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Form **990**

SCANNED JUN 2,6 2013

232001 12-10-12

Department of the Treasury Internal Revenue Service

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)

Inspection

OMB No 1545-0047

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

Open to Public

A	For the	2012 calendar year, or tax year beginning and	l ending							
В	Check if applicable	C Name of organization		D Employer identific	cation number					
	Address	CHRISTIAN CAMPS & CONFERENCES, INC.								
F	Name change	Doing Business As		23-7	305424					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r					
F	Termin- ated	34 CAMP BROOKWOODS ROAD			875-3600					
F	Amende Ireturn			G Gross receipts \$	4,193,999.					
一	Applica			H(a) Is this a group re						
	pending			for affiliates?	Yes X No					
			809-97	H(b) Are all affiliates inc						
	Tax-exe	mpt status X 501(c)(3)		1	list (see instructions)					
		: ► WWW.CHRISTIANCAMPS.NET	<u> </u>	H(c) Group exemptio						
		organization: X Corporation Trust Association Other	I. Year		A State of legal domicile; MA					
		Summary	122 / 541	0710111100111	or or regar dominant.					
		Briefly describe the organization's mission or most significant activities EVAN	GELICA	L AND RELIG	IOUS					
Governance		MINISTRY								
na.	1 -	Check this box If the organization discontinued its operations or dispose	sed of more	than 25% of its net as	ssets					
Ve	1 -	lumber of voting members of the governing body (Part VI, line 1a)		3	12					
ö	i i	lumber of independent voting members of the governing body (Part VI, line 1b)	•	4	11					
త క	1	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	209					
Activities &	1	otal number of volunteers (estimate if necessary)	•	6	11					
₹	1	otal unrelated business revenue from Part VIII, column (C), line 12		7a	212,287.					
ĕ	1	let unrelated business taxable income from Form 990-T, line 34		7b	0.					
	<u> </u>	of dividated basiness takasis meetre name en i, imee i		Prior Year	Current Year					
_	8 (Contributions and grants (Part VIII, line 1h)		842,065.	1,209,661.					
Revenue		Program service revenue (Part VIII, line 2g)		2,707,834.	2,741,289.					
Š	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	•	1,248.	9,135.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	101,353.	213,764.					
		otal revenue - add lines 8 throught 1 must legual Part VIII, column (A), line 12)	.	3,652,500.	4,173,849.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		598,435.	413,484.					
		Benefits paid to or for members (Part IX, column (A), tipe 4)		0.	0.					
"		Salaries, other compensation amployee Sone its (Far IX, column (A), lines 5-10)	•	1,443,114.	1,379,219.					
Expenses	162 5	Professional fundraising fees (Part IX, column (A), JR6 (11e)		65,075.	68,161.					
ber	b T		75.	3370,30	33,					
м	17	otal fundraising expenses (Part IX column (D) Tine 25) 316, 3 other expenses (Part IX column (A) lines 11a-11d-11d-11d-24e)	<u> </u>	1,394,021.	1,492,335.					
	1	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,500,645.	3,353,199.					
		Revenue less expenses Subtract line 18 from line 12	• •	151,855.	820,650.					
-Se		levertue less expenses oubtract line 10 from line 12	Re	ginning of Current Year	End of Year					
ets (20 T	otal assets (Part X, line 16)		9,048,382.	9,982,151.					
ASS	21 T	otal labilities (Part X, line 26)		585,439.	698,558.					
Net Assets or Fund Balances	22 1	let assets or fund balances Subtract line 21 from line 20		8,462,943.	9,283,593.					
_	art II	Signature Block		0 / 202 / 3 200	<u> </u>					
		ies of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of m	v knowledge and belief, it is					
		and complete. Declaration of preparer other than officer) is based on all information of w			,					
Sig	n I	Signature of officer		Date	11-5					
_	Here Robert Strodel, Executive Breath 5/29/13									
		Type or print name and title								
		Profit ype pregarer's name 1		Date 2 2 201 Sheck	PTIN					
Pair		() set () yes CPA () sent Hylger	-cpa M	Date 2 2 201 Sheck Self-employ	₩ P00366101					
	- F	Firm's name MATHAN WECHSLER & COMPANY, P.A.		Firm's EIN	02-0327524					
	· ⊢	Firm's address 70 COMMERCIAL STREET, SUITE 401		1000000						
		CONCORD, NH 03301	-	Phone no. 6	03-224-5357					
Ma	May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No									

Allo

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

om	990 (2012) CHRISTIAN CAMPS & CONFERENCES, INC. 23-7305424 Page 2
Pa	t 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: EVANGELICAL AND RELIGIOUS MINISTRY
	Did the organization undertake any significant program services during the year which were not listed on
2	the pnor Form 990 or 990-EZ? Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported (Code) (Expenses \$ 1,780,950 • including grants of \$ 183,767 •) (Revenue \$ 1,910,559 •
70	SUMMER CAMP - APPROXIMATELY 750-850 CAMPERS ATTENDED IN 2012. CHILDREN
	AGES 8-18 ARE PRESENTED WITH THE GOSPEL OF JESUS CHRIST WHICH INCLUDES
	BIBLE STUDY AND OTHER CAMP ACTIVITIES.
4b	(Code) (Expenses \$ 677,579 • including grants of \$) (Revenue \$ 476,084 •
	CONFERENCE AND RETREAT CENTER - APPROXIMATELY 70 GROUPS OR
	APPROXIMATELY 4,500 PEOPLE. GROUPS, WHICH INCLUDE TEENS AND ADULTS,
	SEEK TO GET AWAY FOR SPIRITUAL RETREAT AND BIBLE STUDY.
4c	(Code) (Expenses \$ 229,717. including grants of \$ 229,717.) (Revenue \$ 356,123.
	MANAGERIAL ASSISTANCE TO RELATED PARTY NONPROFIT ORGANIZATION TO ASSIST
	IN THEIR MISSION OF EVANGELICAL & RELIGIOUS MINISTRY
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 2,688,246.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	NO
•	If "Yes," complete Schedule A	4	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		<u> </u>	
Ū	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	-		1
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		_	1
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		_	122
	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,	٦		1
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	' -	-	1
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	1		
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ŀ	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		,	li .
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	' '		
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b]	X
С	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	11c		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			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X
b	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 and XII is optional	12b	X_	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	55 5			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15_	_	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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
4-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
^ -	complete Schedule G, Part III	19		_ <u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u>X</u>
1.7	n i ca lo mo cos, dia disconario angli angli a convinta an ingli infantial Statements ID this recomm	- A ID 1		

		Form		(2012)
	Note. All Form 990 filers are required to complete Schedule O	38	X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			-
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Part V, line 1	34	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	Schedule N, Part II	32		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	If "Yes," complete Schedule N, Part I	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	contributions? If "Yes," complete Schedule M	30		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	instructions for applicable filing thresholds, conditions, and exceptions):	l	.2.	いな
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	· ·		- 7
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		l	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	Schedule L, Part I	25b		<u> </u>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		l	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	any tax-exempt bonds?	24c		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K If "No", go to line 25	24a		X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23		X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			{
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
			Yes	No

O12) CHRISTIAN CAMPS & CONFERENCES, INC. Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response to any question in this Part V		<u> </u>			
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	14	1 .		1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	()	. `	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	report	able gaming]		
	(gambling) winnings to prize winners?			1c	x	
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	209	.		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)				1.
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		3a	x	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		•	3b	X	
_	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ontv over. a		 	†
	financial account in a foreign country (such as a bank account, securities account, or other financial		=	4a		X
h	If "Yes," enter the name of the foreign country. ▶			,		3 15
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accol	ınts			1
5a	and a control of the	, 1000		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	?	5b	 	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	400001		5c	 	+^
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	he or	ranization solicit	<u> </u>		+
Ja	any contributions that were not tax deductible as chantable contributions?	ano ong	gainzation solicit	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contribu	rtione i	or afte	Oa	 	<u>^</u>
Ü	were not tax deductible?	1110112	or gires	C.L		
7	Organizations that may receive deductible contributions under section 170(c).	••	•••	6b	7.	+
7		2000	provided to the power?		3	4.
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so	EI VICES	provided to the payor?		-	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		····	7b	 	+
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas rec	quirea	_		v
	to file Form 8282?			7c	,	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d	1.0	┤ _^``	٠,	7,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ict?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conf			7f		- <u>X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file F		· ·	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			.7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations			- '		-
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any tu	me during the year?	8		10.5
9	Sponsoring organizations maintaining donor advised funds.				'	·,
а	Did the organization make any taxable distributions under section 4966?		*** *	<u>9a</u>	<u> </u>	
þ	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		├
10	Section 501(c)(7) organizations. Enter	1	1		74	- '
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		, ,	A .	'
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		√`:	۱ ۲۰۰۰	١.
11	Section 501(c)(12) organizations. Enter	i	1	1	,	
а	Gross income from members or shareholders	11a	-	- ;	`	١٠.
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			,	٠,	
	amounts due or received from them.)	11b		٠. ا		, ,
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1,,	1,-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> ``</u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	. ,		13a	<u> </u>	ļ.,-
	Note. See the instructions for additional information the organization must report on Schedule O				1	[]
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	ı			1000
	organization is licensed to issue qualified health plans	13b		.		Ĭ.
С	Enter the amount of reserves on hand	13c	<u> </u>	1.5	<i>'</i>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	·	14b		$oxed{oxed}$
				Forn	990	(2012

CHRISTIAN CAMPS & CONFERENCES, INC. 23-7305424 Form 990 (2012) Page 6 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 X 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 1a 1a	1 .	ł	
	If there are material differences in voting rights among members of the governing body, or if the governing			ì
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other] ·	3	
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Ì
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Ì	X
6	Did the organization have members or stockholders?	6	<u> </u>	X
7a		-		1
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			1
-	persons other than the governing body?	7b	l	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		 	y:
а		8a	X	-
b		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			†
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	, <u> </u>		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.55	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	75 1,347 g		
12a		12a	X	1
b		12b	X	
С		120		
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	,	ı	,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	*. , *];
а	The organization's CEO, Executive Director, or top management official	15a	Х	
ь	Other officers or key employees of the organization	15b		Х
	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	Ž.	Ĭ,	'
	taxable entity during the year?	_16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	- 4		-
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	titi ta			

	٠.	1 2	l
	_16a		Х
ion	- 4		
			1
	16b	1	
	LIOD		

17	List the states with which a copy of this Form 990 is required to be filed NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. 20

)	State the name, physical address, and telephone number of the person who possesses the books and records of the organization
	ROBERT M. STRODEL - 603-875-3600
	34 CAMP PROOFFICORS BOAD ALTHON NEW 03800

ALTON, 232006 12-10-12

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

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		orga I	anıza			npe	nsa			
(A)	(B))) Pos	C)	1		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable compensation	Reportable	Estimated
	hours per week		, unle: cer an					from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	ı dire				E		organization	(W-2/1099-MISC)	from the
	related	trustee or director	ruste			Sue		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		l g	E 8	Į			and related
	below line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PETER C. BENNETT	5.00	=	=	0	Ť	- -	=			
SECRETARY	5.00	X		X				0.	0.	0.
(2) GEORGE F. BENNETT, JR.	1.00	-				1	-			
DIRECTOR	1.00	X						0.	0.	0.
(3) WILLIAM VOGE	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(4) KATHY VASELKIV	1.00									
TREASURER	1.00	X		X				0.	0.	0.
(5) LISA BENNETT FORKNER	1.00									
DIRECTOR	1.00	X			<u> </u>	<u> </u>		0.	0.	0.
(6) ROBERT B. BENNETT	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(7) CHERYL CRAWFORD	1.00							_		
DIRECTOR	1.00	X						0.	0.	0.
(8) TODD BLOUNT	1.00								_	_
CHAIRMAN	1.00	X		X				0.	0.	0.
(9) DAVID R. BASS	1.00									_
DIRECTOR	1.00	X						0.	0.	0.
(10) GEORGE VETH	5.00									
VICE CHAIRMAN		X		X				0.	0.	0.
(11) JOSHUA BENNETT	1.00	.						0.	,	0
DIRECTOR	1.00 35.00	X						0.	0.	0.
(12) ROBERT M. STRODEL	15.00	v		х				115,974.	0.	27,850.
PRESIDENT	13.00	Α.				-	<u> </u>	113,314.		27,050.
					<u> </u>					

		Check if Schedule O contains a response	to any question	in this Part VIII			
		Officer in Confederation Confederation and Companies	';	(A)	(B)	(C)	(D) Revenue excluded
			, •	Total revenue	Related or	Unrelated	Revenue excluded from tax under
	,				exempt function revenue	business revenue	sections 512, 513, or 514
y, y	4 -	Federated campaigns 1a	•			- et	310, 01 314
rant		' " '				· · · · · · · · · · · · · · · · · · ·	
اع ق		Membership dues 1b		1	_	* '	
fts,		Fundraising events . 1c		∤		`	•
<u>a</u>		Related organizations 1d		-{			-
Sir		Government grants (contributions) 1e		4 %			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and	000 661	'- '	, '		
듈된		similar amounts not included above 1f 1,	209,661.		-	\$ 1.	;
g	g	Noncash contributions included in lines 1a-1f \$	<u>3,755</u> .				•
<u>a</u> 0	<u>h</u>	Total. Add lines 1a-1f		1,209,661.	•		
			Business Code		-	41	` `
9	2 a	CAMPER FEES		1,909,082.			
ه ک	b	CONFERENCE FEES	900099	476,084.	476,084.		
Program Service Revenue	С	MANAGEMENT FEE INCOME	900099	356,123.	356,123.		
	d						
Par	е						
<u>r</u>	f	All other program service revenue					
ļ	a	Total. Add lines 2a-2f		2,741,289.			
	3	Investment income (including dividends, inter-					
	•	other similar amounts)	>	523.			523.
	4	Income from investment of tax-exempt bond p	proceeds -				
	5	Royalties	5,000000				
	3	(i) Real	(ii) Personal	1		, ,	4 1,1
	6 -		(ii) Fersonai	1	10.34	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, ,
	6 a						
	b	· · · · · · · · · · · · · · · · · · ·	-				, · · · · · · · · · · · · · · · · · · ·
	С	Rental income or (loss)	L	4	2 m. 1-4		•
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other			***	
		assets other than inventory	10,141.				, , ,
	b	Less: cost or other basis	1			, july 11	
		and sales expenses .	1,529.			,	
1	C	Gain or (loss)	8,612.		· · · · · · · · · · · · · · · · · · ·		1 4.
İ	d	Net gain or (loss)		8,612.			8,612.
<u>o</u>	8 a	Gross income from fundraising events (not					n f
Other Revenu		including \$ of			, ,,,,	, ,	•
ě		contributions reported on line 1c). See			, ,,,	`	*
ᇤ		Part IV, line 18 a					
₹	b	Less: direct expenses b				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9	С	Net income or (loss) from fundraising events	>		: 1		
		Gross income from gaming activities. See		3,01,000			
		Part IV, line 19			~"·		
	ь	Less: direct expenses b			*,		
		Net income or (loss) from gaming activities		1 '		- '	·
- [Gross sales of inventory, less returns			_	F +	, ,
		and allowances a	20,098.				, , , , ,
	h	Less. cost of goods sold b				-	`
		Net income or (loss) from sales of inventory	<u> </u>	1,477.	1,477.	,	•
1		Miscellaneous Revenue	Business Code		#/#//·	; ; r.,	, -
 	11 -	TIMBER & SUGARING	110000	281,898.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	281,898.	`
		TOGG DROM TIME CONTROL	713990	-69,611.		-69,611.	
- 1	b	POSS LYOM THATSIMENT T	173330	- 03,011.		-03,011.	
	C	All about the second					
	d	All other revenue	<u> </u>	212 207			
		Total. Add lines 11a-11d	. 🏲	212,287.	2.742.766.	212.287.	9 135
- 1	12	Total revenue. See instructions	-	4.1/5.849.	14. 144. 10b.		ሣ. 1 ጎካ.

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) Check if Schedule O contains a response to any question in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and 229,717. organizations in the United States. See Part IV, line 21 229,717. Grants and other assistance to individuals in 183,767. 183,767. the United States 'See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 143,824. 97,434. 46,390. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 939,171. 776,062. 98,404. 64,705. Other salanes and wages Pension plan accruals and contributions (include <u>14,1</u>76. 9,302. 23,478 section 401(k) and 403(b) employer contributions) 175,487. 272,746. 89,399. 7,860. Other employee benefits Payroll taxes 10 Fees for services (non-employees) Management 2,117.2,117. b Legal 20,939. 20,939. Accounting Lobbying d 68,161. 312 0 ,, · · 68,161. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 1,146. 1,426. 280. Advertising and promotion 12 26,297. 207,235. 68,414. 112,524. 13 Office expenses Information technology 14 Royalties 15 293,220. 277,289. 15,931. Occupancy 16 80,957. 81,761. 804. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 18,835. 18,835. 20 Interest 21 Payments to affiliates 271,784. 271,784 Depreciation, depletion, and amortization 22 67,998. 63,592. 4,406 23 Insurance Other expenses. Itemize expenses not covered . 13. 24 above. (List miscellaneous expenses in line 24e. If line J. 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 326,508 326,508. a FOOD SERVICE 157,246. 157,246. **b PROGRAM SUPPLIES** 39,987. 39,987. TIMBER CUTTING EXPENSE 3,279. 3,279. d MISCELLANEOUS e All other expenses 3,353,199. 2,688,246. 348,578. 316,375. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here rf following SOP 98-2 (ASC 958-720)

Form 990 (2012)
Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
		•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	911,342.	2	871,387.
	3	Pledges and grants receivable, net	813,933.	3	561,661.
	4	Accounts receivable, net	22,082.	4	24,329.
	5	Loans and other receivables from current and former officers, directors,	144		
		trustees, key employees, and highest compensated employees. Complete	* *		' ,
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			, , ,
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	7	,,	
		employers and sponsoring organizations of section 501(c)(9) voluntary	,		j -
10		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use .	10,489.	8	10,534.
	9	Prepaid expenses and deferred charges	23,823.	9	5,291.
	10a	Land, buildings, and equipment. cost or other	5 ·	,	
		basis Complete Part VI of Schedule D 10a 11,237,323.	1	•	
	ь	Less: accumulated depreciation 10b 3,028,914.	6,972,190.	10c	8,208,409.
	11	Investments · publicly traded securities	1,064.	11	10,024.
	12	Investments - other securities See Part IV, line 11	-13,153.	12	10,024. 6,236.
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	306,612.	15	284,280.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,048,382.	16	9,982,151.
	17	Accounts payable and accrued expenses	41,307.	17	269,990.
	18	Grants payable		18	
	19	Deferred revenue	140,527.	19	74,917.
	20	Tax-exempt bond liabilities		20	•
ģ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
itie	22	Loans and other payables to current and former officers, directors, trustees,	, , , , , , , , , , , , , , , , , , ,		
Liabilities		key employees, highest compensated employees, and disqualified persons.			
Ë		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	340,880.	23	295,897.
	24	Unsecured notes and loans payable to unrelated third parties		24	255,0570
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	62,725.	25	57,754.
	26	Total liabilities. Add lines 17 through 25	585,439.	26	698,558.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	201,		
S		complete lines 27 through 29, and lines 33 and 34.			, ., .
nce	27	Unrestricted net assets	6,811,015.	27	6,903,744.
alaı	28	Temporanly restricted net assets	1,651,928.	28	2,377,424.
9	29	Permanently restricted net assets		29	2,425.
Š		Organizations that do not follow SFAS 117 (ASC 958), check here	4 Tag 1 a 1		
Net Assets or Fund Balances		and complete lines 30 through 34.		4, ,	
ţş	30	Capital stock or trust principal, or current funds	** '	30	, , 1° -
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	, ., ,	31	
ا <u>ک</u>	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	8,462,943.	33	9,283,593.
	34	Total liabilities and net assets/fund balances	9,048,382.	34	9,982,151.
	<u> </u>		5,010,502.	<u> </u>	<u> </u>

Form	990 (2012) CHRISTIAN CAMPS & CONFERENCES, INC.	23-73054	24	Pag	<u>e 12</u>
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1 2 3 4 5 6 7 8	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	2 3,	173 353 820 462	,19 ,65	99. 50.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10 9,	283	, 59	93.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				<u>x</u>
1 2a	Accounting method used to prepare the Form 990		2a	'es	No X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	,	2 b	x	
С	consolidated basis, or both: Separate basis K Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Sched	audit,	2c	x	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Act and OMB Circular A-133?	gle Audit	3a		X
D	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	I	3b		

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

inspection Employer identification number

		CHRIST	IAN CAMPS & C	CONFER	ENCES	, INC			2	<u>3-7305</u>	424
Part	I Reason	for Public Cha	rity Status (All organi	zations mu	st comple	te this par	t.) See inst	tructions			
The org	anization is not	a private foundation	because it is (For lines	1 through	11, check	only one b	ox)				
1 🗀	A church, co	onvention of church	es, or association of chui	rches desc	inbed in se	ection 170	(b)(1)(A)(i)).			
2	🗌 A school de	scribed in section 1	70(b)(1)(A)(ii). (Attach So	chedule E)							
з [_	A hospital o	r a cooperative hosp	ortal service organization	described	in section	170(b)(1)	(A)(iii).				
4 [A medical re	esearch organization	operated in conjunction	with a hos	spital desc	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter	the hospita	l's name,
	city, and sta	nte									
5 [tion operated for the $0(b)(1)(A)(iv)$. (Comp	benefit of a college or u	niversity o	wned or or	perated by	a governi	mental uni	t describ	ed in	
6	_		nent or governmental un	ıt describe	d in sectio	on 170(b)(1	1)(A)(v).				
7	<u> </u>		ceives a substantial part					or from the	general	oublic desc	cribed in
. —	•	(b)(1)(A)(vi). (Compl	•	pp		J			3	,	
8	_		section 170(b)(1)(A)(vi).	(Complete	Part II)						
9 🔀			ceives (1) more than 33			rom contr	hutions n	namharehi	n foos a	nd aross ra	cointe from
J (4)	-		unctions - subject to certain							-	=
			taxable income (less sec							_	
		509(a)(2). (Complet		1011011110	by 110111 bu	1011 100000 C	aoquirou D	y the orga	II IIZELIOIT	arter ourie c	JO, 1070.
10 🗀	_		pperated exclusively to te	est for publ	ic safety 9	See sectio	n 509(a)(a	1)			
11	_ •	_	perated exclusively for the pe	•	•			•	v out the	DUITOOSES (of one or
	-	-	ations described in sect								
			organization and compl				-,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u)(U). Ui.		· ····
	a Type			ype III · Fu				qyT 🔲 t	e III - No	n-functional	lly integrated
e [_	_ ``		at the organization is not	• •	•	•		• •			
٠			than one or more publicl								
f		=	tten determination from						λ(Δ)(1) O.	00000011000	, (u) (<u>u</u>),
•	•	organization, check t			2010 W 17	po 1, 13po	., 0 , p.				
g	•		organization accepted a	ny aift or c	 ontribution	from any	of the follo	 nem nem	sons?	• ••	
9	=		directly controls, either a	-							Yes No
	• • •	•	supported organization?	ione or tog	CONCE WILL	p0/00/10 C	icocinoca :	() Ca. 10 (iii) DCiOV	11g(i)	
	•	• •	on described in (i) above?			•	• •			11g(ii)	
	• •	•	a person described in (i)		e?				• • • •	11g(iii)	
h			a about the supported or			••	• •			L' '9(!!!/	
••	i lovide tile	TOHOWING INTOMINATION	rabout the supported of	gariization	(3).						
(1) No.		(2) FIN	/···› T	(iv) Is the (organization	(v) Did you	u notify the	(vi) is	the	/ **\ A	
	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your			organizatio	on in col.		t of monetary port
	n ganization		above or IRC section	governing	document?	(i) of you	support?	(i) organız U.S		Sup	port
		1	(see instructions))	Yes	No	Yes	No	Yes	No		
			· 			<u> </u>					
								İ			
		 									
					}]]]			
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						1.50	5"		1-7		
Cotal				·	(1,	1	1	1 1 7 1			

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-					Ì	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					j	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions	14, 200		-,	, ,	7.	
	by each person (other than a		•				
	governmental unit or publicly	2	· ·		-		
	supported organization) included			,		2	
	on line 1 that exceeds 2% of the		. •,•		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	amount shown on line 11,		s 2	, , , ,		July ,	
	column (f)	Francisco	, ,	· -,	、"",是是,	' - '	
6	Public support. Subtract line 5 from line 4	7. 12°	1 <u>1</u>	٠,,	3 }	, , , , .	
Sec	ction B. Total Support					,	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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		1 ,	, -		716	
	Gross receipts from related activities				-	12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —
<u> </u>	organization, check this box and sto		roontogo				
	ction C. Computation of Publ		-				
	Public support percentage for 2012 (•		• • • • • • • • • • • • • • • • • • • •	14	<u>%</u>
	Public support percentage from 2011				 14 is 22 1/204 or n	15	<u>%</u>
16a	33 1/3% support test - 2012. If the					nore, check this bo	× ano
	stop here. The organization qualifies 33 1/3% support test - 2011. If the				 Uma 15 is 33 1/30/	or more check th	
	and stop here. The organization qua						▶ □
47-	and stop nere. The organization qua					 and line 1/1 is 10% :	or more
1/a							
	and if the organization meets the "facts-and-circumstances"					it iv now the organ	L
L	neets the fracts-and-circumstances 10% -facts-and-circumstances tes						. ► L
D	more, and if the organization meets to						
	organization meets the "facts-and-cir						▶□
10	Private foundation. If the organization		-				
10	rittate louildation, il the organization	an did not check a	DOX OF HIRO TO, TO	a, 100, 170, 01 170		edule A (Form 990	
							

(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 b	elow, please comp	nete Part II.)		-		
	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·			1
	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						ļ
	include any "unusual grants.")	183,172.	202,527.	1361469.	842,065.	1209661.	3798894.
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	2693883.	2392869.	2762797.	2735582.	2741289.	13326420.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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	2877055.	2595396.	4124266.	3577647.	3950950.	17125314.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0
	amount on line 13 for the year						0.
_	Add lines 7a and 7b	21 92 321		, C,			0.
	Public support (Subtract line 7c from line 6)		2 44 23	<u> 45 </u>	1.2		17125314.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	2877055.	2595396.	4124266.	3577647.	3950950.	17125314.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,999.	9,150.	4,341.	1,336.	523.	22,349.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				185,515.		
c	Add lines 10a and 10b	6,999.	9,150.	4,341.	186,851.	212,810.	420,151.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,905.	13,445.	4100607	2764400	41.627.60	16,350.
	Total support. (Add lines 9, 10c, 11, and 12)	2886959.	2617991.	4128607.	3764498.	-	17561815.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here	 ·	·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage			F 1	
15	Public support percentage for 2012 (I	ine 8, column (f) d	vided by line 13, o	olumn (f))		15	97.51 <u>%</u>
16	Public support percentage from 2011	Schedule A, Part	III, line 15			16	<u>98.53 %</u>
Sec	ction D. Computation of Inves	stment Incom	e Percentage		_		
17	Investment income percentage for 20	12 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	2.39 %
						18	1.32 %
	Investment income percentage from	2011 Schedule A,	art III, IIIG 17				
	Investment income percentage from 2			on line 14, and line	15 is more than 3	·	
19a	Investment income percentage from 3 33 1/3% support tests - 2012. If the more than 33 1/3%, check this box a	organization did n	ot check the box organization qual	rfies as a publicly s	supported organiza	3 1/3%, and line ation	17 is not ►X
19a	Investment income percentage from a 33 1/3% support tests - 2012. If the	organization did n nd stop here. The organization did n	ot check the box organization qual ot check a box on	rfies as a publicly s I line 14 or line 19a	supported organizations, and line 16 is mo	3 1/3%, and line ation ore than 33 1/3%,	17 is not

SCHEDULE D

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Open to Public 🔧

OMB No 1545-0047

Department of the Treasury ➤ Attach to Form 990. ➤ See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization CHRISTIAN CAMPS & CONFERENCES, INC. 23-7305424 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) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure 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) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) TYes and section 170(h)(4)(B)(ii)? In Part XIII, 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. 1a 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 XIII, the text of the footnote to its financial statements that describes these items. b 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 Assets included in Form 990, Part X

$\overline{}$		N CAMPS &						7305424	
Par	t III Organizations Maintaining Co	· ·							
3	Using the organization's acquisition, accession (check all that apply):	, and other record	s, checł	any of the	following tha	at are a sigr	nificant use of	its collection	items
а	Public exhibition	d		Loan or excl	hange progr	ams			
b	Scholarly research	e		Other	g- pg-				
c	Preservation for future generations	_							
4	Provide a description of the organization's colle	ections and explair	n how th	ev further th	he organizat	ion's exemi	ot purpose in	Part XIII.	
5	During the year, did the organization solicit or re			-					
Ū	to be sold to raise funds rather than to be main							Yes	☐ No
Par	t IV Escrow and Custodial Arrange					"Yes" to Fo	rm 990. Part		
	reported an amount on Form 990, Part >			J			•	, , .	
1a	is the organization an agent, trustee, custodian	.	lary for	contribution	s or other as	ssets not in	cluded		
	on Form 990, Part X?		•					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fo	ilowina t	able .			• ••		
_		, .						Amount	
С	Beginning balance						1c		
	Additions during the year	•					1d		
e	Distributions during the year			•		•	1e		
f	Ending balance	•					1f		
2a	Did the organization include an amount on Forr	n 990, Part X, line	21?					Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII. C		•	n has been	provided in	Part XIII			
Par								-	
		(a) Current year	(b) P	nor year	(c) Two yea	rs back (d) Three years b	ack (e) Four y	ears back
1a	Beginning of year balance			-					
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								_
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the currer	nt year end balanc	e (line 1	g, column (a	a)) held as				
а	· · · · · · · · · · · · · · · · · · ·		%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶								
	The percentages in lines 2a, 2b, and 2c should	equal 100%							
3a	Are there endowment funds not in the possess	ion of the organiza	ation tha	it are held a	nd administe	ered for the	organization		
	by ⁻							Y	es No
	(i) unrelated organizations	•						3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations list	sted as required o	n Sched	iule R?	••			. 3b	
4	Describe in Part XIII the intended uses of the or								
Par	t VI Land, Buildings, and Equipme	nt. See Form 990	, Part X,	line 10					
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated	(d) Book	value
		basis (investr	nent)		(other)	<u> </u>	eciation		
1a	Land				5,695.	* 2, 2		4,855	
b	Buildings			6,38	<u>1,628.</u>	3,02	28,914.	3,352	<u>,714.</u>
С	Leasehold improvements								
d	Equipment								
	Other					l			
Total	. Add lines 1a through 1e (Column (d) must equ	ial Form 990, Part	X, colun	nn (B), line 1	0(c).)			8,208	<u>,409.</u>

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2012 CHRISTIAN CAMPS & CONFERENCES, INC.	23-	7305424	Page 4
Par		eturr	1	
1	Total revenue, gains, and other support per audited financial statements	1	4,192,	470.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	,		
а	Net unrealized gains on investments			
b	Donated services and use of facilities]		
С	Recovenes of pnor year grants <u>2c</u>]]		
d	Other (Describe in Part XIII)			
е	Add lines 2a through 2d	2e		621.
3	Subtract line 2e from line 1	3	4,173	<u>849.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]		
b	Other (Describe in Part XIII)	<u> </u> •		
С	Add lines 4a and 4b	4c	······	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,173	<u>849.</u>
Pai	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu		
1	Total expenses and losses per audited financial statements	1	3,142	<u>,103.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a]		
b	Prior year adjustments	}		
С	Other losses 2c] ,		
d	Other (Describe in Part XIII)]		
е	Add lines 2a through 2d	2e		<u>,621.</u>
3	Subtract line 2e from line 1	3	3,123	482.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b]		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	4c		<u>,717.</u>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,353	199.
Pai	t XIII Supplemental Information			
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1	b and	2b, Part V, line	4, Part
X, lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa	tion.		
PAI	RT X, LINE 2: THE ORGANIZATION QUALIFIES AS A NOT-FOR-PROPERTY.	TIT		
ORG	SANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) A	ND	IS NOT	
<u>ÇL</u> 2	ASSIFIED AS A PRIVATE FOUNDATION. THE ORGANIZATION IS THE	EREB	Y EXEMP	<u>r</u>
FRO	OM THE PAYMENT OF INCOME TAXES ON INCOME RELATED TO ITS EX	EMP	T PURPOS	SE,
ANI	THEREFORE NO PROVISION FOR FEDERAL INCOME TAX HAS BEEN N	IADE	IN THE	
FI	NANCIAL STATEMENTS, EXCEPT FOR UNRELATED BUSINESS INCOME (SEE	NOTES '	7
ANI	0.8).			

Schedule D (Form 990) 2012 CHRISTIAN CAMPS & CONFERENCES, INC. 23-7 Part XIII Supplemental Information (continued)	7305424 Page 5
THE ORGANIZATION FILES FORMS 990, 990-T AND 1120S. WITH FEW EXC	CEPTIONS,
THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL TAX EXAMIN	NATIONS BY
TAX AUTHORITIES FOR YEARS BEFORE 2009. MANAGEMENT OF THE ORGAN	[ZATION
BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORD	INGLY, IT
WILL NOT RECOGNIZE ANY LIABILITIES FOR UNRECOGNIZED TAX BENEFITS	3.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
STORE MERCHANDISE	18,621.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
STORE MERCHANDISE	18,621.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
IN-KIND CONTRIBUTION TO RELATED PARTY	229,717.
	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2**0**

Department of the Treasury Internal Revenue Service 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.

Open To Public Inspection

OMB No 1545-0047

Name of the organization					E	mployer ide	ntification number
CHRISTI	AN CAMPS & CONFERI	ENCE	S,	INC.	2	23-7305	424
Part I Fundraising Activities required to complete this par	Complete if the organization answ t.	ered "Y	es" to	Form 990, Part IV, I	ine 17. l	Form 990-EZ	filers are not
1 Indicate whether the organization rais							
a X Mail solicitations			_	overnment grants			
b Internet and email solicitations			-	nment grants			
c Phone solicitations	g Specia	l fundra	using	events			
d In-person solicitations							
2 a Did the organization have a written							
key employees listed in Form 990, F						X Yes	
b If "Yes," list the ten highest paid ind		suant to	agre	ements under which	the fun	draiser is to	be
compensated at least \$5,000 by the	eorganization						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) funds have co or con contrib	ustody trol of	(iv) Gross receipts from activity	to (or i	mount paid retained by) ndraiser d in col (i)	(vi) Amount paid to (or retained by) organization
THE GOEHNER GROUP, INC	PROFESSIONAL FUNDRAISING	Yes	No				
4125 BLACKFORD AVE, STE 205	CONSULTANT		х	1,117,917.		54,571.	1,063,346.
		ļ					
		<u> </u>					
			-				
							-
		-					
		 					
		 					
		ŀ					
							ļ
Total				1,117,917.		54,571.	1,063,346.
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions		d ntisex		
or licensing							- 3
					•		
							· · · · · · · · · · · · · · · · · · ·

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) throug
			(event type)	(event type)	(total number)	col (c))
philosolina	1 0	Gross receipts				
=						
	2 L	_ess· Contributions				
+	3 (Gross income (line 1 minus line 2)				
	4 (Cash prizes				
,	5 N	Noncash prizes				
	6 F	Rent/facility costs				
חופתו בעלים וספו	7 F	Food and beverages				
5	8 E	Entertainment				
		Other direct expenses		<u>. </u>	J	
- 1		Direct expense summary. Add lines 4 through		•		
	nt III	Net income summary. Combine line 3, column Gaming. Complete if the organization a	answered "Yes" to Form	n 990, Part IV, line 19, or	reported more than	<u></u>
		\$15,000 on Form 990-EZ, line 6a.		<u>.,</u>		
ievel ide			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (a col (a) through col
2	1 (Gross revenue .	-		+	
000	2 (Cash prizes				
one lody	8 N	Noncash prizes			<u> </u>	
	4 F	Rent/facility costs				
	5 (Other direct expenses				
	6 \	/olunteer labor	Yes % No	Yes % No	Yes% No	A.
	7 [Direct expense summary Add lines 2 through	ı 5 ın column (d)		▶	(
	0 1	Net gaming income summary. Combine line 1	column d and line 7		•	
		tot garing moone can all journey	,			
а	Is the	r the state(s) in which the organization operate e organization licensed to operate gaming ac o," explain:	tivities in each of these	states?		Yes

Schedule G (Form 990 or 990-EZ) 2012

232082 01-07-13

Sche	edule G (Form 990 or 990-EZ) 2012 CHRISTIAN CAMPS & CONFERENCES, INC. 23-7305424 Page 3
	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
	to administer charitable gaming?
	Indicate the percentage of gaming activity operated in:
	The organization's facility 13a %
	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records
	Name
	Address >
15a	Does the organization have a contract 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 amount
	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:
,0	
	Name
	Gaming manager compensation ▶ \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
_	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
	organization's own exempt activities during the tax year ▶ \$
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
9	TIEDITE C. DADE T. LINE OD LICE OF MEN HICHECE DAID FINDDATCEDC.
<u> </u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
•-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<u>(I</u>) NAME OF FUNDRAISER: THE GOEHNER GROUP, INC.
(I) ADDRESS OF FUNDRAISER: 4125 BLACKFORD AVE, STE 205, SAN JOSE, CA 95117
7 +	/ ADDRESS OF FORDRAIDER: 4125 BEACKFORD AVE, BIE 205, BIE 500E, Gr. 5511,

OPERATIONAL COSTS OF CAMP Employer identification number å 23-7305424 AND CONFERENCE CENTER IN Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes JACKMAN MAINE. 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 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance OPERATIONAL **JANAGEMENT** SERVICES COST OF IN-KIND (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. **1ANAGEMENT** 229,717, SERVICES Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. 0 (d) Amount of cash grant INC. CONFERENCES, (c) IRC section ıf applicable 26-0456274 501(C)(3) CHRISTIAN CAMPS & General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? BROOKWOODS ROAD - ALTON, NH 03809 1 (a) Name and address of organization CONFERENCES-MAINE, INC. - 34 CAMP or government Name of the organization CHRISTIAN CAMPS & Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part II

						-		
8	Enter total number of section 501(c)(3) a	and government or	ı 501(c)(3) and government organizations listed in the line 1 table	ne line 1 table				
က	Enter total number of other organizations	rganizations listed in the line 1 table	1 table					ij
ΓHΑ	For Paperwork Reduction	, see the Instructi	Act Notice, see the Instructions for Form 990.					

Schedule I (Form 990) (2012)

Page 2

23-7305424

Schedule I (Form 990) (2012) CHRISTIAN CAMPS & CONFERENCES, INC.

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 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

(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-cásh assistance
SCHOLARSHIPS AWARDED TO CAMPERS	9468	0	183 767	AMOUNT OF TUITION OFFSET AWARDED AS	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, Part III, column (b), and any other additional information	ide the informatio	n required in Part I,	line 2, Part III, colun	n (b), and any other additional in	formation
SCHEDULE I, PART I, LINE 2: PROVII	DE MANAGE	MENT SERVI	CES TO REL	PROVIDE MANAGEMENT SERVICES TO RELATED PARTY	
ORGANIZATION - NO MONITORING DEEMED NECESSARY.	ED NECESS	ARY.			
DONATED BUILDING CONSTRUCTION COSTS	TO	ATED PARTY	RELATED PARTY ORGANIZATION	ON - NOI	
MONITORING DEEMED NECESSARY.					

Schedule I (Form 990) (2012)

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

2012
Open to Public Inspection

Name of the organization

CHRISTIAN CAMPS & CONFERENCES, INC.

Employer identification number 23-7305424

FORM 990, PART VI, SECTION A, LINE 2: PETER BENNETT, GEORGE F. BENNETT,
JR. AND ROBERT BENNETT ARE BROTHERS. LISA BENNETT FORKNER IS PETER
BENNETT'S DAUGHTER. JOSHUA BENNETT IS ROBERT BENNETT'S SON.
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS REVIEW THE
990 AND 990-T AT ANNUAL MEETING PRIOR TO THE FILING OF THE RETURNS.
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS REVIEW THE
POLICY ANNUALLY AND INDIVIDUAL MEMBERS ACKNOWLEDGE THEIR REVIEW OF THE
POLICY. EMPLOYEES ALSO HAVE A POLICY THAT IS REVIEWED ANNUALLY AS WELL.
FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS HAS A
COMPENSATION COMMITTEE, WHICH CONSISTS ONLY OF INDEPENDENT DIRECTORS, THAT
REVIEWS AND APPROVES KEY EMPLOYEE SALARIES AND APPROVES THE BUDGET FOR
CHANGES OF ALL STAFF. THE CAMP GATHERED COMPARATIVE COMPENSATION DATA IN A
PRIOR YEAR AND HAS ADJUSTED COMPENSATION ANNUALLY FOR COST OF LIVING.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.
FORM 990, PART XII, LINE 2C:
NO CHANGE FROM PRIOR YEARS.

SCHEDULE R
(Form 990)
Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990.

2012

CHRISTIAN CAMPS & CONFERENCES, INC.

Employer identification number 23-7305424

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	Вu
"part II" Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	tions (Complete if the organization a	Inswered "Yes" to Form 990, Pa] art IV, line 34 becaus	se it had one or more re	elated tax-exempt	
	(4.1		-	(2)	-	(1)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 CHRISTIAN CAMPS & CONFERENCES, INC.

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23-7305424

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

Part III

. (S) (K)	General or Percentage managing cownership	Yes No			1							ne or more related
8	Code V-UBI amount in box	K-1 (Form 1065)			1							because it had o
Ξ	Disproportion- ate allocations?	Yes No							 	 		ırt IV, line 34
(B)	Share of end-of-year	999919										s" to Form 990, Pa
£	Share of total income											ion answered "Ye
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)										mplete if the organizati
(3	Direct controlling entity											oration or Trust (Co
<u></u>	Legal domicile (state or	roreign country)										as a Corpo
@	Primary activity											janizations Taxable a
(a)	Name, address, and EIN of related organization										And Property and the Control of the	Deart IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

organizations treated as a corporation or trust during the tax year.	ring the tax year.)		5	[3]	9		17	6
(a)	(a)	<u></u>	Đ)	(e)	€		E	(E)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling Type of entity (C corp., S corp., or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage 5/20/13) Ownership controlled entity?	512(b)(13) controlled entity?
1 188								
							•	
			,					-
					-			

Schedule R (Form 990) 2012

232162 12-10-12

Yes No

Part V. Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II:IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity)		1a	×
 b Gift, grant, or capital contribution to related organization(s) 				1b	×
c Gift, grant, or capital contribution from related organization(s)			,	10	×
d Loans or loan guarantees to or for related organization(s)				1d	×
e Loans or loan guarantees by related organization(s)				1e	×
					- 1
 Dividends from related organization(s) 				+	×
g Sale of assets to related organization(s)				1g	×
h Purchase of assets from related organization(s)				1h	×
i Exchange of assets with related organization(s)				;=	×
j Lease of facilities, equipment, or other assets to related organization(s)				1,	×
					· ;
K Lease of facilities, equipment, or other assets from related organization(s)	;			¥ :	×
Performance of services of membership of fundraising solicitations for related organization(s)	nization(s)		•	=	4
Performance of services or membership or fundraising solicitations by re	ızatıon(s)			Ē	×
	on(s)			Ę	×
 Sharing of paid employees with related organization(s) 			1	۲ <u>۱</u>	
 P Reimbursement paid to related organization(s) for expenses 				ф С	×
 Reimbursement paid by related organization(s) for expenses 			_1	19	×
					-
r Other transfer of cash or property to related organization(s)				 	:
70				18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete the	ils line, including covered	relationships and transaction thresholds		
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	lved	
(1) CHRISTIAN CAMPS & CONFERENCES-MAINE, INC.	0	163,468.	ACTUAL AMOUNT OF EXPENSES	מ	
(2) CHRISTIAN CAMPS & CONFERENCES-MAINE, INC.	Я	66,249.	ACTUAL COST OF CONSTRUCTION	NOI	ļ
(6)					
(4)					
(2)					
232103 12-10-12	33		Schedule R (Form 990) 2012	(Form 990)	2012

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Schedule R (Form 990) 2012 CHRISTIAN CAMPS & CONFERENCES, INC.

Part VI. Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross reyenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Chivity Legal domocile Prefedunical income partial strains (Prefedunical income partial strains) (Share of page and country) under section 512-51 4) yes No Income assets (Perfedunical income assets) (Perfedunical income	(a) (b) (c) (d)	(q)	(0)	(p)	(e)	3	(6)	Ξ	(0)	9	(£
Country) under section 5 12-5 14) Yes No Innome assets	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated,	Are all partners sec 501(c)(3) ords?		Share of end-of-year	Dispropor- tionate alfocations?	Code V-UBI amount in box 20	Seneral o managing partner?	Percentage ownership
			country)	under section 512-514)	Yes		assets	Yes No	(Form 1065)	Yes No	
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Schedule F	R (Form 990) 2012 Supplemental Info	CHRISTIAN	CAMPS 8	CONFERENCES,	INC.	23-7305424 Pa	ige 5
T dit vii	Complete this part to pro	vide additional inform	nation for resp	onses to questions on Sche	edule R (see instruc	etions).	
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