

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

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

A For the 2005 calendar year, or tax year beginning 2005, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: CAMP NUHOP, INC. Number and street (or P O box if mail is not delivered to street address): 404 HILLCREST DRIVE. City or town, state or country, and ZIP + 4: ASHLAND, OH 44805

D Employer identification number: 23-7438600. E Telephone number: ( ) -. F Accounting method: X Cash, Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: N/A

J Organization type (check only one): X 501(c) (03) (insert no), 4947(a)(1) or, 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

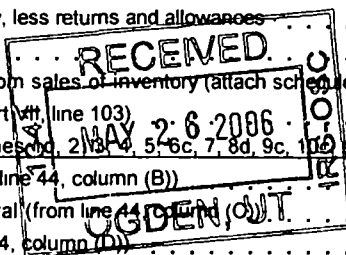
H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No.

I Group Exemption Number. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 711,060.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Rents, Other investment income, Sales of assets, Special events, and Total revenue. Expenses include Program services, Management and general, Fundraising, and Total expenses. Net Assets include Excess or deficit, beginning balances, and ending balances.



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**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	41,257.		41,257.	
26	Other salaries and wages	323,591.	304,410.	19,181.	
27	Pension plan contributions	1,500.	1,350.	150.	
28	Other employee benefits				
29	Payroll taxes	54,059.	48,653.	5,406.	
30	Professional fundraising fees				
31	Accounting fees	3,065.		3,065.	
32	Legal fees				
33	Supplies	23,020.	23,020.		
34	Telephone	4,325.	4,325.		
35	Postage and shipping	4,894.		4,894.	
36	Occupancy	33,697.	33,697.		
37	Equipment rental and maintenance	24,263.	24,263.		
38	Printing and publications	10,014.	10,014.		
39	Travel	12,049.	12,049.		
40	Conferences, conventions, and meetings				
41	Interest	37,904.	37,904.		
42	Depreciation, depletion, etc. (attach schedule)	34,697.	34,517.	180.	
43	Other expenses not covered above (itemize)				
a	STMT 1	43a 139,621.	136,205.	3,416.	
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	747,956.	670,407.	77,549.	

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_



**Part IV Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing	7,451.	<b>45</b>	4,205.
	<b>46</b> Savings and temporary cash investments	89,832.	<b>46</b>	37,773.
	<b>47a</b> Accounts receivable	<b>47a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>		<b>47c</b>
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable			<b>49</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)			<b>50</b>
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use			<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges			<b>53</b>
	<b>54</b> Investments - securities (attach schedule) STMT .3. <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	10,826.	<b>54</b>	10,826.
	<b>55a</b> Investments - land, buildings, and equipment basis	<b>55a</b>		
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>
	<b>56</b> Investments - other (attach schedule)			<b>56</b>
	<b>57a</b> Land, buildings, and equipment basis STMT .6	<b>57a</b> 1,325,945.		
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b> 151,669.	1,158,741.	<b>57c</b> 1,174,276.
	<b>58</b> Other assets (describe <input type="checkbox"/> STMT 7 )	3,218.	<b>58</b>	3,038.
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58.	1,270,068.	<b>59</b>	1,230,118.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	1,898.	<b>60</b>	175.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)	626,552.	<b>64b</b>	625,221.
	<b>65</b> Other liabilities (describe <input type="checkbox"/> )		<b>65</b>	
	<b>66 Total liabilities.</b> Add lines 60 through 65	628,450.	<b>66</b>	625,396.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted	641,618.	<b>67</b>	604,722.
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	641,618.	<b>73</b>	604,722.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	1,270,068.	<b>74</b>	1,230,118.	



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (total number of officers), 75b (relationships), 75c (compensation from other orgs), and 75d (written conflict of interest policy).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions)

Table with 3 columns: Question, Yes, No. Rows include 76 (activity not reported to IRS), 77 (changes in organizing documents), 78a (unrelated business gross income), 78b (tax return filing), 79 (liquidation/dissolution), 80a (related organization), 80b (name of organization), 81a (political expenditures), 81b (Form 1120-POL filing).

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
82 b			N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		N/A
85 c	Dues, assessments, and similar amounts from members		N/A
85 d	Section 162(e) lobbying and political expenditures		N/A
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86 a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		N/A
86 b	Gross receipts, included on line 12, for public use of club facilities		N/A
87 a	501(c)(12) orgs Enter a Gross income from members or shareholders		N/A
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A, section 4955 N/A		
89 b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed		
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		28
91 a	The books are in care of JERRY DUNLAP Telephone no (419) 289-2227 Located at 404 HILLCREST DRIVE ASHLAND, OH ZIP + 4 44805		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
91 c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (667,564), Dividends and interest from securities (2,326), and Subtotal (669,890).

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes. Row 93A: ASSISTING HANDICAPPED CHILDREN.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: Jerry Dunlop, Date: 5-15-06. Type or print name and title: Jerry Dunlop, Exec Director.

Paid Preparer's Use Only: Preparer's signature: Timothy P. Anker CPA, Date: 5/12/06, Check if self-employed: [ ], Preparer's SSN or PTIN: P00110821, Firm's name: FRANK, SERINGER & CHANEY, INC., address: 1630 EAGLE WAY ASHLAND, OH 44805-8924, EIN: 34-1345804, Phone no: 419-289-3210.

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2005**

Name of the organization

CAMP NUHOP, INC.

Employer identification number

23-7438600

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 . . ▶ NONE

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . . . ▶ NONE

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶ NONE

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 2a. Sale, exchange, or leasing of property? 2b. Lending of money or other extension of credit? 2c. Furnishing of goods, services, or facilities? 2d. Payment of compensation... 2e. Transfer of any part of its income or assets? 3a. Do you make grants for scholarships, fellowships, student loans... 3b. Do you have a section 403(b) annuity plan... 3c. During the year, did the organization receive a contribution... 4a. Did you maintain any separate account... 4b. Do you provide credit counseling, debt management...

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 [ ] A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6 [ ] A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7 [ ] A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8 [ ] A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9 [ ] A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
11b [ ] A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12 [ ] 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 charitable, etc., 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 section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization [ ] Type 1 [ ] Type 2 [ ] Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Rows are empty for data entry.

- 14 [ ] An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

**Part V Private School Questionnaire** (See page 7 of the instructions ) NOT APPLICABLE  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement ) ----- ----- -----	<b>31</b>	
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h) . . . . .			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
OUTSIDE SERVICES	27,405.	27,405.	
CAMP MEALS	62,357.	62,357.	
INSURANCE	24,077.	24,077.	
LICENSES AND PERMITS	3,778.	3,778.	
PURCHASES	5,809.	5,809.	
REFUNDS	4,352.	4,352.	
OFFICE	2,909.		2,909.
MISCELLANEOUS	5,844.	5,844.	
STAFF TRAINING	1,910.	1,910.	
DONATIONS	560.	560.	
PROFESSIONAL FEES	495.		495.
REAL ESTATE TAXES	125.	113.	12.
TOTALS	139,621.	136,205.	3,416.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

PROVIDING ASSISTANCE TO HANDICAPPED CHILDREN

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
WACHOVIA SECURITIES	10,826.
TOTALS	----- 10,826. =====

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL		
		BEGINNING BALANCE	ADDITIONS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	ENDING BALANCE
WELL	SL	16,909.		16,909.	5,493.	845.	6,338.
FURNACE	SL	1,975.		1,975.	545.	99.	644.
UNITED PRECAST	SL	48,646.		48,646.	8,914.	1,622.	10,536.
BUILDING	SL	33,535.		33,535.	2,933.	838.	3,771.
BUILDING	SL	888,260.		888,260.	46,265.	22,207.	68,472.
AIR CONDITIONER	SL	200.		200.	200.		200.
CANOE	SL	2,264.		2,264.	2,264.		2,264.
KAYAK	SL	300.		300.	300.		300.
TENTS	SL	1,510.		1,510.	1,510.		1,510.
TRAILER	SL	850.		850.	850.		850.
M&M	SL	150.		150.	150.		150.
STOVE	SL	6,490.		6,490.	1,391.	927.	2,318.
ICE MACHINE	SL	2,200.		2,200.	471.	314.	785.
FURNITURE	SL	5,256.		5,256.	5,256.		5,256.
COMPUTER	SL	1,292.		1,292.	1,292.		1,292.
FURNITURE	SL	1,577.		1,577.	1,577.		1,577.
PRINTER	SL	328.		328.	328.		328.
FURNITURE	SL	958.		958.	958.		958.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL		
		BEGINNING BALANCE	ADDITIONS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	ENDING BALANCE
CHAIR	SL	130.		130.	130.		130.
COMPUTER	SL	4,139.		4,139.	4,139.		4,139.
COMPUTER	SL	1,592.		1,592.	1,592.		1,592.
COPIER	SL	1,895.		1,895.	1,487.	271.	1,758.
SAM'S	SL	429.		429.	429.		429.
VEHICLE	SL	10,628.		10,628.	10,368.		10,368.
VAN	M5	4,200.		4,200.	4,200.		4,200.
FORD VAN	SL	5,549.		5,549.	5,549.		5,549.
VEHICLE	SL	1,000.		1,000.	1,000.		1,000.
2001 DODGE VAN	SL	14,620.		14,620.	7,310.	2,924.	10,234.
CLOSING COSTS	SL	2,703.		2,703.	225.	180.	405.
DIGITAL CAMERA	SL	400.		400.	29.	57.	86.
PROJECTOR	SL	950.		950.	68.	136.	204.
LAPTOP COMPUTER	SL	1,010.		1,010.	72.	144.	216.
COMPUTER & PRINTERC	SL	773.		773.	55.	110.	165.
WATER LINES	SL	15,751.		15,751.	33.	394.	427.
BIKES	SL		11,350.	11,350.		810.	810.
TRAILER	SL		2,990.	2,990.		299.	299.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ACCUMULATED DEPRECIATION DETAIL

FIXED ASSET DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
2002 FORD E350	SL		13,154.		13,154.		1,315.		1,315.
FLOOR SCRUBBER	SL		3,945.		3,945.		282.		282.
1998 FORD VAN	SL		7,950.		7,950.		663.		663.
COMPUTER	SL		2,055.		2,055.		206.		206.
COMPUTER	SL				533.		54.		54.
TOTALS		1,078,469.			1,120,446.	117,383.			152,080.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
WORKERS COMP DEPOSIT	785.
CLOSING COSTS, NET	2,253.
TOTALS	----- 3,038.
	=====

CAMP NUHOP, INC.

23-7438600

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JERRY DUNLAP 404 HILLCREST DRIVE ASHLAND, OH 44805	TRUSTEE AS NEEDED	41,257.		
DON CADLEY 925 CENTER ST ASHLAND, OH 44805	TRUSTEE			
EVERETT DEVAUL 895 SANDUSKY ST ASHLAND, OH 44805	TRUSTEE			
GLENN ERICSON 804 LURAY DRIVE ASHLAND, OH 44805	TRUSTEE			
DAN FINDLEY 60 WEST SECOND ST ASHLAND, OH 44805	TRUSTEE			
DIANE GORDON 2254 AUTUMN RUN WOOSTER, OH 44842	TRUSTEE			
BILL GREEN 1539 SAUNDERS WOOSTER, OH 44691	TRUSTEE			
NEIL GUPTA 927 WOODVIEW DR ASHLAND, OH 44805	TRUSTEE			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
------------------	------------------------------------	--------------	---	-----------------------------------

CATHY HANCOCK 202 STATE RTE 302 ASHLAND, OH 44805	TRUSTEE			
---	---------	--	--	--

DONNA MESSERLY 1024 THOMAS DRIVE ASHLAND, OH 44805	TRUSTEE			
--	---------	--	--	--

PAM POTTER 847 TWP RD 2104 ASHLAND, OH 44805	TRUSTEE			
--	---------	--	--	--

FERENC RELLE 1552 SAUNDERS WOOSTER, OH 44691	TRUSTEE			
--	---------	--	--	--

STEVE SHAPIRO 609 BEECHWOOD WOOSTER, OH 44691	TRUSTEE			
---	---------	--	--	--

JENNIFER WEBB 41 SAMARITAN AVE ASHLAND, OH 44805	TRUSTEE			
--	---------	--	--	--

GRAND TOTALS		41,257.		
--------------	--	---------	--	--

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Identifying number

CAMP NUHOP, INC.

23-7438600

Business or activity to which this form relates

**GENERAL DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	
<b>(a) Description of property</b>		<b>(b) Cost (business use only)</b>	<b>(c) Elected cost</b>
6			
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562 . . . . .	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12 . . . . . ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	31,593.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005 . . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	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		25 yrs		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year		40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property Enter amount from line 28 . . . . .	21	2,924.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr . . . . .	22	34,517.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29 with calculations.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

Table with columns (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 covering miles driven and personal use availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

Table with rows 37-41 regarding employer policies on vehicle use. Includes a 'Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.'

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Rows 42-44.

**Description of Property**  
GENERAL DEPRECIATION

**DEPRECIATION**

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	M/A CRS class	Current-year 179 expense	Current-year depreciation
WELL	07/31/1998	16,909.	100.000			16,909.	5,493.	6,338.	SL		20.000				845.
FURNACE	01/31/1999	1,975.	100.000			1,975.	545.	644.	SL		20.000				99.
UNITED PRECAST BUILDING	06/30/1999	48,646.	100.000			48,646.	8,914.	10,536.	SL		30.000				1,622.
BUILDING	03/31/2001	33,535.	100.000			33,535.	2,933.	3,771.	SL		40.000				838.
BUILDING	12/31/2002	888,260.	100.000			888,260.	46,265.	68,472.	SL		40.000				22,207.
AIR CONDITIONER	06/30/1989	200.	100.000			200.	200.	200.	SL		5.000				
CANOE	06/30/1989	2,264.	100.000			2,264.	2,264.	2,264.	SL		5.000				
KAYAK	05/31/1994	300.	100.000			300.	300.	300.	SL		5.000				
TENTS	05/31/1998	1,510.	100.000			1,510.	1,510.	1,510.	SL		5.000				
TRAILER	09/30/1997	850.	100.000			850.	850.	850.	SL		5.000				
M&M	11/15/1999	150.	100.000			150.	150.	150.	SL		5.000				
STOVE	02/28/2003	6,490.	100.000			6,490.	1,391.	2,318.	SL		7.000				927.
ICE MACHINE	06/30/2003	2,200.	100.000			2,200.	471.	785.	SL		7.000				314.
FURNITURE	06/30/1989	5,256.	100.000			5,256.	5,256.	5,256.	SL		7.000				
COMPUTER	01/31/1991	1,292.	100.000			1,292.	1,292.	1,292.	SL		5.000				
FURNITURE	06/30/1992	1,577.	100.000			1,577.	1,577.	1,577.	SL		7.000				
PRINTER	06/30/1994	328.	100.000			328.	328.	328.	SL		5.000				
FURNITURE	06/30/1994	958.	100.000			958.	958.	958.	SL		5.000				
CHAIR	10/31/1995	130.	100.000			130.	130.	130.	SL		7.000				
Less: Retired Assets															
Subtotals															

**AMORTIZATION**

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals							
TOTALS							

**AMORTIZATION**

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals							
TOTALS							

**Description of Property**  
GENERAL DEPRECIATION

**DEPRECIATION**

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER	01/31/1996	4,139.	100.000			4,139.	4,139.	4,139.	SL		5.000				
COMPUTER	02/28/1999	1,592.	100.000			1,592.	1,592.	1,592.	SL		5.000				
COPIER	05/31/1999	1,895.	100.000			1,895.	1,487.	1,758.	SL		7.000				271.
SAM'S	10/21/1999	429.	100.000			429.	429.	429.	SL		5.000				
DIGITAL CAMERA	02/23/2004	400.	100.000			400.	29.	86.	SL		7.000				57.
PROJECTOR	02/23/2004	950.	100.000			950.	68.	204.	SL		7.000				136.
LAPTOP COMPUTER	02/23/2004	1,010.	100.000			1,010.	72.	216.	SL		7.000				144.
COMPUTER & PRINTER	02/23/2004	773.	100.000			773.	55.	165.	SL		7.000				110.
WATER LINES	12/01/2004	15,751.	100.000			15,751.	33.	427.	SL		40.000				394.
BIKES	06/15/2005	11,350.	100.000			11,350.		810.	SL		7.000				810.
TRAILER	06/02/2005	2,990.	100.000			2,990.		299.	SL		5.000				299.
2002 FORD E350	06/20/2005	13,154.	100.000			13,154.		1,315.	SL		5.000				1,315.
FLOOR SCRUBBER	05/03/2005	3,945.	100.000			3,945.		282.	SL		7.000				282.
1998 FORD VAN	08/04/2005	7,950.	100.000			7,950.		663.	SL		5.000				663.
COMPUTER	11/08/2005	2,055.	100.000			2,055.		206.	SL		5.000				206.
COMPUTER	08/22/2005	533.	100.000			533.		54.	SL		5.000				54.
Less: Retired Assets															
<b>Subtotals</b>															

**Listed Property**

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
VEHICLE	06/30/1989	10,628.	100.000			10,628.	10,368.	10,368.	SL		5.000				
VAN	07/31/1995	4,200.	100.000			4,200.	4,200.	4,200.	200DE	HY			5		
FORD VAN	09/30/1997	5,549.	100.000			5,549.	5,549.	5,549.	SL		7.000				
VEHICLE	06/30/1999	1,000.	100.000			1,000.	1,000.	1,000.	SL		5.000				
Less: Retired Assets															
<b>Subtotals</b>															
<b>TOTALS</b>															

**AMORTIZATION**

Asset description	Date placed in service	Cost or basis	Ending Accumulated amortization	Code	Life	Current-year amortization
<b>TOTALS</b>						

\*Assets Retired  
JSA  
5X8024 1 000

**Description of Property**  
**GENERAL DEPRECIATION**

**DEPRECIATION**

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA ORS class	Current-year 179 expense	Current-year depreciation
Less Retired Assets															
<b>Subtotals</b>		1,081,746.				1,081,746.	88,731.	120,324.							31,593.

**Listed Property**

2001 DODGE VAN	02/13/2002	14,620.	100.000			14,620.	7,310.	10,234.	SL		5.000				2,924.
Less Retired Assets															
<b>Subtotals</b>		35,997.				35,997.	28,427.	31,351.							2,924.
<b>TOTALS</b>		1,117,743.				1,117,743.	117,158.	151,675.							34,517.

**AMORTIZATION**

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
CLOSING COSTS	09/30/2003	2,703.	225.	405.	A	15.000	180.
<b>TOTALS</b>		2,703.	225.	405.			180.

\*Assets Retired  
JSA  
5X8024 1 000

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

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

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

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

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only.

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <b>CAMP NUHOP, INC.</b>	Employer identification number <b>23-7438600</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>404 HILLCREST DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ASHLAND, OH 44805</b>	

**Check type of return to be filed (file a separate application for each return)**

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)               | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)    | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                            | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ JERRY DUNLAP

Telephone No ▶ 419 289-2227 FAX No ▶ \_\_\_\_\_

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box ▶  If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 08/15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2005 or  
▶  tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

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

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

*5-B-06*