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# Form **990**

**Return of Organization Exempt From Income Tax** 

20**12** 

Den to Public

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)

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

Open to Public Inspection

<u>A</u>	For the	e 2012 ca	lendar	year, or tax	year begin	ning	10	/1/2012	, ;	and er	nding		30/2013			
B Check if applicable C Name of organization Camp NewfoundOwatonna Corporation D Employer identification no											on nun	nber				
	Address	change	Do	ing Business As	s	•						04-238439	91			
$\Box$	Name ch	ange	Nui	mber and stree	t (or PO box if	mail is not d	elivered to str	eet address)	Room/s	uite		E Telephor				
雨	Initial reti	ım		mp Newfoul							1	(207) 502	C744			
Ħ	Terminate				office, state, an	d ZID code			ــــــــــــــــــــــــــــــــــــــ			<u>(207) 583-</u>	0/11	-		
H			l	-	onice, state, an	d ZIF Code		845	04	040		<b>G</b> Gross re	counts &		1 000	0 000
님	Amended		Harri					ME	04	040						8,889
Ш	Application	on pending	1		s of principal of								turn for affiliat	es?	Yes X	∐ No
			Jame	es Bollinger	4 Camp Ne	wfound R	oad, Harris	son, ME 04	040		H(b) Are	all affiliates i	ncluded?		Yes	No
1	Tax-exem	pt status	Χ	501(c)(3)	501(c) (	) ◀	(insert no )	4947(a)(1	) or	527	If "N	No," attach a	list (see instri	uctions)	1	
J	Website	e: ▶ ww	w new	found-owat	onna com						H(c) Gro	up exemption	number 🕨			
		rganization	X			<u> </u>								-61		
_			_=		Trust	Associat		ner 🕨		L Year	r of format	tion 1916	in State	orlega	l domicile	ME
	art I		mma				<del></del>					0	2 1	04		
	1			e the organ	nization's mi	ssion or n	nost signific	cant activitie	es	Oper	ation of	Summer	Camps in t	ne Sta	ate	
a)	ĺ	of Main	e 													
Š																
Ë			<b>-</b> -	· <u></u>												
ŏ	2	Check t	his bo	x ▶ 🔙 ıf	the organization	ation disc	ontinued its	s operations	s or disp	osed	of more	than 25%	of its net a	assets	3	
ক ক	3	Number	of vo	ting membe	rs of the go	verning be	ody (Part V	'I, line 1a)					3			12
es.	4	Number	of inc	dependent v	oting memb	ers of the	governing	body (Part	VI, line	1b)			4			12
Activities & Governance	5	Total nu	mber	of individua	ls employed	l in calend	lar year 20	12 (Part V, I	lıne 2a)				5			95
Ac	6	Total nu	mber	of volunteer	s (estimate	if necess	ary)						6			
	7a	• • • • • • • • • • • • • • • • • • • •								7a		C				
	b	Net unr	elated	business ta	axable incon	ne from F	orm 990-T,	line 34					7b			0
												Prior Year		Cu	rrent Year	
d)	8	Contrib	utions	and grants	(Part VIII, III	ne 1h)				[		70	3,841		896	6,471
Ž	9	Progran	n serv	ice revenue	(Part VIII, II	ine 2g)				[		83	31,876		872	2,746
Revenue	10	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)69							9,067		119	9,672				
Œ	11			-	column (A),			•	∋)	ſ			0			0
	12									ſ		1,60	)4,784		1,888	3,889
	13	- · · · · · · · · · · · · · · · · · · ·									32,314		125	5,655		
	14				mbers (Part			-		Ì		0				0
ø	15				on, employee				s 5–10)	Ì		53	35,317		619	9,192
ıse	16a			•	fees (Part IX		•	, ,	,	1			0			0
Expenses	Ь				es (Part IX, o				61	1,376	,	, ,	* ,			
ũ	17				column (A),	-						80	5,225		883	3,312
	18				s 13–17 (mu				e 25).	1			22,856			B,159
	19		-		Subtract lin					1			31,928			0,730
٥	8			_=:::/= =:::= = :				- 1 6 W			Beginni	ng of Currer		En	d of Year	<del></del>
Assets	20	Total as	sets (	Part X, line	16)				S	ľ		5,16	55,149		5,422	2,087
¥.	21		-	(Part X, lin	•	688	FEB	1 8 2014	)SO-	Ī			0			0
Net	<b>5</b> 22				ces Subtrac	t line 21 f			ျပ္သုိ	ľ		5,16	55,149		5,422	2,087
	art II			re Block			000								<del></del>	
					examined this	return, includ				ements,	and to the	e best of my l	nowledge			
and	belief, it	is true, com	ect, and	complete Dec	laration of prep	arer (other ti	an officer) is	based on all inf	ormation o	of which	preparer	has any know				
e:	an			Xau	us/3	Soll	luger					21	5 201	4_		_
	gn ere		Signa	ure o officer		,	0					Date	<b></b>	,		
п	ere		'	U EXE	ZUTIVI	<b>E</b> 0   8	2500	ح								
			Туре	or print name ai	nd title											
		Prır	t/Type	preparer's nam	e		Preparer's sig	nature/			Date			PT	IN	
Pá	aid		· - C				Or!	N/			1		Check	if	004000	
Pr	epare	r   Jar	ne Gra				<del>- /4</del> /	way	<u>,                                     </u>			5/2014	self-employed		0040886	
U	se Onl	<b>y</b> —	n's nam		D Gray CP/							Firm's EIN ► 01-0402338				
_		Firr	n's addr	ess ► PO B	ox 535, Har	rison, ME	04049					Phone no	207- <u>583</u> -	6170		
Ma	av the II	29 discui	e thie	return with	the prepare	r shown s	hove2 (see	a instruction	(c)					V	lvae [	$\neg$

Form **990** (2012)

	1990 (2012) Camp Newlound Owatonina Corporation		4-2304391	Page Z
<u>Pa</u>	art III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part I	II		
1	Briefly describe the organization's mission			
	Camps Newfound and Owatonna acknowledge freedom from limitation in a safe and nuturi	ina		
	On the man and of the Hannes for and for side. The			
	spiritual discovery marked by Christian Science demonstration			
	-3			
2	Did the organization undertake any significant program services during the year which were	e not listed on	<del> </del>	
	the prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O			
3	Did the organization cease conducting, or make significant changes in how it conducts, any	v 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, a	s measured by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount			
	the total expenses, and revenue, if any, for each program service reported	-		
_				
4a	(Code ) (Expenses \$ 1,074,254 including grants of \$ 124	1,475 ) (Revenue \$	872	,746 )
	Operated Summer Camps for Boys and Girls Enrollment for all sessions was approximate	ely 250		
		······································		
4b	(Code ) (Expenses \$ including grants of \$	) (Revenue \$	·	)
	•••••••••••••••••••••••••••••••••••••••			
	•••••••••••••••••••••••••••••••••••••••			
4c	Code ) (Expenses \$ including grants of \$	) (Revenue \$		<u> </u>
	( Codo ) (Expended & moleaning grante of &	) (1 (0 / 0 / 10 / 0		/
			·	
4d	Other program services (Describe in Schedule O )			
	(Expenses \$ 0 including grants of \$ 0) (Revenue	\$	0)	
40	Total program contice expenses • 1 074 254			

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

18

19

20a

20b

Х

Х

2) Camp NewfoundOwatonna Corporation
Checklist of Required Schedules (continued) Part IV

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23		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? If "Yes," answer lines			V
	24b through 24d and complete Schedule K. If "No," go to line 25	24a 24b		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
С	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			-
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
_	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		â	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	<del>- ^  </del>	
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?		ĺ	
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	34		v
352	III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	334		
~	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1002		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		_X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	1 1		
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (	2012)

Camp NewfoundOwatonna Corporation

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			•		1	$\square$
		-				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a		38			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		0		'	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble				
	gaming (gambling) winnings to prize winners?			- [	1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				,		1
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		95			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns?	•		2b	X	<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ons)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			ļ	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			ļ	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other						İ
	over, a financial account in a foreign country (such as a bank account, securities account, or other	financia	l I				1
	account)?				4a		<u> </u>
b	If "Yes," enter the name of the foreign country			-	. 1		
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financi		unts		-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	,		5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	tne		ŀ	C-		v
	organization solicit any contributions that were not tax deductible as charitable contributions?			ŀ	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or	•		Ch.		Į
_	gifts were not tax deductible?				6b		
7_	Organizations that may receive deductible contributions under section 170(c).		_		ંઇ		İ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	r goods	5	- }	 7a		X
<b>L</b>	and services provided to the payor?			ł	7b		$\widehat{}$
b C	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it			ŀ	75		
·	required to file Form 8282?	was			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					7
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			$\dashv$	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			-	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88		eauired?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi			ı	7h	Х	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsorir			J	^	,	
	organization, have excess business holdings at any time during the year?	_		ŀ	8		
9	Sponsoring organizations maintaining donor advised funds.				,	·> 3	
а	Did the organization make any taxable distributions under section 4966?				9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter				\$		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			, ,		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					*
11	Section 501(c)(12) organizations. Enter						*
а	Gross income from members or shareholders	11a					ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources	ĺ					
	against amounts due or received from them )	11b		$\dashv$			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		12	-	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		_			ĺ
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?			ļ	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			ı			ĺ
b	Enter the amount of reserves the organization is required to maintain by the states in which	المما		l	.		l
	the organization is licensed to issue qualified health plans	13b					ĺ
С	Enter the amount of reserves on hand	13c					<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?		•	.	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ule O			14b	١.,	

Part VI Gove

Governance, Management, and Dis	closure For each	"Yes" response to lines	s 2 through 7	b below, and f	or a "No"	
response to line 8a, 8b, or 10b below,	describe the circu	ımstances, processes,	or changes in	n Schedule O.	See instruction	ıs
Check if Schedule O contains a re						

Sect	on A. Governing Body and Management	···_			<u> </u>
OCCL	Of A. Obverning body and management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12	†	
	If there are material differences in voting rights among members of the governing body, or		<u> </u>		1
	If the governing body delegated broad authority to an executive committee or similar	III -		ĺ	1
	Committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations		<del>'</del>		
_	any other officer, director, trustee, or key employee?	mp was	2	<b></b>	X
3	Did the organization delegate control over management duties customarily performed by or under	the direct	F-	<del>                                     </del>	
•	supervision of officers, directors, or trustees, or key employees to a management company or other		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4	<del> </del>	X
5	Did the organization become aware during the year of a significant diversion of the organization's		5	<del> </del>	X
6	Did the organization have members or stockholders?	100010	6	<del> </del>	X
7a		annoint		<del>                                     </del>	<del>  ^</del>
1 a	Did the organization have members, stockholders, or other persons who had the power to elect or	арропп	7a	l	x
<b>L</b>	one or more members of the governing body?		/a		<del>  ^-</del>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	't			
_	stockholders, or persons other than the governing body?		7b	├	X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n auring	\$ \$ *** * *	· · ·	1 1
_	the year by the following				
a	The governing body?		8a 8b	X	
ь	Each committee with authority to act on behalf of the governing body?		86	<del>  ^</del>	<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be really a state of the control of the co	eacned			
-	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	Ļ	<u> </u>
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>ınternai Revenue</u>	Coae	Yes	l No
10a	Did the organization have local chanters, branches, or offlicted?		10a	162	No X
	Did the organization have local chapters, branches, or affiliates?	hantara	Iva	<del>                                     </del>	├^
b	If "Yes," did the organization have written policies and procedures governing the activities of such a affiliates, and branches to ensure their exercises are consistent with the organization's exempt by		10b		
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		11a	X	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the second of the provided by the organization to review this Form 900.	ire illing the lonn?		<del>  ^</del> -	
b 40-	Describe in Schedule O the process, if any, used by the organization to review this Form 990		420		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	awa rica ta conflicto?	12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could be acceptable and appropriate and		120	<del>  ^-</del>	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	165,	12c	x	
42	describe in Schedule O how this was done		13	<del>  ^-</del>	<del>                                     </del>
13	Did the organization have a written whistleblower policy?			-	X
14	Did the organization have a written document retention and destruction policy?	ual bu	14	<del> </del>	-
15	Did the process for determining compensation of the following persons include a review and appro		1 4	*	×.
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	450		ئـــــا
a	The organization's CEO, Executive Director, or top management official		15a	X	├
þ	Other officers or key employees of the organization		15b	X	-
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	<b>-</b>			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	jement		ļ	<u> </u>
	with a taxable entity during the year?		16a	<b> </b>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard		ļ	
	the organization's exempt status with respect to such arrangements?		16b	<u> </u>	L
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed  NONE	0 T (0t 5041 )	(0) '		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	υ- ι (Section 501(c)	(3)s onl	y)	
	available for public inspection. Indicate how you made these available. Check all that apply				
		plaın ın Schedule C	IJ		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	conflict of interest			
	policy, and financial 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		0744		
	organization   James Bollinger	(207) 583-	6/11		
	4 Camp Newfound Road, Harrison, ME 04040-9987				

Section A.

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII

**Employees, and Independent Contractors** 

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

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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

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

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

(A) Name and Title	(B) Average hours per	(C) Position (do not check more box, unless person officer and a director				ıs both	an e)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Andrew Abouchar	2 00									
Director	0.00	X								
(2) Katharine Bullock	2 00									
Treasurer	0 00	Х		Х	L					
(3) Jennifer McPhee	2 00									
Director	0 00	X								
(4) John Glascock	2 00		Γ							
Director	0 00	X	i	Ì	İ					
(5) Kita Mason	2 00									
Director	0 00	X	İ							_
(6) Alan Steckler	2 00									
Director	0 00	X_							<u></u>	
(7) John Caldwell	2 00									
Chairman	0 00		l	Х						
(8) Phoebe Smith	2 00									
Secretary	0 00			Х						
(9) Lisa Sydness	2 00									
Director	0 00	X		ļ				<u> </u>		
(10) Kerry Flatley	2 00		T							
Director	0 00	X								
(11) Seth Johnson	2 00				ſ					
Director	0 00				1				_	
(12) Travis Brantingham	2 00									
Director	0 00									
(13) James Bollinger	40 00	+								
Executive Director	0 00			x		l x l		90,000		
(14)										

Pa	rt VII Section A. Officers, Directors, Tru	stees, Key Em	oloye	es,	and	l Hi	ghes	t Co	ompensated Em	ployees (contin	ued)
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	than o	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)										· · · · · · · · · · · · · · · · · · ·	
(16)											
(17)											
(18)											
(19)											
(20)										-	
(21)											
(22)										-	
(23)											
(24)			-								
(25)											
1b c d	Sub-total Total from continuation sheets to Part VII, Second (add lines 1b and 1c) Total number of individuals (including but not lines)		sted a	abov	'e) v	vho	recei	▶ ▶ ived	90,000 0 90,000 more than \$100	0	0
	reportable compensation from the organization										Yes No
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched	lule J for such in	dıvidı	ıal						-	3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual										4 X
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "Y									vidual	5 X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest compectompensation from the organization Report of year										tax
	(A) Name and business add	Iress							(B) Description of ser	vices	(C) Compensation
											0
									-		
	Total number of independent contractors (inclu	ding but not limit	ted to	the	ا می	ısta	d ahr	)VE)	who received		
	more than \$100,000 of compensation from the	_	<u>►</u>			.5.0	0				

### Part VIII Statement of Revenue

	`	Check if Schedule O contains	s a response to	any question in	this Part VIII			
	·				(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	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in li Total. Add lines 1a–1f	s) 1 1 1s, and 1	b (	1		\ - A Ya w	
ne ne				Business Code				
Program Service Revenue	2a	Camper Tuition		900099	763,338	763,338		
æ	b	Family Camp Tuition		900099	55,858	55,858		
VICe	C	Miscellaneous Income		900099	53,550	53,550		
Ser	d				0			
Ë	е				0			
70gr	f	All other program service revenu	е		0			
	g	Total. Add lines 2a-2f			872,746			
	3	Investment income (including divother similar amounts) Income from investment of tax-ex		•	74,137			74,137
	5	Royalties	tompt bond pr	• • • • • • • • • • • • • • • • • • •	0			
	•		(ı) Real	(ii) Personal	· · · · · ·	, (\$ 3- 2 - # ·	. * .	· ** *
	6a	Gross rents		<del></del>	+ ★       + ★	\$ 71 F	· , .	* ^,
	b	Less rental expenses .	Ĺ <u> </u>		1 1 1, 1, 1, 1	gr 5 3, 'v	, 12 m <sup>2</sup> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*
	С	Rental income or (loss)		0 0	* '*	*- } * *		*
	d	Net rental income or (loss)	L	<b>•</b>	0		- <del></del>	<del></del>
	7a	Gross amount from sales of	(ı) Secunties	(ii) Other	» » ,ı	♦ ∴ &	, *	· , %
	}	assets other than inventory	45,53	35 0			· *	,g ·
	ь	Less cost or other basis		-	* 3 * 1	5 , e 5	· - 2	
		and sales expenses		0	· * *	, ,	·y. /8×	۵
	c	Gain or (loss)	45,53	<u> </u>			* * •	*
	d	Net gain or (loss)	10,00	<u>,o</u>	45,535			45,535
une	8a	Gross income from fundraising			3	2 f. 3	* 3 * * * * * * * * * * * * * * * * * *	45,533
Other Revenu		events (not including \$ of contributions reported on line of See Part IV, line 18	0 1c) a	a C	* * *	* *	, , , , , , , , , , , , , , , , , , ,	* *
₹	b	Less direct expenses	t	· [0		1	<del></del>	<del> </del>
_	С	Net income or (loss) from fundrai	•		0	·		
,	9a	Gross income from gaming activities See Part IV, line 19	â		, 8	,		· *·
	b	Less direct expenses		·		· · · · · · · · · · · · · · · · · · ·		
	10a	Net income or (loss) from gaming Gross sales of inventory, less returns and allowances			0			
	h		a		-			
	b	Less cost of goods sold	t. .f.m.vonton.		<b></b>			
	<u>C</u>	Net income or (loss) from sales of Miscellaneous Revenue	inventory	<del></del>	0			- <u> </u>
	110	wiscellaneous Revenue	<del></del>	Business Code				
	11a				0			
	b				0		<del></del>	
	C	All other revenue			0	<del> </del>		
	d	All other revenue		L	0			
	е 12	Total. Add lines 11a–11d  Total revenue. See instructions			1,888,889	872,746		119,672
	14	ivai ievenue. See instructions				8/2/461	ol	1196/2

Form 9	90 (2012) Camp NewfoundOwatonna Corporation			04-238	4391 Page <b>10</b>
Par	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other o	rganizations must c	omplete column (A)	
	Check if Schedule O contains a response to any	question in this Part	IX		. 🔲
	not include amounts reported on lines 6b, 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		U.ponous	90.0.0.0.000	
	organizations in the United States See Part IV, line 21	1,130	1,130		
2	Grants and other assistance to individuals in the				·
	United States See Part IV, line 22	124,525	124,525		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				Ì
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	232,000		174,000	58,000
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	· · · · · · · · · · · · · · · · · · ·		
7	Other salaries and wages	336,850	235,195	101,655	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0		0.000	
9	Other employee benefits	7,886	5,520	2,366	0.070
10	Payroll taxes	42,456	17,992	21,088	3,376
11	Fees for services (non-employees)				
a	Management	0		4 200	<del></del>
b	Legal	1,299		1,299	
C	Accounting	31,610		31,610	
d	Lobbying  Professional fundacing continue See Bort IV line 17	0	₹2 ×7 X Y 1	#2 × × ×	
e	Professional fundraising services. See Part IV, line 17	17,696	* // 1	17,696	<del> </del>
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column	17,090		17,090	
g	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	51,160		51,160	
13	Office expenses	53,101		53,101	
14	Information technology	12,545		12,545	
15	Royalties	0		12,010	
16	Occupancy	35,969	28,775	7,194	
17	Travel	9,943	9,943	,,,,,,,,,	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			· ·
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	162,651	154,518	8,133	0
23	Insurance	71,942	68,345	3,597	
24	Other expenses Itemize expenses not covered	, * × ′		٠	
	above (List miscellaneous expenses in line 24e If	~	, ,	•	
	line 24e amount exceeds 10% of line 25, column	3e		- 1	
	(A) amount, list line 24e expenses on Schedule O)				
а	Telephone	9,891	6,668	3,223	
b	Repairs & Maintenance	82,848	82,848		
С	Program Expenses	338,795	338,795		
d					
е	All other expenses	3,862		3,862	
25	Total functional expenses. Add lines 1 through 24e	1,628,159	1,074,254	492,529	61,376
26	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 following SOP 98-2 (ASC 958-720)

04-2384391 Page 11 Form 990 (2012) Camp NewfoundOwatonna Corporation **Balance Sheet** Part X Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 12,800 1 12,795 1 Cash—non-interest-bearing 2 2 Savings and temporary cash investments 0 3 3 Pledges and grants receivable, net 21.845 26,471 4 4 Accounts receivable, net ોંડે ~ 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 30 496 4 A 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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 Assets organizations (see instructions). Complete Part II of Schedule L. 7 0 7 Notes and loans receivable, net 6.423 5,926 8 8 Inventories for sale or use 9 6,305 Prepaid expenses and deferred charges 6,305 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 5,452,060 10a 2,482,167 2,538,753 10c 2.913.307 Less accumulated depreciation 10b 2,835,966 2.631.480 11 11 Investments—publicly traded securities 0 12 0 12 Investments—other securities See Part IV, line 11 0 0 Investments-program-related See Part IV, line 11 13 13 0 14 0 14 Intangible assets 0 15 0 15 Other assets See Part IV, line 11 16 5,422,087 5,165,149 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 0 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D ns manus 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 0 0 23 23 Secured mortgages and notes payable to unrelated third parties 0 24 0 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete 0 0 25 Part X of Schedule D 0 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► X and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 4,745,306 4,013,094 27 Unrestricted net assets 112,474 28 84,723 28 Temporarily restricted net assets 29 592,058 1,039,581 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31

31

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

5,422,087

5,422,087

32

33

5,165,149

5,165,149

Form 9	990 (2012) Camp NewfoundOwatonna Corporation	0	4-2384391	Pag	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			. [	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,888,	3,889
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,628	3 <u>,159</u>
3	Revenue less expenses Subtract line 2 from line 1	3		260	<u>,730</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4_	5	5,165	,149
5	Net unrealized gains (losses) on investments	5		3	3,792
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8_			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		,422	2,087
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 Cash X Accrual Other		: -		1. 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			्रं,	
	Schedule O		<u> </u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1,	1	
	reviewed on a separate basis, consolidated basis, or both				<u> </u>
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		3.		*
	separate basis, consolidated basis, or both		<u> </u>		
	Separate basis Consolidated basis Both consolidated and separate basis		<b>.</b>	3.	•
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o	c .	ر ا		1.
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?	,	2c		<u>                                     </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in		. 3.5		
	Schedule O		*		22
20					'*
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ja		<u> </u>
IJ	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		ĺ
	required addition additis, explain why in Schedule of and describe any steps taken to directly such addits		Form	990	(2042)

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

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

OMB No 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Inspection Employer identification number

Cam	p Nev	wfoundOwator	nna Corporation						ļ	04-23	<u> 84391</u>		
Par	tΙ	Reason	for Public Ch	arity Status (All org	anızatıoı	ns must	complete	this par	rt.) See i	nstruction	ns		
The	o <u>rga</u> r	nization is not	a private foundat	ion because it is (For	lines 1 thr	ough 11,	check onl	y one box	()				
1		A church, cor	nvention of churc	hes, or association of	churches	described	I in sectio	n 170(b)(	1)(A)(i).				
2		A school des	cribed in <b>section</b>	170(b)(1)(A)(ii). (Atta	ch Sched	ule E)							
3		A hospital or	a cooperative ho	spital service organiza	ation desc	ribed in <b>s</b> e	ection 170	0(b)(1)(A)	(iii).				
4			search organizati me, city, and stat	on operated in conjunc	ction with	a hospital	describe	d ın <b>secti</b>	on 170(b)	(1)(A)(iii).	Enter t	he	
5		_		the benefit of a college Complete Part II)	or univer	sity owne	d or opera	ated by a	governme	ental unit d	lescribe	d	
6		A federal, sta	ite, or local gove	rnment or government	al unit des	cribed in	section 1	70(b)(1)(	A)(v).				
7		_	-	receives a substantial	•	support f	rom a gov	vernmenta	al unit or f	rom the ge	eneral p	ublic	
8		A community	trust described i	n section 170(b)(1)(A	)(vi). (Cor	nplete Pa	rt II )						
9	×	An organization receipts from support from acquired by the support from the support from acquired by the support from the sup	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2)</b> . (Complete Part III.)										
10		An organizati	An organization organized and operated exclusively to test for public safety See section 509(a)(4).										
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified												
е	L_J	persons other		n managers and other								ection	
f		If the organiz	ation received a	written determination	from the II	RS that it	ıs a Type	I, Type II,	or Type I	II supporti	ng		
g		Since Augus		he organization accept	ted any gif	ft or contri	bution fro	m any of	the				
		following per								(11)		Yes	No
			•	or indirectly controls, ele erning body of the sup		_		ersons de	scribed in	(11)	11g(i)	Tes	NO
		•		person described in (i)		janization	•				11g(ii)		
				of a person described		ı) above?					11g(iii)		
h		` '	•	tion about the supporte		•							
(1)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	ın col (i) lıs	organization sted in your document?	the organ	rou notify nization in of your port?	organiza (i) organ	Is the ation in column the S?	(vii) Am	ount of mount of mount	onetary
					Yes	No	Yes	No	Yes	No	<u> </u>		
(A)													
(B)													
(C)					-					<del> </del>	<del> </del>	<del></del> -	
	<del></del> .	··-							ļ	1.			
(D)									ļ				
(E)											<u>L</u>		
Tota						5				- ^ !, `.,			n

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.)

Sect	ion A. Public Support						
Caler	idar 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")	i	;				0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-					0
3	The value of services or facilities furnished by a governmental unit to the		-				
	organization without charge						<u>0</u>
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each person (other than a governmental unit			•	э у кик бе	չար , ը_ նգ <sup>նա</sup> ներ	
	or publicly supported organization)	,	*		, J	£ , '	
	included on line 1 that exceeds 2%		4 11 11	* •	*	* *	
	of the amount shown on line 11,		*	*	,	,	
_	column (f)			3 4		<u> </u>	0
6	Public support. Subtract line 5 from line 4					, , ,	
	ion B. Total Support ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d</b> ) 2011	(e) 2012	(f) Total
					· · · ·	1	0
7	Amounts from line 4	0	0	0	- 0	- U	
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business						
•	activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						0
11	Total support. Add lines 7 through 10	i 6 m	10 10 to 10 to	· * * * * .	,", Î.,. ,	*** * *	0
12	Gross receipts from related activities, etc. (see					12	
13	First five years. If the Form 990 is for the org	ganızatıon's firs	t, second, third	, fourth, or fifth	tax year as a s	ection 501(c)(3)	
	organization, check this box and stop here	•			•		▶
Sec	tion C. Computation of Public Support					<del>, , , ,</del>	
14	Public support percentage for 2012 (line 6, co	, ,	•	lumn (f))		14	0 00%
15	Public support percentage from 2011 Schedu					15	0.00%
16a	33 1/3% support test—2012. If the organiza				14 is 33 1/3%	or more, check	this box
	and <b>stop here</b> . The organization qualifies as				d lima 45 ia 22 4	1/20/ or more of	anak thus
b	33 1/3% support test—2011. If the organization and stop here. The organization qualifie	s as a publicly s	supported orga	nızatıon			► □
17a	10%-facts-and-circumstances test—2012. is 10% or more, and if the organization meets Part IV how the organization meets the "facts organization	s the "facts-and	-circumstances	s" test, check th	is box and <b>sto</b>	<b>here.</b> Explain	
b	10%-facts-and-circumstances test—2011.	If the organizati	on did not ched	ck a box on line	: 13, 16a, 16b. (	or 17a, and line	
b	15 is 10% or more, and if the organization me Part IV how the organization meets the "facts	eets the "facts-a	and-circumstan	ces" test, checl	k this box and s	stop here. Expl	aın ın
	supported organization				•		▶ 🔲
18	<b>Private foundation.</b> If the organization did n instructions	ot check a box	on line 13, 16a	, 16b, 17a, or 1	7b, check this t	oox and see	▶ □

### 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)

	If the organization fails to qualify u	naer the tests	listed below,	please comp	nete Part II )	·	
	ion A. Public Support	<del></del>	<del></del>			4 3 0040	(D. T. 1.1
Caler	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	744,905	585,170	795,842	703,841	896,471	3,726,229
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 .	791,047	744,843	789,260	831,876	872,746	4,029,772
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	1,535,952	1,330,013	1,585,102	1,535,717	1,769,217	7,756,001
7a	Amounts included on lines 1, 2, and 3	444 400	440.000	00.050	208 072	175 024	730,685
b	received from disqualified persons Amounts included on lines 2 and 3 received	141,400	118,920	86,359	208,072	175,934	730,000
b	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	111 100	440.000	00.050	208.072	175 024	730,685
с 8	Add lines 7a and 7b	141,400	118,920	86,359	208,072	175,934	730,065
0	Public support (Subtract line 7c from line 6)	10.5	5 9 12	1611			7,025,316
Sect	tion B. Total Support				-		
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	1,535,952	1,330,013	1,585,102	1,535,717	1,769,217	7,756,001
10a	Gross income from interest, dividends,	1,555,552	1,550,015	1,000,102	1,000,717	1,100,211	1,100,001
	payments received on securities loans,						
	rents, royalties and income from similar sources	70,515	82,307	85,328	69,067	119,672	426,889
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						0
_	acquired after June 30, 1975 Add lines 10a and 10b	70,515	82,307	85,328	69,067	119,672	426,889
11	Net income from unrelated business	10,010	32,007				
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11,	-					<u>_</u>
- •	and 12)	1,606,467	1,412,320		1,604,784	1,888,889	8,182,890
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(d	c)(3)	<b>&gt;</b> _
Sec	tion C. Computation of Public Support	Percentage			-		
15	Public support percentage for 2012 (line 8, column		e 13, column (f))			15	85 85%
16	Public support percentage from 2011 Schedule A,					16	86 5 <u>3</u> %
<u>Sec</u>	tion D. Computation of Investment Inc						5.000/
17	Investment income percentage for 2012 (line 10c,			ımn (f))		17	5 22%
18 10a	Investment income percentage from 2011 Schedu 33 1/3% support tests—2012. If the organization			and line 15 is m	ore than 33 1/3%	18   and line 17 is	4 36%
19a	not more than 33 1/3%, check this box and stop h						► X
b	33 1/3% support tests—2011. If the organization						
	line 18 is not more than 33 1/3%, check this box a	nd stop here. Th	ie organization q	ualifies as a publ	icly supported or	ganization	▶ 🛄
20	Private foundation. If the organization did not ch						▶ [_]

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

OMB No 1545-0047 2012

Open to Public

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

Section 501(c)(4), (5), or (6) organizations. Complete Part III.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Nam	ne of organization				Employer	identification	number
Can	np NewfoundOwatonna Co	prporation				04-2384391	
Pa	rt I-A Complete if t	the organization is exempt und	er section 501	(c) or is a secti	on 527 o	rganization.	
1	<del>-</del>	the organization's direct and indirect p	olitical campaign	activities in Part IV	/		
2	Political expenditures				▶ \$ _		63
3	Volunteer hours						0
Pa		the organization is exempt und					
1	•	excise tax incurred by the organizatio			▶ \$		
2		excise tax incurred by organization m	-		▶ \$	· · · · · · · · · · · · · · · · · · ·	0
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year	<i>?</i>		Yes	∐ No
4a						Yes	No
	If "Yes," describe in Part						
Pa		the organization is exempt und			tion 501(	c)(3).	
1	Enter the amount directly activities	expended by the filing organization f	or section 527 ex	empt function	▶ \$		
2	Enter the amount of the f	filing organization's funds contributed	to other organiza	tions	•		
	for section 527 exempt fu		J		▶ \$		
3	Total exempt function exp	penditures Add lines 1 and 2 Enter h	ere and on Form	1120-POL,			
	line 17b				▶ \$	Yes	0
4	Did the filing organization	n file Form 1120-POL for this year?			-	Yes	No
5	Enter the names, addres	ses and employer identification numb	er (EIN) of all sec	tion 527 political o			
		ents For each organization listed, en					
		ontributions received that were prompt					
	as a separate segregated	d fund or a political action committee	(PAC) If additiona	ai space is needed	, provide ir	irormation in Pa	art iv
	(a) Name	(b) Address	(c) EIN	(d) Amount paid		(e) Amount o	
		1		filing organizat funds if none, er		contributions re promptly and	
						delivered to a political organ	
		]				none, ent	
(1)				<u> </u>			
(2)							
(3)							
					+		
(4)							
(5)							
(6)	<del>-</del>						

_			
Pа	a	е	4

						- raye 2
P	art II-A Complete if the organization	ı is exempt (	under section 5	01(c)(3) and filed	d Form 5768 (elec	tion
_	under section 501(h)).  Check ▶ if the filing organization be	longs to an a	effiliated group (a)	nd list in Part IV s	ach affiliated grou	n member's
Α	name, address, EIN, expe					p member s
В	Check ► if the filing organization ch	ecked hox A	and "limited cont	rol" provisions an	only	
	<u></u>			ioi piovioiono ap		41.451.4.4
	Limits on Lobb (The term "expenditures" me			<del></del>	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence publi			•		0
þ	Total lobbying expenditures to influence a leg	•	direct lobbying)			0
С	Total lobbying expenditures (add lines 1a an	d 1b)			0	0
d	Other exempt purpose expenditures	- 4 4 4 4\	•	•	0	0
e	Total exempt purpose expenditures (add line		llaaa tabla in bat	<u> </u>	<u> </u>	
f	Lobbying nontaxable amount Enter the amo	unt from the fo	illowing table in bot	11	اه	0
	If the amount on line 1e, column (a) or (b) is:	The lebbyin	g nontaxable amou	int is:		
	Not over \$500,000	<del></del>	mount on line 1e	inc is.		
	Over \$500,000 but not over \$1,000,000	<del></del>	is 15% of the excess	over \$500,000	· 大大の大の大の大の大の大の大の大の大の大の大の大の大の大の大の大の大の大の大	. ' ',
	Over \$1,000,000 but not over \$1,500,000		is 10% of the excess		The Control of the August Annual Control of the Con	*
	Over \$1,500,000 but not over \$17,000,000		is 5% of the excess of	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				,
g	Grassroots nontaxable amount (enter 25% of	•			<u> </u>	0
h	Subtract line 1g from line 1a If zero or less,				0	0
i	Subtract line 1f from line 1c If zero or less, e		. 4		0	0
J	If there is an amount other than zero on eith section 4911 tax for this year?	er line 1n or lin	e 11, did the organiz	ration file Form 4/2	o reporting	Yes No
	(Some organizations that m columns below	ade a section See the instr	uctions for lines 2	not have to comp a through 2f on pa		
_	Lobbyin	g Expenditure	es During 4-Year A	veraging Period	r	- <u>-</u> -
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	(e) Total
2a	Lobbying nontaxable amount				0	0
_b	Lobbying ceiling amount		* * *			0
с —	Total lobbying expenditures				0	0
d	Grassroots nontaxable amount				0	0
_ <u>e</u>	Grassroots ceiling amount (150% of line 2d, column (e))	;		, A	, <u></u>	0
f	Grassroots lobbying expenditures				0	0

04-2384391 Camp NewfoundOwatonna Corporation Schedule C (Form 990 or 990-EZ) 2012 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (a) (b) For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description Yes No **Amount** of the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 63 Х Other activities? 63 Total Add lines 1c through 1i Х 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 0 **b** If "Yes," enter the amount of any tax incurred under section 4912 1.2 0 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). No Yes 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the

excess does the organization agree to carryover to the reasonable estimate of horideductible		
lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	C
Part IV Supplemental Information		
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part	rt II-A (affiliated grou	up
list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information		
Part I-A Line 1 Amount included in dues that were used by Maine Youth Camp Association ( a 501(c)(4)		
organization) for lobbying expenditure was \$63 17 per their letter of disclosure received at year end		

# SCHEDULE D (Form 990)

**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

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. ► See separate instructions.

Inspection
Employer Identification number

OMB No 1545-0047

04-2384391 Camp NewfoundOwatonna Corporation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 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? 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? Yes 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 Preservation of open space 2 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 2a а Total number of conservation easements 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 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 9 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 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 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 2 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 а Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

•										
Schedu	ule D (Form 990) 2012 Camp NewfoundOwaton	na Corporatio	n				04-238	34391		Page 2
Part	III Organizations Maintaining Col	ections of	Art, Hist	torical Tr	reasures, o	r Othe	r Similar Ass	ets (cor	ntinue	d)
3	Using the organization's acquisition, accessiuse of its collection items (check all that app		records,	check any	of the follow	ing that	are a significan	it		
а	Public exhibition	• • • • • • • • • • • • • • • • • • • •	d	Loan	or exchange	progran	ns			
b	Scholarly research		e 🗀	Other	_					
c	Preservation for future generations		υ	] 011101						
4	Provide a description of the organization's c	ollections and	explain h	now they fo	urther the org	janizatio	on's exempt purp	oose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							□ v	es 🗀	] No
Part										
ı aıı	IV, line 9, or reported an amount		•	-		werea	ies to ronn	1 990, Pa	<b>11</b> L	
1a	Is the organization an agent, trustee, custod			•		thor acc	ote not			
ıa	included on Form 990, Part X?	ian or other in	termediai	ly for conti	ווטטווטווא טויט	urer ass	sets not	☐ Y	~ L_	No
b	If "Yes," explain the arrangement in Part XIII	and complete	the follo	wing table	•			Ш.		, 140
-	Too, explain the arrangement in Fally Miles	and complete		wing table			T	Amount		
С	Beginning balance					10	;			0
d	Additions during the year					10	1			
е	Distributions during the year .					16	,			
f	Ending balance					1f				0
2a	Did the organization include an amount on F	orm 990. Part	X. line 2	1?		-		☐ Ye	es X	No
b	If "Yes," explain the arrangement in Part XIII				as been provi	ided in l	Part XIII			İ
Part								<u> </u>		<u></u>
rait		Current year		or year	(c) Two years		(d) Three years bac		our years	back
1a	Beginning of year balance	2,631,479		2,312,063		3,238	2,087,8			9,114
b	Contributions	188,705		279,561	2,20	70,200	43,1			1,955
C	Net investment earnings, gains,	100,700		2.0,00.	<del></del>					-,,
	and losses	119,672		55,048	2	26,833	174,1	55	13	35,299
d	Grants or scholarships						· · · · · · · · · · · · · · · · · · ·			
е	Other expenditures for facilities									
	and programs	86,194							15	50,000
f	Administrative expenses	17,696		15,193		8,008	11,8	87		8,523
g	End of year balance	2,835,966		2,631,479	2,31	2,063	2,293,2	38	2,08	37,845
2	Provide the estimated percentage of the cur	rent year end	balance (	line 1g, co	olumn (a)) he	ld as			-	
а	Board designated or quasi-endowment	<b>•</b>	65%							
b	Permanent endowment	21%								
C	Temporarily restricted endowment	14%								
	The percentages in lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the o	rganızatı	on that are	held and ad	mınıster	ed for the			<del></del>
	organization by							0-0	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations			0.1	D0			3a(ii)		X
b	If "Yes" to 3a(ii), are the related organization							3b		L
4	Describe in Part XIII the intended uses of the									
Part							<del></del>			
	Description of property	(a) Cost or oth			st or other s (other)	, , ,	Accumulated epreciation	( <b>d</b> ) B	ook valu	е
10	Lond	(investm				<u> </u>	sy section		40	14.442
1a b	Land		0	<del>                                     </del>	104,442	<del> </del>	1,499,689			4,442
C	Buildings Leasehold improvements	<del></del>	0	<del> </del>	3,465,115 0		1,499,669		1,90	34,516 0
d	Equipment		0		640,792	<b></b>	524,854		11	5,938
	• •									

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

Other

353,857

887,854

1,241,711

Part VII	Investments—Other Secu	<u>rities. See Form 990, Part X</u>	, line 12	
	) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year a	aluation market value
(1) Financial	derivatives	0		
	eld equity interests	0		
(3) Other				<del></del>
( <u>A</u> )				
(B)	•			
(C) (D)				
(E)	•		<del></del>	
(F)				
(G)				
( <u>H</u> )		<del> </del>		
(l)				N 3 KA N
	) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Re	elated. See Form 990, Part X		<del></del>
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year i	
(1)				
(2)				<del></del>
(3)				
<u>(4)</u> (5)			<del> </del>	
(6)	<del></del>			<del></del>
(7)				
(8)				
(9)				
(10)				# (P. 1700 Mg/L T.).
	) must equal Form 990, Part X, col. (B) line 13.)	<u>▶</u> 0		
Part IX	Other Assets. See Form 99			
		(a) Description		(b) Book value
(1)				
(2)	. ,			
(4)				
(5)		-		
(6)				
(7)				
(8)				
(9)				
(10)	(h)	( and (D) line (F)		<u></u>
	mn (b) must equal Form 990, Part X			<u></u>
Part X	Other Liabilities. See Form (a) Description of liability	(b) Book value		· · · · · · · · · · · · · · · · · · ·
1. (1) Federa	Il income taxes	(b) Book value	<u> </u>	* * *
(2)	i ilicome taxes		1 , , , ,	
(3)			1	* )
(4)			, 	· **, ·
(5)			Ì	
(6)				
(7)				1
(8)				*
(9)			· · · · · · · · · · · · · · · · · · ·	· ',
(10)			-	
(11)	o) must equal Form 990, Part X, col (B) line 25)	<b>D</b> 0	1	
			the second secon	anization's liability
for uncertain to	C 740) Footnote In Part XIII, provide the te ax positions under FIN 48 (ASC 740) Chec	ok here if the text of the footnote has be	en provided in Part XIII	anization 5 liability

cneai	ule D (Form 990) 2012 Camp NewfoundOwatonna Corporation		04-23043	71 rage 🖚
Part	Reconciliation of Revenue per Audited Financial Statements V	Vith Revenue per	Return	
1 ,	Total revenue, gains, and other support per audited financial statements.		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments 2a			
b	Donated services and use of facilities			
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII ) . 2d			
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
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			
b	Other (Describe in Part XIII )			
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	0
Par	t XII Reconciliation of Expenses per Audited Financial Statements	With Expenses p	er Returr	า
1	Total expenses and losses per audited financial statements	•	1	
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 2b			
С	Other losses 2c			
d	Other (Describe in Part XIII )			
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
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	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	•	5	0
	t XIII Supplemental Information			
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lii V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also com tional information			and 2b,
Part	V Line 4 The endowment fund is preserved and prudently managed to produce income	that		
ıs sp	ent at a rate not to exceed 7% annually on the operations and program			
				••

# **SCHEDULE 1** (Form 990)

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public OMB No 1545-0047

Inspection Employer Identification number

04-2384391

Camp NewfoundOwatonna Corporation Name of the organization

Department of the Treasury

Internal Revenue Service

General Information on Grants and Assistance

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 criteria used to award the grants or assistance?

ž

× Yes

2 Par	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Partill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990.	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
----------	--	---	---

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(6)							
(6)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	1 501(c)(3) and organizations list	government organizated in the line 1 table	ations listed in the line	1 table		<b>A A</b>	0

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

Schedule I (Form 990) (2012)

Page 2

Camp NewfoundOwatonna Corporation

hedule I (Form 990) (2012)

(f) Description of non-cash assistance Fair Market value of camp tuition Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) F₩ 124,475 (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed 8 (b) Number of recipients 1 Scholarships for children attending Summer Camp (a) Type of grant or assistance information Part III Part IV 2 9 ~ က

Schedule I (Form 990) (2012)

### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Employer identification number 04 0004004

		organization a	(b) R	elationship	between d	squalified person						(d) Con	recte
1	(a) Name of disq	ualified person	(-,-		nd organiza		(c) Des	cription of	transac	tion		Yes	No
(1)													
(2)													L
(3)													L_
(4)													<u> </u>
(5)													L.
(6)							<u></u>						ᆫ
2	Enter the amount of	tax incurred by	the organiza	tion man	agers or	disqualified pers	sons during the	year					
	under section 4958										<u>\$</u>		
3	Enter the amount of	tax, if any, on lir	ne 2, above,	reimburs	sed by the	e organization				•	\$		
	Complete if the organization re	eported an amou	nswered "Ye unt on Form	s" on Fo 990, Par	t X, line 5							ωw	ritte
Part (a) N	Complete if the	e organization a	nswered "Ye	es" on Fo 990, Par (d) Loan			8a or Form 990,	Part IV		(h) Api by boo	proved ard or	(ı) W agreei	
	Complete if the organization re	e organization a eported an amou	nswered "Ye unt on Form (c) Purpose	es" on Fo 990, Par (d) Loan	t X, line 5 to or from	6, 6, or 22				(h) App	proved ard or		mer
(a) N	Complete if the organization re	e organization a eported an amou	nswered "Ye unt on Form (c) Purpose	es" on Fo 990, Par (d) Loan the orga	t X, line 5 to or from nization?	6, 6, or 22		(g) In d	efault?	(h) Apr	proved ard or uttee?	agree	men
(a) N (1) (2)	Complete if the organization re	e organization a eported an amou	nswered "Ye unt on Form (c) Purpose	es" on Fo 990, Par (d) Loan the orga	t X, line 5 to or from nization?	6, 6, or 22		(g) In d	efault?	(h) Apr	proved ard or uttee?	agree	men
(a) N (1) (2) (3)	Complete if the organization re	e organization a eported an amou	nswered "Ye unt on Form (c) Purpose	es" on Fo 990, Par (d) Loan the orga	t X, line 5 to or from nization?	6, 6, or 22		(g) In d	efault?	(h) Apr	proved ard or uttee?	agree	men
(a) N (1) (2) (3) (4)	Complete if the organization re	e organization a eported an amou	nswered "Ye unt on Form (c) Purpose	es" on Fo 990, Par (d) Loan the orga	t X, line 5 to or from nization?	6, 6, or 22		(g) In d	efault?	(h) Apr	proved ard or uttee?	agree	men
(a) N (1) (2) (3) (4) (5)	Complete if the organization re	e organization a eported an amou	nswered "Ye unt on Form (c) Purpose	es" on Fo 990, Par (d) Loan the orga	t X, line 5 to or from nization?	6, 6, or 22		(g) In d	efault?	(h) Apr	proved ard or uttee?	agree	men
(a) N (1) (2) (3) (4) (5) (6)	Complete if the organization re	e organization a eported an amou	nswered "Ye unt on Form (c) Purpose	es" on Fo 990, Par (d) Loan the orga	t X, line 5 to or from nization?	6, 6, or 22		(g) In d	efault?	(h) Apr	proved ard or uttee?	agree	men
(a) N (1) (2) (3) (4) (5) (6) (7)	Complete if the organization re	e organization a eported an amou	nswered "Ye unt on Form (c) Purpose	es" on Fo 990, Par (d) Loan the orga	t X, line 5 to or from nization?	6, 6, or 22		(g) In d	efault?	(h) Apr	proved ard or uttee?	agree	men
(a) N (1) (2) (3) (4) (5) (6) (7)	Complete if the organization re	e organization a eported an amou	nswered "Ye unt on Form (c) Purpose	es" on Fo 990, Par (d) Loan the orga	t X, line 5 to or from nization?	6, 6, or 22		(g) In d	efault?	(h) Apr	proved ard or uttee?	agree	men
	Complete if the organization re	e organization a eported an amou	nswered "Ye unt on Form (c) Purpose	es" on Fo 990, Par (d) Loan the orga	t X, line 5 to or from nization?	6, 6, or 22		(g) In d	efault?	(h) Apr	proved ard or uttee?	agree	

(c) Amount of assistance

(d) Type of assistance

(a) Name of interested person

(1) (2) (3)(4)(5)(6) (7) (8) (9) (b) Relationship between interested

person and the organization

(e) Purpose of assistance

	ewroundOwatonna Corporation_		04-23643	<del>5</del> 1	Page ∠
Part IV Business Transactions Invo			or 29o		
(a) Name of interested person	(b) Relationship between interested person and the organization	interested person and the transaction		organiz	aring of zation's nues?
				Yes	No
(1) Susan Newbold	Donor	2,900	Co-director of Creative Arts Pro		Х
(2) Towle Family Foundation	Donor, Mutual fund Manag		members manage fund of which		Х
(3) Andre Villoch	Spouse of Camp Newfoun	8,200	Facilities maintenance employe		Х
(4) Christian Schneider	Spouse of Marketing Direct		Manages waterfront activities	_	X_
(5) Conrad Bollinger	Son of Executive Director		Summer camp employee		X
(6) Tessa Bollinger	Spouse of Executive Direct		Created book for centennial cele		X
(7) Timothy Bollinger	Son of Executive Director	1,350	Summer Camp Employee		X
(8)					<b>-</b>
(9)					
(10) Part V Supplemental Information		<del></del>			Ь
					<b></b> -

### SCHEDULE M (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Employer identification number 04-2384391

Camp NewfoundOwatonna Corporation

Part	Types of Property				,			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	(d) I of determ entribution	nining amo	unts
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications		3 to 10 to 1			<u> </u>		
5	Clothing and household							
	goods	_						
6	Cars and other vehicles	X	2		FMV per Ke			
7	Boats and planes	X	4	39,740	FMV per cu	rrent com	parı	sons
8	Intellectual property						_	
9	Securities—Publicly traded	X	5	92,330	FMV at date	e of gift		
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic		1					
	structures							
14	Qualified conservation							
15	contribution—Other Real estate—Residential							<del></del>
15 16	Real estate—Residential				<del> </del>	<del></del>		
17	Real estate—Other							
18	Collectibles			-				
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ( Camping equipmer)	Х	1	7,175	FMV at date	e of gift		
26	Other ► ( Misc )	Х	1	111	FMV at date	e of gift		
27	Other ► ( Camping Trip Equil)	Х	1	5,225	FMV at date	e of gift		
_28	Other ► (							
29	Number of Forms 8283 received							
	which the organization completed	Form 8283	3, Part IV, Donee Acknowledg	gment	29			
						Y	es	No
30a	During the year, did the organizat		• • • • • •	-	8	,		
	that it must hold for at least three	•		ution, and which is not		12		
	required to be used for exempt pu		the entire holding period?			30a		<u> X</u>
	If "Yes," describe the arrangement							
31	Does the organization have a gift	acceptance	e policy that requires the revi	ew of any non-standard		4112		
	contributions?					31	_	_X
32a	Does the organization hire or use	third partie	s or related organizations to	solicit, process, or sell				
	noncash contributions?					32a		<u>X</u>
	If "Yes," describe in Part II					· .		
33	If the organization did not report a	an amount i	n column (c) for a type of pro	pperty for which column (a) is	S			1
	checked, describe in Part II							i

### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 Open to Public

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. Inspection Employer identification number

Camp NewfoundOwatonna Corporation	04-2384391
Form 990 Part V Line 3b None Required	
Form 990 Part VI Section B Line 11AA copy of the tax return is provided to all memers of the	
board for their review before mailing the tax return	
Form 990 Part VI Section B Line 12c Each Board Member is required to sign a conflict of	
interest disclosure statement each January and submit it the Chairman of the Board	
Form 990 Part VI Section B Line 15A CEO, Executive Director and other top managment offical	
Review and approval by Board of Directors after interviews. Other officers or key employees	
REview and approval by Executive Director and a committee of board members following	
ınterviews	
Form 990 Part VI Section C Line 19 The organization's governing documents and financial	
statements are available to the public upon request	
Form 990 Part XI Line 9 Adjust to actual	
•••••	

### **Elections**

### Election to NOT claim first-year special depreciation - All Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all depreciable property placed in service during the current tax year

# \*Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172 2012

Department of the Treasury Internal Revenue Service

(99)

► See separate instructions.

► Attach to your tax return.

Sequence No 179

	ne(s) shown on return	Busine	ss or activ	ity to which this fo	rm relates		Identifying num	ıber	
Car	mp NewfoundOwatonna Corporation	990					04-2384391		
Pai	rt I Election To Expense Cert	tain Prope	rty Und	er Section 17	9				
	Note: If you have any listed prope	erty, complete	e Part V b	efore you comple	te Part I				
1	Maximum amount (see instructions)							1	500,000
2	Total cost of section 179 property placed	l in service (:	see instru	ictions)	•			2	88,896
3	Threshold cost of section 179 property b	efore reduct	tion in lim	itation (see instr	uctions)		•	3	2,000,000
4	Reduction in limitation Subtract line 3 fro	om line 2 lf:	zero or le	ss, enter -0-				4	0
5	Dollar limitation for tax year Subtract line	e 4 from line	1 If zero	or less, enter -0	0- If married	filing			
	separately, see instructions			•		•	•	5	500,000
6	(a) Description of property	/		(b) Co	st (business use	only)	(c) Elected cos	st	
									ς,
7	Listed property Enter the amount from li	ne 29	•		-	7			
	Total elected cost of section 179 property		ints in col	umn (c) lines 6	and 7	ــــا		8	0
	Tentative deduction Enter the smaller of			a (6),65 6			•	9	0
	Carryover of disallowed deduction from I			orm 4562				10	
	Business income limitation. Enter the sm				an zero) or lin	e 5 (see instri	ictions)	11	
	Section 179 expense deduction Add line					10 0 (000 1110110	100010)	12	0
	Carryover of disallowed deduction to 201					▶ 13		, <u>-</u>	
	te: Do not use Part II or Part III below for					110	<u> </u>		·
					/Do not in	clude listed i	roperty ) (See	ınstr	uctions )
							noperty.) (Occ	T	actions.
14	Special depreciation allowance for qualif	nea property	(outer ut	an iisted properi	ty) placed in s	sei vice		14	
4-	during the tax year (see instructions)	_4							
	Property subject to section 168(f)(1) elec	ction						15 16	16,000
	Other depreciation (including ACRS)		ام ما ما			· · · · · · · · · · · · · · · · · · ·		10	16,900
Pa	rt III MACRS Depreciation (Do	not includ			e instruction	15)			
			Secti		0040			47	139,364
	MACRS deductions for assets placed in		-					17	139,304
18									Wa
	If you are electing to group any assets p	naced in serv	vice durin	g the tax year in	ito one or mo	re	. —	, ,	• 1.
	general asset accounts, check here						▶□	, '	*
							► eciation System	* '	,
	general asset accounts, check here  Section B - Assets Place		ice Durin		r Using the (		eciation System	*	
	general asset accounts, check here  Section B - Assets Place (b)	ced in Serv	ice Durin	g 2012 Tax Yea	r Using the (		eciation System		epreciation deduction
	general asset accounts, check here  Section B - Assets Place  (b)  (a) Classification of property yes	ced in Serv	ice Durin (c) Basis (business	g 2012 Tax Yea	r Using the (	General Depre			
19	general asset accounts, check here  Section B - Assets Place  (b) ye (a) Classification of property	ced in Serv Month and ear placed	ice Durin (c) Basis (business	g 2012 Tax Yea for depreciation s/investment use	r Using the (	General Depre			epreciation deduction
	general asset accounts, check here  Section B - Assets Place  (b)  ye  (a) Classification of property	ced in Serv Month and ear placed	ice Durin (c) Basis (business	g 2012 Tax Yea for depreciation s/investment use	r Using the (	General Depre			epreciation deduction
	general asset accounts, check here  Section B - Assets Place  (b) ye  (a) Classification of property  a 3-year property	ced in Serv Month and ear placed	ice Durin (c) Basis (business	g 2012 Tax Yea for depreciation s/investment use ee instructions)	r Using the ( (d) Recovery period	General Depre	(f) Method		epreciation deduction
	general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property  b 5-year property  c 7-year property	Month and ear placed in service	ice Durin (c) Basis (business	g 2012 Tax Yea for depreciation s/investment use ee instructions)	r Using the (d) Recovery period	General Depre (e) Convention	(f) Method		epreciation deduction
	general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property	ced in Serv Month and ear placed	ice Durin (c) Basis (business	g 2012 Tax Yea for depreciation s/investment use ee instructions)	r Using the (d) Recovery period 5	General Depre (e) Convention	(f) Method		epreciation deduction
	general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property	Month and ear placed in service	ice Durin (c) Basis (business	g 2012 Tax Yea of for depreciation s/investment use ee instructions) 19,272 69,624	r Using the (d) Recovery period 5	(e) Convention  MQ  MQ	(f) Method 200DB 200DB		2,656 2,899
	general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	Month and ear placed in service	ice Durin (c) Basis (business	g 2012 Tax Yea of for depreciation s/investment use ee instructions) 19,272 69,624	r Using the ( (d) Recovery period  5 7	(e) Convention  MQ  MQ	(f) Method  200DB  200DB  S/L		2,656 2,899
	general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property	Month and ear placed in service	ice Durin (c) Basis (business	g 2012 Tax Yea of for depreciation s/investment use ee instructions) 19,272 69,624	r Using the ( (d) Recovery period  5 7  15	(e) Convention  MQ  MQ  MQ	200DB 200DB 200DB S/L		2,656 2,899
	general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental	Month and ear placed in service	ice Durin (c) Basis (business	g 2012 Tax Yea of for depreciation s/investment use ee instructions) 19,272 69,624	r Using the ( (d) Recovery period  5 7  15  25 yrs 27 5 yrs	(e) Convention  MQ  MQ  MQ  MQ	200DB 200DB 200DB S/L S/L S/L		2,656 2,899
	general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property	Month and ear placed in service	ice Durin (c) Basis (business	g 2012 Tax Yea of for depreciation s/investment use ee instructions) 19,272 69,624 45,676	t Using the (d) Recovery period  5 7  15  25 yrs 27 5 yrs 27 5 yrs	(e) Convention  MQ  MQ  MQ  MQ  MM	(f) Method  200DB  200DB  S/L  S/L  S/L  S/L  S/L		2,656 2,899 662
	general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real	Month and ear placed in service	ice Durin (c) Basis (business	g 2012 Tax Yea of for depreciation s/investment use ee instructions) 19,272 69,624	r Using the ( (d) Recovery period  5 7  15  25 yrs 27 5 yrs	(e) Convention  MQ  MQ  MQ  MQ  MM  MM	(f) Method  200DB  200DB  S/L  S/L  S/L  S/L  S/L  S/L		2,656 2,899
	general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property	Month and ear placed in service	ice Durin (c) Basis (business only—s	g 2012 Tax Yea of for depreciation s/investment use ee instructions) 19,272 69,624 45,676	15 25 yrs 27 5 yrs 27 5 yrs 39 yrs	(e) Convention  MQ  MQ  MQ  MQ  MM  MM  MM  MM	(f) Method  200DB  200DB  S/L  S/L  S/L  S/L  S/L  S/L  S/L	(g) De	2,656 2,899 662
	general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Place	Month and ear placed in service	ice Durin (c) Basis (business only—s	g 2012 Tax Yea of for depreciation s/investment use ee instructions) 19,272 69,624 45,676	15 25 yrs 27 5 yrs 27 5 yrs 39 yrs	(e) Convention  MQ  MQ  MQ  MQ  MM  MM  MM  MM	200DB 200DB 200DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) De	2,656 2,899 662
	general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Place a Class life	Month and ear placed in service	ice Durin (c) Basis (business only—s	g 2012 Tax Yea of for depreciation s/investment use ee instructions) 19,272 69,624 45,676	r Using the (d) Recovery period  5 7 15 25 yrs 27 5 yrs 27 5 yrs 39 yrs  Using the Al	(e) Convention  MQ  MQ  MQ  MQ  MM  MM  MM  MM	200DB 200DB 200DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) De	2,656 2,899 662
	general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property  Section C - Assets Place a Class life b 12-year	Month and ear placed in service	ice Durin (c) Basis (business only—s	g 2012 Tax Yea of for depreciation s/investment use ee instructions) 19,272 69,624 45,676	r Using the (d) Recovery period  5 7 15 25 yrs 27 5 yrs 27 5 yrs 39 yrs  Using the Al	General Depre	200DB 200DB 200DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) De	2,656 2,899 662
	general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property  Section C - Assets Place a Class life b 12-year c 40-year	Month and ear placed in service	ice Durin (c) Basis (business only—s	g 2012 Tax Yea of for depreciation s/investment use ee instructions) 19,272 69,624 45,676	r Using the (d) Recovery period  5 7 15 25 yrs 27 5 yrs 27 5 yrs 39 yrs  Using the Al	(e) Convention  MQ  MQ  MQ  MQ  MM  MM  MM  MM	200DB 200DB 200DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) De	2,656 2,899 662
19 	general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Place a Class life b 12-year c 40-year	Month and ear placed in service	ice Durin (c) Basis (business only—s	g 2012 Tax Yea of for depreciation s/investment use ee instructions) 19,272 69,624 45,676	r Using the (d) Recovery period  5 7 15 25 yrs 27 5 yrs 27 5 yrs 39 yrs  Using the Al	General Depre	200DB 200DB 200DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Do	2,656 2,899 662
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