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Return of Organization Exempt From Income Tax

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning APR 1, 2010 and ending MAR 31, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CAMP PASQUANEY		D Employer identification number 02-0227848
	Doing Business As		E Telephone number (603) 744-8043
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,770,975.
	19 PASQUANEY LANE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or country, and ZIP + 4 HEBRON, NH 03241		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number ▶
F Name and address of principal officer VINCENT J. BRODERICK 19 PASQUANEY LANE, HEBRON, NH 03241		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.PASQUANEY.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1895		M State of legal domicile: NH	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. SEE SCHEDULE O	
	2 Check this box <input type="checkbox"/> 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) 15
	4	Number of independent voting members of the governing body (Part VI, line 1b) 14
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a) 42
	6	Total number of volunteers (estimate if necessary) 24
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 1,380.
7b	Net unrelated business taxable income from Form 990-T, line 34 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,056,240.	
	9 Program service revenue (Part VIII, line 2g) 541,131.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 194,458.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,595.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,793,424.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 114,425.	
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 485,366.	
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0.	
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 42,185.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24) 425,325.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,025,116.	
	19 Revenue less expenses. Subtract line 18 from line 12 768,308.	
	20 Total assets (Part X, line 16) 8,159,906.	
	21 Total liabilities (Part X, line 26) 176,660.	
	22 Net assets or fund balances. Subtract line 21 from line 20 7,983,246.	
	Prior Year	
	Current Year	
	Beginning of Current Year	
	End of Year	

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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, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Vincent J. Broderick</i>	Date 11/1/11
	Type or print name and title VINCENT J. BRODERICK, CAMP DIRECTOR	

Paid Preparer Use Only	Print/Type preparer's name Muriel D. Schadee	Preparer's signature <i>Muriel D. Schadee CPA</i>	Date AUG 17 2011	Check <input type="checkbox"/> self-employed	PTIN P00352085
	Firm's name NATHAN WECHSLER & COMPANY, P.A.	Firm's EIN	Firm's address 70 COMMERCIAL STREET, SUITE 401 CONCORD, NH 03301	Phone no. 603-224-5357	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

G14 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE CAMP'S MISSION SINCE 1895 IS "TO PROVIDE A HEALTHFUL AND NATURAL LIFE IN THE WOODS, A LIFE WHICH WILL MAKE BOYS STRONG, CONFIDENT, SELF-RELIANT AND EFFICIENT, ABLE TO DO AND THINK FOR OTHERS AS WELL AS FOR THEMSELVES."

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 833,662. including grants of \$ 113,925.) (Revenue \$ 545,304.) BOY'S SUMMER CAMP TO DEVELOP CHARACTER, LEADERSHIP, CITIZENSHIP, AND INITIATIVE SKILLS ARE STRENGTHENED SO THE BOYS WILL BE STRONG LEADERS WITH POSITIVE GOALS FOR THE FUTURE. 98 BOYS ATTENDED THE CAMP DURING THE SUMMER OF 2010.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 833,662.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d 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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "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)		

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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	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?	X	
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization		X
	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
16b	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?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NH**
- 18 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 Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JIM MARSHALL - (603) 225-4065**
5 SOUTH STATE STREET, CONCORD, NH 03301

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 employee."
- List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HUGH T. ANTRIM PRESIDENT	2.00	X		X			0.	0.	0.	
ROBERT R. THOMPSON VICE PRESIDENT	2.00	X		X			0.	0.	0.	
WILLIAM D. DAVIES, JR. SECRETARY	2.00	X		X			0.	0.	0.	
ROBERT M. PINKARD TREASURER	2.00	X		X			0.	0.	0.	
SAMUEL M. BEMISS, III TRUSTEE	2.00	X					0.	0.	0.	
ROBERT D. DENIOUS TRUSTEE	2.00	X					0.	0.	0.	
R. GREGG STONE TRUSTEE	2.00	X					0.	0.	0.	
LAWRENCE B. MORRIS, III TRUSTEE	2.00	X					0.	0.	0.	
ALEXANDER H. BOCOCK TRUSTEE	2.00	X					0.	0.	0.	
CHRISTOPHER B. GRANGER TRUSTEE	2.00	X					0.	0.	0.	
CORNELIA K. SUSKIND TRUSTEE	2.00	X					0.	0.	0.	
P. DOUGLAS CAMP, IV TRUSTEE	2.00	X					4,400.	0.	0.	
JONATHAN M. MEREDITH TRUSTEE	2.00	X					0.	0.	0.	
WILLIAM A. KRYDER TRUSTEE	2.00	X					0.	0.	0.	
JINKS MILLSPAUGH TRUSTEE	2.00	X					0.	0.	0.	
MARY BLAIR DENIOUS TRUSTEE	2.00	X					0.	0.	0.	
CHRISTOPHER S. REIGELUTH TRUSTEE	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
VINCENT J. BRODERICK CAMP DIRECTOR	40.00			X				81,000.	0.	17,814.
1b Sub-total								85,400.	0.	17,814.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								85,400.	0.	17,814.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	609,843.				
	g	Noncash contributions included in lines 1a-1f \$		1,152.				
	h	Total. Add lines 1a-1f		609,843.				
Program Service Revenue	2 a	<u>CAMP TUITION</u>	Business Code 900099	534,600.	534,600.			
	b	<u>ACTIVITIES</u>	900099	10,704.	10,704.			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		545,304.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		72,616.			72,616.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses	2465589.	76,243.				
		Gain or (loss)	2399398.	104,302.				
		Net gain or (loss)	66,191.	-28,059.	38,132.			38,132.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	<u>ADVERTISING: YEAR BOOK</u>	541800	1,380.		1,380.			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		1,380.					
12	Total revenue. See instructions.		1,267,275.	545,304.	1,380.	110,748.		

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).

Do not include amounts reported on lines 6b, 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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	113,925.	113,925.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	89,100.	53,460.	26,730.	8,910.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	288,073.	243,934.	29,549.	14,590.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,881.	10,983.	2,885.	1,013.
9 Other employee benefits	73,130.	57,963.	10,671.	4,496.
10 Payroll taxes	28,224.	22,371.	4,118.	1,735.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	27,779.		27,779.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25,545.		25,545.	
g Other				
12 Advertising and promotion				
13 Office expenses	37,777.	13,445.	17,172.	7,160.
14 Information technology				
15 Royalties				
16 Occupancy	42,433.	35,097.	6,556.	780.
17 Travel	17,138.	12,474.	3,732.	932.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	48,678.	47,217.	974.	487.
23 Insurance	45,896.	45,896.		
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.)				
a FOOD SERVICE	80,666.	80,666.		
b CAMP ACTIVITIES	42,184.	42,184.		
c EQUIPMENT RENTAL AND MA	25,687.	25,687.		
d MISCELLANEOUS	10,999.	10,999.		
e PASQUANEY ANNUAL (YEAR	8,192.	8,192.		
f All other expenses	15,414.	9,169.	4,163.	2,082.
25 Total functional expenses Add lines 1 through 24f	1,035,721.	833,662.	159,874.	42,185.
26 Joint costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	402,759.	2 441,864.
	3	Pledges and grants receivable, net	11,523.	3 7,970.
	4	Accounts receivable, net	1,411.	4 4,331.
	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
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use	4,930.	8 9,218.
	9	Prepaid expenses and deferred charges	7,968.	9 21,609.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,038,105.	
	b	Less: accumulated depreciation	10b 1,270,966.	10c 767,139.
	11	Investments - publicly traded securities	3,845,003.	11 4,691,046.
	12	Investments - other securities. See Part IV, line 11	1,386,332.	12 1,292,790.
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	1,705,608.	15 1,672,643.
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,159,906.	16 8,908,610.	
Liabilities	17	Accounts payable and accrued expenses	14,605.	17 10,565.
	18	Grants payable		18
	19	Deferred revenue	162,055.	19 165,504.
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities. Complete Part X of Schedule D		25
	26	Total liabilities. Add lines 17 through 25	176,660.	26 176,069.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	5,610,420.	27 6,211,203.
	28	Temporarily restricted net assets	95,260.	28 234,601.
	29	Permanently restricted net assets	2,277,566.	29 2,286,737.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	7,983,246.	33 8,732,541.
	34	Total liabilities and net assets/fund balances	8,159,906.	34 8,908,610.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,267,275.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,035,721.
3	Revenue less expenses Subtract line 2 from line 1	3	231,554.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,983,246.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	517,741.
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	8,732,541.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ... If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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.)

Section A. Public Support

Calendar year (or fiscal year 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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 activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

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

b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

CAMP PASQUANEY

Employer identification number

02-0227848

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if 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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,431,462.	3,518,475.	4,701,663.		
b Contributions	177,450.	660,765.	5,550.		
c Net investment earnings, gains, and losses	662,696.	1,273,667.	-1,170,324.		
d Grants or scholarships					
e Other expenditures for facilities and programs	-110,000.				
f Administrative expenses	-25,585.	-21,446.	-18,414.		
g End of year balance	6,136,023.	5,431,462.	3,518,475.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 87.61 %
- b Permanent endowment ▶ 10.56 %
- c Term endowment ▶ 1.83 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		335,493.		335,493.
b Buildings		542,094.	305,536.	236,558.
c Leasehold improvements		695,417.	553,479.	141,938.
d Equipment		465,101.	411,951.	53,150.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 767,139.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) DAILY MONEY MARKET FUND	534,797.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	757,993.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	1,292,790.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	1,638,653.
(2) BENEFICIAL INTEREST IN REMAINDER TRUSTS	33,990.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	1,672,643.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,267,275.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,035,721.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	231,554.
4	Net unrealized gains (losses) on investments	550,706.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	-32,965.
9	Total adjustments (net) Add lines 4 through 8	517,741.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	749,295.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1,671,091.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	550,706.
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	-32,965.
e	Add lines 2a through 2d	517,741.
3	Subtract line 2e from line 1	1,153,350.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV)	113,925.
c	Add lines 4a and 4b	113,925.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1,267,275.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	921,796.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	0.
3	Subtract line 2e from line 1	921,796.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV)	113,925.
c	Add lines 4a and 4b	113,925.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	1,035,721.

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, Part IV, lines 1b and 2b, 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 complete this part to provide any additional information.

PART V, LINE 4: TO GENERATE INVESTMENT INCOME TO PROVIDE SUPPORT FOR

THE CAMP'S OPERATIONS

PART X, LINE 2: THE CAMP ADOPTED THE PROVISIONS OF FASB INTERPRETATION

NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FASB ASC 740), ON

APRIL 1, 2009. FASB ASC 740 SEEKS TO REDUCE THE DIVERSITY IN PRACTICE

ASSOCIATED WITH CERTAIN ASPECTS OF MEASUREMENT AND RECOGNITION IN

ACCOUNTING FOR INCOME TAXES. IN ADDITION, FASB ASC 740 PROVIDES GUIDANCE

Part XIV Supplemental Information (continued)

ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, AND ACCOUNTING IN INTERIM PERIODS AND REQUIRES EXPANDED DISCLOSURE WITH RESPECT TO THE UNCERTAINTY IN INCOME TAXES

THE CAMP'S ACCOUNTING POLICY FOR EVALUATING UNCERTAIN TAX POSITION INCLUDES A REVIEW OF ALL MATERIAL TAX POSITIONS FOR ALL TYPES OF TAXES IN ALL JURISDICTIONS AND FOR ALL OPEN YEARS IN ACCORDANCE WITH THE RECOGNITION AND MEASUREMENT REQUIREMENTS OF FASB ASC 740. THE MOST COMMON FORM OF TAX POSITIONS FOR NONPROFIT ENTITIES IS THE POSITION TAKEN IN THE ENTITY'S TAX-EXEMPT STATUS. HOWEVER, FASB ASC 740 ALSO LOOKS AT OTHER FORMS OF TAX POSITIONS, INCLUDING WHETHER THERE ARE UNRELATED BUSINESS INCOME ACTIVITIES CONDUCTED THAT WOULD BE TAXABLE. ONCE THIS PROCESS IS COMPLETED, THE POSITIONS ARE EVALUATED IN TERMS OF THEIR LIKELIHOOD TO SUCCEED. FOR TAX POSITIONS THAT DO NOT MEET THE DEFINITION OF MORE LIKELY THAN NOT TO SUCCEED, NO TAX BENEFIT IS CONSIDERED. ONLY THOSE TAX POSITIONS THAT HAVE A GREATER-THAN-50% CHANCE OF BEING SUSTAINED ON AUDIT BY A KNOWLEDGEABLE AGENT CAN BE INCLUDED IN VALUING THE BENEFIT. THIS ANALYSIS IS PERFORMED USING ALL RELEVANT AUTHORITIES.

THE CAMP FILES FORMS 990 AND 990-T. WITH FEW EXCEPTIONS, THE CAMP IS NO LONGER SUBJECT TO U.S. FEDERAL TAX EXEMPTIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007. MANAGEMENT OF THE CAMP BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY IT WILL NOT RECOGNIZE ANY LIABILITIES FOR UNRECOGNIZED TAX BENEFITS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ACTUARIAL CHANGE TO REMAINDER TRUSTS	8,898.
ACTUARIAL CHANGE TO PERPETUAL TRUST	-41,863.

Part XIV Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 8 -32,965.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ACTUARIAL CHANGE TO PERPETUAL TRUST -41,863.

ACTUARIAL CHANGE TO REMAINDER TRUST 8,898.

TOTAL TO SCHEDULE D, PART XII, LINE 2D -32,965.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS AWARDED DURING SUMMER OF 2010 113,925.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS AWARDED DURING SUMMER OF 2010 113,925.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2010

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

CAMP PASQUANEY

Employer identification number

02-0227848

Part I

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? ...

	YES	NO
1	X	

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

2	X	
---	---	--

3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.

3	X	
---	---	--

If you need more space, use Part II

ONLY SOLICITATION IS ADVERTISING OF OUR BROCHURE WHICH CLEARLY STATES OUR RACIALLY NONDISCRIMINATORY POLICY.

4 Does the organization maintain the following?

- a Records indicating the racial composition of the student body, faculty, and administrative staff? ...
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ...
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? ...
- d Copies of all material used by the organization or on its behalf to solicit contributions? ...

4a	X	
4b	X	
4c	X	
4d	X	

If you answered "No" to any of the above, please explain. If you need more space, use Part II.

5 Does the organization discriminate by race in any way with respect to:

- a Students' rights or privileges? ...
- b Admissions policies? ...
- c Employment of faculty or administrative staff? ...
- d Scholarships or other financial assistance? ...
- e Educational policies? ...
- f Use of facilities? ...
- g Athletic programs? ...
- h Other extracurricular activities? ...

5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II

- 6a Does the organization receive any financial aid or assistance from a governmental agency? ...
- b Has the organization's right to such aid ever been revoked or suspended? ...

6a		X
6b		X

If you answered "Yes" to either line 6a or line 6b, explain on Part II.

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

7	X	
---	---	--

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

Schedule E (Form 990 or 990-EZ) 2010

Part III 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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	27	0.	113,925.	AMOUNT OF TUITION OFFSET AWARDED AS SCHOLARSHIP	SCHOLARSHIP AWARDED TO CAMPER REDUCES THE TUITION TO BE PAID ON THEIR BEHALF

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: SCHOLARSHIP AWARDED TO CAMPER REDUCES THE TUITION TO BE PAID ON THEIR BEHALF

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DAVID DENIOUS	BROTHER OF ROBERT D	11,000.	TUITION PAI		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DAVID DENIOUS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BROTHER OF ROBERT DENIOUS, TRUSTEE

(C) AMOUNT OF TRANSACTION \$ 11,000.

(D) DESCRIPTION OF TRANSACTION: TUITION PAID FOR TWO BROTHERS TO ATTEND THE 2010 SUMMER SESSION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

CAMP PASQUANEY

Employer identification number

02-0227848

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

A SUMMER CAMP FOR BOYS THAT DEVELOPS CHARACTER THROUGH SELF CONFIDENCE,
SELF ESTEEM AND OTHER SOCIAL SKILLS. ITS MISSION SINCE 1895 IS "TO
PROVIDE A HEALTHFUL AND NATURAL LIFE IN THE WOODS, A LIFE WHICH WILL
MAKE THE BOYS STRONG, CONFIDENT, SELF-RELIANT AND EFFICIENT, ABLE TO DO
AND THINK FOR OTHERS AS WELL AS THEMSELVES."

FORM 990, PART VI, SECTION A, LINE 2: MARY BLAIR-DENIOUS IS ROBERT
DENIOUS' SISTER-IN-LAW

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS REVIEWED BY THE BUDGET AND AUDIT COMMITTEE IN DETAIL PRIOR
TO FILING. QUESTIONS, IF ANY, ARE ADDRESSED TO THE PREPARER AND ARE
RESOLVED IN A TIMELY MANNER. THE FINAL DRAFT VERSION IS PROVIDED FOR THE
FULL BOARD OF TRUSTEES WITH AN OPPORTUNITY FOR REVIEW BEFORE FILING WITH
THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: TRUSTEES MUST DISCLOSE ANY
CONFLICT OF INTEREST RELATIONSHIPS AT COMMITTEE MEETINGS AND THEN THE
COMMITTEE REPORTS THEM TO THE BOARD AS A WHOLE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE
EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THE COMMITTEE EVALUATES
PERFORMANCE AS WELL AS COMPARABLE SALARY RANGES BASED ON SURVEYS OF SIMILAR
ORGANIZATIONS (SUMMER CAMPS) AND INFORMATION PUBLISHED ON

Name of the organization

CAMP PASQUANEY

Employer identification number

02-0227848

WWW.GUIDESTAR.ORG. A FORMAL RECOMMENDATION IS PROVIDED TO THE BOARD OF TRUSTEES FOR APPROVAL. THIS PROCESS WAS LAST COMPLETED IN NOVEMBER 2009. BOX 15B IS MARKED "NO" BECAUSE TO ANSWER "YES" WOULD BE INAPPLICABLE BECAUSE THERE ARE NO OTHER KEY EMPLOYEES OR OTHER COMPENSATED OFFICERS.

FORM 990, PART VI, SECTION C, LINE 19:

THE FORM 990 IS AVAILABLE ON-LINE AT WWW.GUIDESTAR.ORG. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION AT OUR PRIMARY BUSINESS OFFICE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	550,706.
ACTUARIAL CHANGE TO REMAINDER TRUSTS	8,898.
ACTUARIAL CHANGE TO PERPETUAL TRUST	-41,863.
TOTAL TO FORM 990, PART XI, LINE 5	517,741.

FORM 990, PART XII, LINE 2C:

NO CHANGE FROM PRIOR YEARS

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

Part I only

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

Type or print	Name of exempt organization CAMP PASQUANEY	Employer identification number 02-0227848
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 19 PASQUANEY LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HEBRON, NH 03241	

Enter the Return code for the return that this application is for (file a separate 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	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JIM MARSHALL

• The books are in the care of ▶ **5 SOUTH STATE STREET - CONCORD, NH 03301**

Telephone No ▶ **(603) 225-4065** FAX No ▶

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **APR 1, 2010**, and ending **MAR 31, 2011**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)