

Return of Organization Exempt From Income Tax

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)

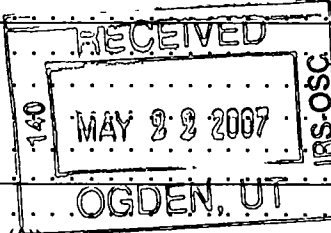
The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2006 calendar year, or tax year beginning 2006, and ending

Form 990 header section containing fields for organization name (CAMP NUHOP, INC.), address (404 HILLCREST DRIVE, ASHLAND, OH 44805), employer identification number (23-7438600), and accounting method (Cash).

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

Main table with 21 rows detailing revenue (Total revenue: 866,183), expenses (Total expenses: 783,333), and net assets (Net assets at end of year: 687,572).



SCANNER III 09 2007

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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)

Table with 5 columns: Description, (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a, 22b, 23, 24, 25a, 25b, 25c, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44.

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 [X] 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 III Statement of Program Service Accomplishments** (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? <b>▶SEE STATEMENT 2</b></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</p>
<p><b>a</b> <u>CAMP NUHQ, INC. PROVIDES ASSISTANCE TO OVER 250</u> <u>HANDICAPPED CHILDREN THROUGH CAMPSHIP PROGRAMS</u> <u>AND COUNSELING</u></p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>642,023.</p>
<p><b>b</b></p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>c</b></p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>d</b></p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ▶</p>	<p>642,023.</p>

**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 . . . . .	4,205.	<b>45</b>	2,850.	
	<b>46</b> Savings and temporary cash investments . . . . .	37,773.	<b>46</b>	104,121.	
	<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>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>		
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</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>54a</b> Investments - publicly-traded securities . . . . .	<input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	10,826.	<b>54a</b>	NONE
	<b>b</b> Investments - other securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>	
	<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 5) . . . . .	<b>57a</b>	1,371,886.		
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	191,068.	<b>57c</b>	1,180,818.	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> STMT 6 ) . . . . .		3,038.	<b>58</b>	2,858.	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		1,230,118.	<b>59</b>	1,290,647.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	175.	<b>60</b>	3,643.	
	<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) . . . . .		625,221.	<b>64b</b>	599,432.
	<b>65</b> Other liabilities (describe <input type="checkbox"/> ) . . . . .			<b>65</b>	
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .		625,396.	<b>66</b>	603,075.	
<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 . . . . .	604,722.	<b>67</b>	687,572.	
	<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 and column (B) must equal line 21) . . . . .		604,722.	<b>73</b>	687,572.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .		1,230,118.	<b>74</b>	1,290,647.





Part VI Other Information (continued)

82a 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?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs Enter a Gross income from members or shareholders
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88a 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
88b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
89b 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
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
89f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)
91a The books are in care of JERRY DUNLAP Telephone no (419) 289-2227
Located at 404 HILLCREST DRIVE ASHLAND, OH ZIP + 4 44805
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)?

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . 91c  X

If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_

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 . . . . ▶ 92 | 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 93 Program service revenue (CAMPING PROGRAMS), 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, 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 (other than by providing funds for such 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  No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .  Yes  No

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



**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

**2006**

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 2 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.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) . . . . .

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )

a Sale, exchange, or leasing of property? . . . . .

2a X

b Lending of money or other extension of credit? . . . . .

2b X

c Furnishing of goods, services, or facilities? . . . . .

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .

2d X

e Transfer of any part of its income or assets? . . . . .

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments ) . . . . .

3a X

b Did the organization have a section 403(b) annuity plan for its employees? . . . . .

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g . . . . .

4a X

b Did the organization make any taxable distributions under section 4966? . . . . .

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .

4c X

d Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶ \_\_\_\_\_

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶ \_\_\_\_\_

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶ \_\_\_\_\_

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ▶ \_\_\_\_\_

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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)
- 11 a  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)
- 11 b  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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization  
 Type I       Type II       Type III - Functionally Integrated       Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005, (b) 2004, (c) 2003, (d) 2002, (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 for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 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 9 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 10 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>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred )			
<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 13 of the instructions )

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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	40,326.	40,326.	
CAMP MEALS	69,223.	69,223.	
INSURANCE	24,759.	24,759.	
LICENSES AND PERMITS	2,350.	2,350.	
PURCHASES	8,740.	8,740.	
OFFICE	3,101.		3,101.
MISCELLANEOUS	721.	721.	
STAFF TRAINING	358.	358.	
PROFESSIONAL FEES	807.		807.
REAL ESTATE TAXES	395.	395.	
REFUNDS	6,298.	6,298.	
TOTALS	157,078.	153,170.	3,908.

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

PROVIDING ASSISTANCE TO HANDICAPPED CHILDREN

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
WELL	SL	16,909.			16,909.	6,338.	845.		7,183.
FURNACE	SL	1,975.			1,975.	644.	99.		743.
UNITED PRECAST	SL	48,646.			48,646.	10,536.	1,622.		12,158.
BUILDING	SL	33,535.			33,535.	3,771.	838.		4,609.
BUILDING	SL	888,260.			888,260.	68,472.	22,207.		90,679.
AIR CONDITIONER	SL	200.			200.	200.			200.
CANOES	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.	2,318.	927.		3,245.
ICE MACHINE	SL	2,200.			2,200.	785.	314.		1,099.
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

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
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.	1,758.	137.		1,895.
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.	10,234.	2,924.		13,158.
CLOSING COSTS	SL	2,703.			2,703.	405.	180.		585.
DIGITAL CAMERA	SL	400.			400.	86.	57.		143.
PROJECTOR	SL	950.			950.	204.	136.		340.
LAPTOP COMPUTER	SL	1,010.			1,010.	216.	144.		360.
COMPUTER & PRINTERC	SL	773.			773.	165.	110.		275.
WATER LINES	SL	15,751.			15,751.	427.	394.		821.
BIKES	SL	11,350.			11,350.	810.	1,621.		2,431.
TRAILER	SL	2,990.			2,990.	299.	598.		897.

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.	2,631.		3,946.
FLOOR SCRUBBER	SL	3,945.			3,945.	282.	564.		846.
1998 FORD VAN	SL	7,950.			7,950.	663.	1,590.		2,253.
COMPUTER	SL	2,055.			2,055.	206.	411.		617.
COMPUTER	SL	533.			533.	54.	107.		161.
TOTALS		1,120,446.			1,120,446.	152,080.			190,536.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
WORKERS COMP DEPOSIT	785.
CLOSING COSTS, NET	2,073.
TOTALS	----- 2,858.
	=====

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	43,534.		
DON CADLEY 925 CENTER ST ASHLAND, OH 44805	TRUSTEE	NONE		
EVERETT DEVAUL 895 SANDUSKY ST ASHLAND, OH 44805	TRUSTEE	NONE		
GLENN ERICSON 804 LURAY DRIVE ASHLAND, OH 44805	TRUSTEE	NONE		
BILL GREEN 1539 SAUNDERS WOOSTER, OH 44691	TRUSTEE	NONE		
NEIL GUPTA 927 WOODVIEW DR ASHLAND, OH 44805	TRUSTEE	NONE		
CATHY HANCOCK 202 STATE RTE 302 ASHLAND, OH 44805	TRUSTEE	NONE		
JIM HILL PO BOX 915 MANSFIELD, OH 44901	TRUSTEE	NONE		

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
DONNA MESSERLY 1024 THOMAS DRIVE ASHLAND, OH 44805	TRUSTEE	NONE		
PAM POTTER 847 TWP RD 2104 ASHLAND, OH 44805	TRUSTEE	NONE		
FERENC RELLE 1552 SAUNDERS WOOSTER, OH 44691	TRUSTEE	NONE		
STEVE SHAPIRO 609 BEECHWOOD WOOSTER, OH 44691	TRUSTEE	NONE		
CRYSTAL SPURGEON 433 MEADOW LANE WOOSTER, OH 44691	TRUSTEE	NONE		
DAVE STIMPERT 728 DAVIS STREET ASHLAND, OH 44805	TRUSTEE	NONE		
JENNIFER WEBB 41 SAMARITAN AVE ASHLAND, OH 44805	TRUSTEE	NONE		
GRAND TOTALS			43,534.	



**Part IV Capital Loss Limitation**

<p><b>16</b> Enter here and enter as a (loss) on Form 1041, line 4, the smaller of</p> <p style="margin-left: 20px;">a The loss on line 15, column (3) or</p> <p style="margin-left: 20px;">b \$3,000</p>	<p><b>16</b> ( )</p>
---	----------------------

If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 39 of the instructions to determine your capital loss carryover

**Part V Tax Computation Using Maximum Capital Gains Rates** (Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22 is more than zero)

**Note:** If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V Otherwise, go to line 17

<p><b>17</b> Enter taxable income from Form 1041, line 22</p>	<b>17</b>	
<p><b>18</b> Enter the smaller of line 14a or 15 in column (2) but not less than zero</p>	<b>18</b>	
<p><b>19</b> Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)</p>	<b>19</b>	
<p><b>20</b> Add lines 18 and 19</p>	<b>20</b>	
<p><b>21</b> If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-</p>	<b>21</b>	
<p><b>22</b> Subtract line 21 from line 20 If zero or less, enter -0-</p>	<b>22</b>	
<p><b>23</b> Subtract line 22 from line 17 If zero or less, enter -0-</p>	<b>23</b>	
<p><b>24</b> Enter the smaller of the amount on line 17 or \$2,050</p>	<b>24</b>	
<p><b>25</b> Is the amount on line 23 equal to or more than the amount on line 24?</p> <p><input type="checkbox"/> Yes. Skip lines 25 through 27, go to line 28 and check the "No" box</p> <p><input type="checkbox"/> No. Enter the amount from line 23</p>	<b>25</b>	
<p><b>26</b> Subtract line 25 from line 24</p>	<b>26</b>	
<p><b>27</b> Multiply line 26 by 5% ( .05)</p>	<b>27</b>	
<p><b>28</b> Are the amounts on lines 22 and 26 the same?</p> <p><input type="checkbox"/> Yes. Skip lines 28 through 31, go to line 32</p> <p><input type="checkbox"/> No. Enter the smaller of line 17 or line 22</p>	<b>28</b>	
<p><b>29</b> Enter the amount from line 26 (If line 26 is blank, enter -0-)</p>	<b>29</b>	
<p><b>30</b> Subtract line 29 from line 28</p>	<b>30</b>	
<p><b>31</b> Multiply line 30 by 15% ( .15)</p>	<b>31</b>	
<p><b>32</b> Figure the tax on the amount on line 23 Use the 2006 Tax Rate Schedule on page 23 of the instructions</p>	<b>32</b>	
<p><b>33</b> Add lines 27, 31, and 32</p>	<b>33</b>	
<p><b>34</b> Figure the tax on the amount on line 17 Use the 2006 Tax Rate Schedule on page 23 of the instructions</p>	<b>34</b>	
<p><b>35</b> Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041</p>	<b>35</b>	



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

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

**CAMP NUHOP, INC.**

Identifying number

**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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 2005 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 2007 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 qualified New York Liberty or Gulf Opportunity 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	35,352.

**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 2006 . . . . .	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 2006 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 2006 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	38,276.
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	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use.				SEE LISTED PROPERTY DETAIL				
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	2,924.
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

**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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**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)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

**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**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year (see instructions)					
43 Amortization of costs that began before your 2006 tax year				43	180.
44 Total. Add amounts in column (f) See the instructions for where to report				44	180.

**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.	6,338.	7,183.	SL		20.000				845.
FURNACE	01/31/1999	1,975.	100.000			1,975.	644.	743.	SL		20.000				99.
UNITED PRECAST	06/30/1999	48,646.	100.000			48,646.	10,536.	12,158.	SL		30.000				1,622.
BUILDING	03/31/2001	33,535.	100.000			33,535.	3,771.	4,609.	SL		40.000				838.
BUILDING	12/31/2002	888,260.	100.000			888,260.	68,472.	90,679.	SL		40.000				22,207.
AIR CONDITIONER	06/30/1989	200.	100.000			200.	200.	200.	SL		5.000				
CANOES	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				
MEM	11/15/1999	150.	100.000			150.	150.	150.	SL		5.000				
STOVE	02/28/2003	6,490.	100.000			6,490.	2,318.	3,245.	SL		7.000				927.
ICE MACHINE	06/30/2003	2,200.	100.000			2,200.	785.	1,099.	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															
<b>Subtotals</b>															

**AMORTIZATION**

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

\*Assets Retired  
JSA  
6X9024 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	Me-thod	Conv	Life	ACRS class	M/A CRS class	Current-year 179 expense	Current-year depreciation
Less Retired Assets															
<b>Subtotals</b>		1,081,746.				1,081,746.	120,324.	155,676.							35,352.
<b>Listed Property</b>															
2001 DODGE VAN	02/13/2002	14,620.	100.000			14,620.	10,234.	13,158.	SL		5.000				2,924.
Less Retired Assets															
<b>Subtotals</b>		35,997.				35,997.	31,351.	34,275.							2,924.
<b>TOTALS</b>		1,117,743.				1,117,743.	151,675.	189,951.							38,276.

**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.	405.	585.	A	15.000	180.
<b>TOTALS</b>		2,703.	405.	585.			180.

\*Assets Retired  
JSA  
6X9024 1 000