,	8,727. 8,727. 9,052. 2,986,878. tion's first, second Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided	6,999. 6,999. 2,905. 2,886,959. d, third, fourth, or e 13, column (f)) e	9,150. 9,150. 13,445. 2,617,991. fifth tax year as a	4,341. 4,341. 4,128,607. section 501(c)(3	155,957. 0. 155,957. 0. 36,019. 15,726,926.) ►□ 98.8 % 97.2 %
9 102 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and and the computation of Public support percentage from 20. Public support percentage from 21. Investment income percentage from 21. Investment income percentage from 23. Investment income percentage from 24. Investment income percentage from 25.	126, 740. 126, 740. 126, 740. 126, 740. 10, 617. 3, 106, 491. Is for the organiza stop here Iblic Support II (line 8, column 2009 Schedule A, vestment Incoor 2010 (line 10c, rom 2009 Schedul the organization of	8,727. 8,727. 8,727. 9,052. 2,986,878. Ition's first, second Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided le A, Part III, line did not check the	6, 999. 6, 999. 2, 905. 2, 886, 959. d, third, fourth, or 13, column (f)) 1e 1 by line 13, column 17 box on line 14, an	9,150. 9,150. 13,445. 2,617,991. fifth tax year as a	4, 341. 4, 341. 4, 341. 4, 128, 607. section 501(c)(3 15 16 17 18 than 33-1/3%, an	0. 155,957. 0. 155,957. 0. 36,019. 15,726,926.) ► □ 98.8 % 97.2 %
9 102 11 11 12 13 14 Sec 15 16 Sec 17 18 192	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and the support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage from 3 13-1/3% support tests — 2010. If is not more than 33-1/3%, check	126,740. 126,740. 126,740. 10,617. 3,106,491. Is for the organiza stop here Iblic Support II (line 8, column 2009 Schedule A, vestment Incoor 2010 (line 10c, rom 2009 Schedul the organization of this box and stop	8,727. 8,727. 8,727. 9,052. 2,986,878. Ition's first, second Percentage (f) divided by line Part III, line 15 me Percentag column (f) divided e A, Part III, line did not check the here. The organi	6, 999. 6, 999. 2, 905. 2, 886, 959. d, third, fourth, or e 13, column (f)) e 14, and the control of the contr	9,150. 9,150. 13,445. 2,617,991. fifth tax year as a	4, 341. 4, 341. 4, 341. 4, 128, 607. section 501(c)(3 15 16 17 18 than 33-1/3%, anted organization	0. 155,957. 0. 155,957. 0. 36,019. 15,726,926.) ► □ 98.8 % 97.2 % 1.0 % 1.5 % d line 17
9 102 11 11 12 13 14 Sec 15 16 Sec 17 18 192	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and and the computation of Public support percentage from 20. Public support percentage from 21. Investment income percentage from 21. Investment income percentage from 23. Investment income percentage from 24. Investment income percentage from 25.	126,740. 126,740. 126,740. 10,617. 3,106,491. Is for the organiza stop here Iblic Support II (line 8, column 2009 Schedule A, vestment Incoor 2010 (line 10c, rom 2009 Schedul the organization of this box and stop	8,727. 8,727. 8,727. 9,052. 2,986,878. Ition's first, second Percentage (f) divided by line Part III, line 15 me Percentag column (f) divided e A, Part III, line did not check the here. The organi	6, 999. 6, 999. 2, 905. 2, 886, 959. d, third, fourth, or e 13, column (f)) e 14, and the control of the contr	9,150. 9,150. 13,445. 2,617,991. fifth tax year as a	4, 341. 4, 341. 4, 341. 4, 128, 607. section 501(c)(3 15 16 17 18 than 33-1/3%, anted organization	0. 155,957. 0. 155,957. 0. 36,019. 15,726,926.) ► □ 98.8 % 97.2 % 1.0 % 1.5 % d line 17

Schedule /	A (Form	990 or 9	90-EZ) 2	2010	<u>Chri</u>	stian	n Cam	ps & (Confe	rences	, Inc.		23-7	30542	4	Page 4
Part IV	Supp Part	lemen II, line instruc	<mark>tal Inf</mark> o 17a or	ormat 17b:	ion. C and P	omple art III,	te this line 1	part to 2. Also	o provi o comp	de the o lete thi	explana s part f	ations i or any	equired addition	by Par nal info	t II, line rmation	10;
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Schedule A, Part IV - Supplemental Information

Page 5

Christian Camps & Conferences, Inc.

23-7305424

Part II	l. Li	ne 1	12 -	Other	Income
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Nature and Source	2010	2009	2008	2007	2006
Miscellaneous		267 <u>.</u>	_ 2,905.	7,274.	3,963.
Insurance Claim Income		13,178.	4 0 005	1, 118.	6,654.
Total	\$ 0.	<u>\$ 13,445.</u>	\$ 2,905.	\$ 9,052.	<u>\$ 10,617.</u>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions. 2010

Open to Public Inspection

Employer identification number

Chi	ristian Camps & Conferences, I	Inc.	23-7305424
	t Organizations Maintaining Dono	or Advised Funds or Other Similar	
	the organization answered 'Yes'	to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don	or advisors in writing that the assets held in	
6	funds are the organization's property, subject Did the organization inform all grantees, donor		
_	used only for charitable purposes and not for t purpose conferring impermissible private bene	the benefit of the donor or donor advisor, or fit?	for any other Yes No
Par	t II Conservation Easements. Comp	lete if the organization answered '	Yes' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply).	
	Preservation of land for public use (e.g., r	ecreation or education) Preservati	on of an historically important land area
	Protection of natural habitat	Preservati	on of a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation contribution	in the form of a conservation easement on the
			Held at the End of the Tax Year
á	a Total number of conservation easements		2a
1	Total acreage restricted by conservation ease	ments .	2b
•	Number of conservation easements on a certif	ied historic structure included in (a)	2c
(d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a his	storic 2d
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or term	
4	Number of states where property subject to co	inservation easement is located ▶	
-7	• • • •		
5	Does the organization have a written policy reand enforcement of the conservation easemer		
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, and enforcing conservation e	asements during the year
7	Amount of expenses incurred in monitoring, in ► \$	specting, and enforcing conservation easem	nents during the year
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of	section Yes No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue o the organization's financial statements tha	and expense statement, and balance sheet, and t describes the organization's accounting for
Pai	The Complete if the organization and Complete if the Organization	ections of Art, Historical Treasure swered 'Yes' to Form 990, Part IV,	s, or Other Similar Assets. line 8.
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan	s held for public exhibition, education, or res	evenue statement and balance sheet works of search in furtherance of public service, provide,
ŀ	 If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items. 	SFAS 116 (ASC 958), to report in its revening for public exhibition, education, or research	ue statement and balance sheet works of art, ch in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1	> \$
	(ii) Assets included in Form 990, Part X.		>\$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar asse 116 (ASC 958) relating to these items:	ts for financial gain, provide the following
á	a Revenues included in Form 990, Part VIII, line	1	. •\$
	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2010 Chris Part III Organizations Mainta	stian Camps	& Conference	es, Inc.	23-730	5424	Page 2
3 Using the organization's acquisiti items (check all that apply).	on, accession, an	d other records, che	eck any of the following	that are a significant us	e of its co	llection
a Public exhibition		d 🗌 Loan	or exchange programs			
b Scholarly research		e 🗌 Other				
c Preservation for future gener						
4 Provide a description of the organ Part XIV.					e in	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or rece ather than to be r	eive donations of art	, historical treasures, or the organization's coll	r other similar ection?	Yes	□No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangemer	ts. Complete if	organization answ	ered 'Yes' to Form	990, Pa	
1a Is the organization an agent, trus included on Form 990, Part X?				er assets not	☐ Yes	□No
b If 'Yes,' explain the arrangement	in Part XIV and o	complete the following	ng table:			
		•			Amount	
c Beginning balance				1c		
d Additions during the year			•	1 d		
e Distributions during the year				1 e		
f Ending balance	•			1f		
2a Did the organization include an a		90, Part X, line 21?			Yes	No
b If 'Yes,' explain the arrangement						
Part V Endowment Funds. C					<u>ne 10.</u>	
	(a) Current year	(b) Prior year	r (c) Two years bac	k (d) Three years back	(e) For	ur years back
1 a Beginning of year balance						
b Contributions						
 c Net investment earnings, gains, and losses 						
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	e of the year end	balance held as.				
a Board designated or quasi-endov	vment ►	%				
b Permanent endowment ▶	<u> </u>					
c Term endowment ►	%					
3a Are there endowment funds not i	n the possession	of the organization t	that are held and admin	istered for the	_	
organization by.	•	J			`	Yes No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(II), are the related of	-	•		•	3b	
4 Describe in Part XIV the intended						
Part VI Land, Buildings, and				· · · · · · · · · · · · · · · · · · ·		
Description of investment	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation		ook value
1a Land .	<u> </u>		4,855,695.	4 4		<u>855,695.</u>
b Buildings	<u> </u>		4,258,384.	1,633,862.	2,	624,522.
c Leasehold improvements	<u> </u>		54,777.	41,366.		13,411.
d Equipment	<u> </u>		599,578.	429,141.		170,437.
e Other				590,146.		590,146.
Total. Add lines 1a through 1e (Column	n (d) must equal l	orm 990, Part X, co	olumn (B), line 10(c).)	<u> </u>		<u>073,919.</u>
BAA				Sche	dule D (Fo	rm 990) 2010

Schedule D (Form 990) 2010 Christian Camps &	Conferences, I	nc.	23-7305424	Page :
Part VII Investments-Other Securities. See F				
(a) Description of security or category (including name of security)	(b) Book value	Cost o	Method of valuation. r end-of-year market value	
(1) Financial derivatives				
(2) Closely-held equity interests		-		
(3) Other				
(A)				
<u>(B)</u>				
<u>(C)</u>				
<u></u>				
(E)				
<u></u>				
(G)				
<u>(H)</u>				
_()				
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)			······ ,	
Part VIII Investments-Program Related. (See		line 13) N/A		
(a) Description of investment type	(b) Book value		c) Method of valuation. or end-of-year market value	
(1)				
(2)				_
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	-			
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)	4.	<u> </u>		
Part IX Other Assets. (See Form 990, Part X			· · · · · · · · · · · · · · · · · · ·	
	scription		(b) Book	value
(1)				
(2)				
(3)				_
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column(B		· - · · · · · · · · · · · · · · · · · ·	<u> </u>	
Part X Other Liabilities. (See Form 990, Par		- 		
(a) Description of liability	(b) Amount	 		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	-			
(10)				
(11) Tatal (Column (b) must sout Form 200 Part V solumn (B) loss (F)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	• Ho forbook to the co		-1-1	
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text	OT THE TOOTHOTE TO THE OF	ganization's financial	statements that reports the	

Schedule D (Form 990) 2010 Christian Camps & Conferences, Inc.	23-7305424	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	N/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year. Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses .		
7 Prior period adjustments		
8 Other (Describe in Part XIV).		
9 Total adjustments (net). Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return N/A	
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.		
a Net unrealized gains on investments . 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV).		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return N/A	
Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses 2c		
d Other (Describe in Part XIV.)		
e 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:		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV.)		
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIV Supplemental Information	·····	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also collarly additional information.	art IV, lines 1b and 2b; mplete this part to provide	·
	- 	
		- - -
		_

Schedule D	(Form 990) 2010	Christian	Camps &	Conferences,	Inc.		23-7305424	Page 5
Part XIV	Supplement	al Information	(continue	ed)				
								
				- 				
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2010

Schedule D, Part XIV - Supplemental Information

Page 6

Christian Camps & Conferences, Inc.

23-7305424

Schedule D, Part XII, Line 2d Other Revenue Included In F/S But Not Included On Form 990

Change in Deferred Compensation

\$ -2,835. Total \$ -2,835.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545 0047

2010

Open to Public Inspection

Name o	of the organization		,		· · · · · · · · · · · · · · · · · · ·		Employer identifica	tion number		
Chr	istian Camps & Confere	ences, Inc	! .			23-7305424				
Par	The state of the s	ete if the organ	ization ans	swered 'Ye	es' to Form 990, Part IV	, line 17	•			
1	Indicate whether the organization r	aised funds thre	ough any	of the follo	wing activities. Check a	III that a	pply.			
а	Mail solicitations		_	_ e	Solicitation of non-					
_ b	Internet and email solicitations			f	Solicitation of gove	-	_			
С	Phone solicitations			g	Special fundraising		•			
d	In-person solicitations									
2a	Did the organization have a written employees listed in Form 990, Part	or oral agreem VII) or entity in	nent with a	iny individi on with pro	ual (including officers, d ofessional fundraising s	lirectors ervices?	trustees or key	Yes X No		
b	If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	dividuals or enti e organization.	ties (fundr	aisers) pu	rsuant to agreements u	nder wh	ich the fundrais	er is to be		
(1)	Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts		mount paid to	(vi) Amount paid to		
	or entity (idiluraiser)		have custody or control of contributions?		from activity	(or retained by) fundraiser listed in column (i)		(or retained by) organization		
			Yes	No						
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
Total				•				0.		
3	List all states in which the organiza or licensing.	ition is registere	ed or licen	sed to soli	cit contributions or has	been no	otified it is exem	pt from registration		
	or incensing.									
								• • •		

		G (Form 990 or 990-EZ) 2010 Christi			23-730	
Pai	111	Fundraising Events. Complete is reported more than \$15,000 of ful and 6a. List events with gross re	undraising event co	ontributions and arc	form 990, Part IV, I oss income on Forn	ine 18, or n 990-EZ, lines 1
		3	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
R E V			(event type)	(event type)	(total number)	
REVENUE	1	Gross receipts .				
Ě	2	Less. Charitable contributions .				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
E C T	7	Food and beverages				
E X P	8	Entertainment.				
EXPENSES	9	Other direct expenses .				
š	10	Direct expense summary. Add lines 4- th	nrough 9 in column (d)		▶	
,	11	Net income summary. Combine line 3, co	olumn (d), and line 10	<u> </u>	>	
Pa	t III	Gaming. Complete if the organize \$15,000 on Form 990-EZ, line 6a	zation answered 'Y a.	es' to Form 990, Pa	art IV, line 19, or re	eported more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ų E		Creas revenue				
	1	Gross revenue				
n E	2	Cash prizes				
DIRECT	3	Non-cash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		•	
	8	Net gaming income summary. Combine I	ines 1, column (d) and	line 7	.	
	als th	er the state(s) in which the organization op he organization licensed to operate gamino No,' explain:	g activities in each of the	ese states?		
		re any of the organization's gaming license 'es,' explain	es revoked, suspended	or terminated during the	tax year?	Yes No
BAA			TEEA3702L	01/13/11	Schedule G (Fo	rm 990 or 990-EZ) 2010

Page 2

Scried	dule 4 (Form 990 of 990-E2) 2010 Chilistian Camps & Conferences, Inc. 23-7	30342	.4	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	За		8
b	An outside facility	3Ь		<u> </u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:		
_	Name ►	=-	=	:=
	Address ►			
15a	Does the organization have a contact with a third party from whom the organization receives gaming revenue? .	[Yes	No
b	If 'Yes,' enter the amount of gaming revenue received by the organization • \$ and the ai	mount `		
	of gaming revenue retained by the third party > \$			
С	If 'Yes,' enter name and address of the third party.			
	Name •	-		
	Address ►			
16	Gaming manager information.			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided	.		
	Director/officer Employee Independent contractor			
	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year > \$	in the		
Par	Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applications this part to provide any additional information (see instructions).	by Pai ble. A	rt I, lin Iso co	e 2b, nplete
	this part to provide any additional information (see instructions).			
		<u> </u>		
	······································			
		•		
			_	
			_	

SCHEDULE I	Gr. Gov	Grants and Oth Governments an	Grants and Other Assistance to Organizations, iovernments and Individuals in the United States	o Organization the United Sta	ıs, ates		OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Comple	te if the organizatio	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.	rm 990, Part IV, lines 2 '.	:1 or 22		Open to Public Inspection
Name of the organization Christian Camps & Conferences, Dart Ceneral Information on Grant	ian Camps & Conferences, Inc.	950				Employer identification number 23-7305424	ation number
Does the organization m the selection criteria use	Does the organization maintain records to substantiate the amount of the gran the selection criteria used to award the grants or assistance?		ts or assistance, the grantees' eligibility for the grants or assistance, and	tees' eligibility for the g	grants or assistance, a	חם	X Yes No
2 Describe in Part IV the cart III Grants and Oth Form 990, Part Part II can be d	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 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 \$5,00 Part II can be duplicated if additional space is needed	ring the use of gram ints and Organ; that received m is needed	nit funds in the United States. See Part_IV nizations in the United States. Complete if the organization answered 'Yes' to more than \$5,000. Check this box if no one recipient received more than \$5,000.	tes. See Part. led States. Complete theck this box if no o	trt IV lete if the organiz to one recipient re	ation answered '	Yes' to an \$5,000. ▶
1 (a) Name and address of organization or government	Janization (b) EIN	(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
(1)						-	Camps & Conference Center in
Christian Camps Heald Pond Road	\$_Confe				Cost of In-Kind Mqmt	Inventory, Mqmt	Maine - Related Party
Rive	<u>04945</u> 26-0456274 501 (c) (3)	501 (c) (3)	262, 632.	0.		Services	Organizat
(6)						-	
						_	
(8)						_	
2 Enter total number of section 501(c)(3) ar	Enter total number of section 501(c)(3) and government organizations	anizations					
AA For Paperwork Reduction	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	or Form 990.		TEEA3901L 10/29/10	10/29/10	Sched	Schedule I (Form 990) 2010

Page 2 Schedule | (Form 990) 2010 (Form 990) 2010 Christian Camps & Conferences, Inc. | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 23-7305424 (e) Method of valuation (book, FMV, appraisal, other) __necessary.__Donated_Land & Buildings_to_Related_Party_Organization_= no_monitoring Provided Management Services to Related Party Organization. No monitoring deemed (d) Amount of non cash assistance __Part I, Line 2.- Procedures for Monitoring Use of Grants Funds in U.S. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance _deemed_necessary._ Schedule I (Form 990) 2010 Part III ₩ ₩ ß ø m 2

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

2010

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Employer identification number Christian Camps & Conferences, 23-7305424 <u>Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.</u> Robert Strodel, Executive Director and Deborah Strodel, Bookkeeper are married. Form 990, Part VI, Line 11b - Form 990 Review Process Board of Directors review of 990 and 990-T at annual meeting prior to the filing of the tax return. Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts Board of Directors review the policy annually and individual board members acknowledge review of the policy. Employees also have a policy and reviewed annually. Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment Board Of Directors review and approve key employee salaries and approve the budget for changes of all staff. Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees Board Of Directors review and approve key employee salaries and approve the budget for changes of all staff. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available Upon request

Christia				
	an Camps & Conf	erences, Inc.		23-7305424
Computation of Cost of Goods Sold (Forn	n 990)			
 Inventory at start of year Purchases Cost of labor 				10,684. 16,109. 0.
 4. Additional 263A-costs 5. Other costs 6. Total (Add lines 1 through 5) 7. Inventory at end of year 8. Cost of goods sold (Subtract 1) 	ine 7 from lin	ne 6)	···· · · · · · · · · · · · · · · · · ·	0. 152,954. 179,747. 10,494. 169,253.
Form 990, Part IX, Line 24f Other Expenses		<i></i>	_	
	(A) Total	(B) Program Services	(C) Management <u>& General</u>	(D) Fundraising
Bank & Credit Card Fees Continued Education Donations	4,798. 7,282. 1,522.	542. 7,282. 1,522.	4,256.	
Dues & Subscriptions Miscellaneous Outside Service	7,632. 3,887. 609.	7,597. 177. 609.	3,710.	35.
Outside Services - Maintenance Penalties Postage and Shipping Printing and Publications Rafting Referral Fee	31,304. 300. 17,433. 32,115. 4,710. 2,439.	31,304. 300. 14,725. 5,646. 4,710. 2,439.	276.	2,708. 26,193.
Supplies Conference Timber Tax Total §	2,465. 2,864.	2,465.	2,864. \$ 11,106.	\$ 28,936.
Computation of Cost of Goods Sold (Forn	n 990-T)			
 Inventory at start of year Purchases Cost of labor Additional 263A costs 			. :	0. 0. 0.
 Other costs Total (Add lines 1 through 5) Inventory at end of year Cost of goods sold (Subtract 1) 	ine 7 from lin	ne 6)	 	152,954. 152,954. 0. 152,954.

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2010	Schedule O - S	Supplemental Info	rmation	Page 2
	Christian C	Camps & Conferences, In	c.	23-7305424
Form 990, Part XI, Other Changes in	Line 5 Net Assets or Fund Balanc	es		
Change in Defer Rounding	rred Compensation		. \$ Total <u>\$</u>	-2,835. -5. -2,840.

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

If you are	e filing for an Automatic 3-Month Extension, comp	olete only P	art I and check this box			► X		
• If you are	e filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II (on page 2 of this f	orm).				
Do not comp	plete Part II unless you have already been granted	an automa	tic 3-month extension on a previously file	d Forn	n 8868.			
corporation r request an e Associated V	ling (e-file). You can electronically file Form 8868 is required to file Form 990-T), or an additional (not a xtension of time to file any of the forms listed in Polith Certain Personal Benefit Contracts, which mung of this form, visit www.irs.gov/efile and click or	automatic) 3 art I or Par st be sent t	3-month extension of time. You can elect t II with the exception of Form 8870, Info o the IRS in paper format (see instruction	ronical rmatioi	Ily file Form n Return for	n 8868 to r Transfers		
Part I A	utomatic 3-Month Extension of Time. (Only subr	nit original (no copies needed).					
	n required to file Form 990-T and requesting an au			molete	Part I only	, <u>►</u> T		
	porations (including 1120-C filers), partnerships, F			•	•			
	Name of exempt organization			Emplo	yer identification	on number		
Type or								
print	Christian Camps & Conferences,	Tnc		23-	7305424			
File by the	Number, street, and room or suite number. If a P O box, see in	nstructions		123	7505424			
due date for filing your								
return See instructions	34 Camp Brookwoods Road City, town or post office, state, and ZIP code For a foreign add	tress see instr	uctions					
		11033, 300 m3ti	uctions					
	Alton, NH 03809-9711							
Enter the Re	eturn code for the return that this application is for	(file a sepa	arate application for each return)			01		
Application Is For		Return Code	Application Is For			Return Code		
Form 990 01 Form 990-T (corporation)						07		
Form 990-BL		Form 1041-A			08			
Form 990-E2		03	Form 4720			09		
Form 990-PF 04 Form 5227						10		
 		05	Form 6069			11		
Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870								
Form 990-1	(trust other than above)	00	FOITH 6670			12		
Telephone If the org If this is	ks are in the care of ► Robert M. Strode. e No. ► (603) 875-3600 ganization does not have an office or place of bus for a Group Return, enter the organization's four or is box ► . If it is for part of the group, check	FAX No iness in the digit Group	United States, check this box . Exemption Number (GEN) If					
	nsion is for.					<u></u>		
until _ The ex	est an automatic 3-month (6 months for a corporal $8/15$, 20 11 _ , to file the exempt orgetension is for the organization's return for: calendar year 20 10 or 10 , 20 , 20	anızatıon re	eturn for the organization named above.					
	ax year entered in line 1 is for less than 12 month ange in accounting period	s, check re	ason: Initial return Fin	nal retu	ım			
nonref	application is for Form 990-BL, 990-PF, 990-T, 472 undable credits. See instructions.		·	3a	\$	0.		
b If this a payme	application is for Form 990-PF, 990-T, 4720, or 60 ints made. Include any prior year overpayment all	69, enter ar owed as a	ny refundable credits and estimated tax credit	3b	\$	0.		
EFTPS	ce due. Subtract line 3b from line 3a. Include your 6 (Electronic Federal Tax Payment System). See	instructions		36		0.		
Caution. If y	you are going to make an electronic fund withdraw	al with this	Form 8868, see Form 8453-EO and Form	1 88/9	-EO for			

Form 8868	(Rev 1-2011)					Page 2	
• If you a	are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check this	s box		<u> </u>	
Note. Only	complete Part II if you have already been granted	an automati	c 3-month extension on a previously	y filed Form	8868.		
	are filing for an Automatic 3-Month Extension, com				 		
Part II	Additional (Not Automatic) 3-Month Exte	<u>ension of</u>	Time. Only file the original	(no copie	s needed).		
Name of exempt organization Employer identification number					dification number		
Type or							
print	Christian Camps & Conferences,			23-7305	424		
File by the	Number, street, and room or suite number If a P O box, see instructions Robert G. Stinson Co., PC 144 Pleasant Street						
extended due date for filing the							
return See instructions	City, town or post office, state, and ZIP code. For a foreign address	ss, see instruct	tions				
	Laconia, NH 03246						
Enter the F	Return code for the return that this application is for	(file a sepa	arate application for each return)			01	
Is For Code Is For						Code	
Form 990		01					
Form 990-I	BL	02	Form 1041-A			08	
Form 990-I	EZ	03	Form 4720			09	
Form 990-I	PF	04	Form 5227			10	
Form 990-	T (section 401(a) or 408(a) trust)	05	Form 6069				
	T (trust other than above)	06	Form 8870			12	
	not complete Part II if you were not already granted	i an automa	tic 3-month extension on a previous	sly filed For	m 8868.		
Teleph If the o	organization does not have an office or place of bus is for a Group Return, enter the organization's four	digit Group	United States, check this box Exemption Number (GEN)	-	If this is t		
whole grou	up, check this box $ ightharpoonup$. If it is for part of the $\mathfrak g$	group, checi	k this box 🏲 🔲 and attach a list wi	th the name	s and EINs of all		
	the extension is for.						
4 I req	uest an additional 3-month extension of time until	11/15	, 20 <u>_11</u> .				
5 For a	calendar year 2010 , or other tax year beginning tax year entered in line 5 is for less than 12 month	g	, 20 , and ending _		, ²⁰		
		is, check re	ason. Initial return	Fin	al return		
	Change in accounting period				1 12		
	e in detail why you need the extensionTaxp						
gar	ther information necessary to fi	re a co	mpiete and accurate ta	x recur	<u>n</u>		
-					<u> </u>		
nonre	s application is for Form 990-BL, 990-PF, 990-T, 473 efundable credits. See instructions			8a	\$		
paym	s application is for Form 990-PF, 990-T, 4720, or 60 nents made. Include any prior year overpayment all Form 8868	69, enter ar owed as a d	ny refundable credits and estimated credit and any amount paid previous	tax sly 8b	\$		
	nce due. Subtract line 8b from line 8a. Include your PS (Electronic Federal Tax Payment System). See		ith this form, if required, by using	80	\$		
	Sign	ature and	d Verification				
Under penaltic correct, and c	es of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form	companying sch	nedules and statements, and to the best of my	knowledge and	belief, it is true,		
Signature >	Title ►	Execut	ive Director	D	ate ►		
BAA		FIFZ0502L	11/15/10		Form 8868 (Re	v 1-2011)	
						·	