

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

TAXPAYERS 2007

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2007 calendar year, or tax year beginning 2007, and ending 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: CAMP NUHOP, INC. D Employer identification number: 23-7438600. E Telephone number: () -. F Accounting method: [X] Cash [] Accrual [] Other (specify) []

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? [] Yes [X] No

H(b) If "Yes," enter number of affiliates []

H(c) Are all affiliates included? [] Yes [X] No

H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No

I Group Exemption Number []

M Check [] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 843,331.

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

Table with 21 rows and 3 columns: Description, Sub-rows, and Amount. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or deficit, Net assets at beginning/end of year.

SCANNED NOV 1 2 2009

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

917 14

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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other 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)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	41,922.		41,922.	
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	339,484.	263,170.	76,314.	
27	Pension plan contributions not included on lines 25a, b, and c	12,000.	7,800.	4,200.	
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes	52,949.	36,535.	16,414.	
30	Professional fundraising fees				
31	Accounting fees	6,400.		6,400.	
32	Legal fees				
33	Supplies	33,632.	33,632.		
34	Telephone	5,569.	5,569.		
35	Postage and shipping	4,366.		4,366.	
36	Occupancy	44,901.	44,901.		
37	Equipment rental and maintenance	24,121.	24,121.		
38	Printing and publications	10,611.	10,611.		
39	Travel	18,075.	18,075.		
40	Conferences, conventions, and meetings				
41	Interest	38,788.	38,788.		
42	Depreciation, depletion, etc. (attach schedule)	38,272.	38,092.	180.	
43	Other expenses not covered above (itemize):				
43a	STMT 1	175,850.	172,712.	3,138.	
43b					
43c					
43d					
43e					
43f					
43g					
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	846,940.	694,006.	152,934.	

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 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.

What is the organization's primary exempt purpose? ▶SEE STATEMENT 2	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
<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>a <u>CAMP NUHOP, INC. PROVIDES ASSISTANCE TO OVER 250</u> <u>HANDICAPPED CHILDREN THROUGH CAMPERSHIP PROGRAMS</u> <u>AND COUNSELING</u></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	694,006.
<p>b</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	694,006.

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)		(B)
		Beginning of year		End of year
Assets	45 Cash - non-interest-bearing	2,850.	45	2,950.
	46 Savings and temporary cash investments	104,121.	46	84,847.
	47a Accounts receivable	47a		
	b Less. allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less. allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55a Investments - land, buildings, and equipment: basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
	56 Investments - other (attach schedule)		56	
	57a Land, buildings, and equipment: basis STMT 5	57a	1,403,133.	
b Less: accumulated depreciation (attach schedule)	57b	229,159.		
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 6)		2,858.	58	2,678.
59 Total assets (must equal line 74). Add lines 45 through 58		1,290,647.	59	1,264,449.
Liabilities	60 Accounts payable and accrued expenses	3,643.	60	6,924.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	599,432.	64b	573,562.
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65		603,075.	66	580,486.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	687,572.	67	683,963.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	687,572.	73	683,963.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,290,647.	74	1,264,449.

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

Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings

Table with 2 columns: Yes, No

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

Table with 2 columns: Yes, No. Row 75b: Yes, X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". If "Yes," attach a statement that includes the information described in the instructions

Table with 2 columns: Yes, No. Row 75c: Yes, X

d Does the organization have a written conflict of interest policy?

Table with 2 columns: Yes, No. Row 75d: Yes, X

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 (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: -0-, -0-, -0-, -0-

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

Table with 2 columns: Yes, No. Row 76: Yes, X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.

Table with 2 columns: Yes, No. Row 77: Yes, X

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

Table with 2 columns: Yes, No. Row 78a: Yes, X

b If "Yes," has it filed a tax return on Form 990-T for this year?

Table with 2 columns: Yes, No. Row 78b: Yes, N/A

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

Table with 2 columns: Yes, No. Row 79: Yes, X

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

Table with 2 columns: Yes, No. Row 80a: Yes, X

b If "Yes," enter the name of the organization

81a Enter direct and indirect political expenditures (See line 81 instructions). and check whether it is [] exempt or [] nonexempt

Table with 2 columns: Yes, No. Row 81a: Yes, X

b Did the organization file Form 1120-POL for this year?

Table with 2 columns: Yes, No. Row 81b: Yes, X

Part VI Other Information (continued)

Yes No

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 Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)
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?
85a 501(c)(4), (5), or (6). 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?
86a 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
87a 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 N/A; section 4912 N/A; section 4955 N/A
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, 2007 (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)?
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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 Yes No

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 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (CAMPING PROGRAMS), Membership dues and assessments, Dividends and interest from securities, Net rental income, and Subtotal.

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.

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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

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 _____ Date _____
Type or print name and title _____

TAXPAYERS COPY

Paid Preparer's Use Only Preparer's signature: Timothy P. Baker CPA Date: 5/20/08 Check if self-employed: Preparer's SSN or PTIN (See Gen Inst X): P00110821
Firm's name (or yours if self-employed), address, and ZIP + 4: BAKER, BOWMAN & CO. EIN: 26-1930415
1630 EAGLE WAY Phone no: 419-289-3210
ASHLAND, OH 44805-8924

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

CAMP NUHOP, INC.

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.)

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 f of Part VI-B)

Table with 3 columns: Question ID, Yes, No. Row 1: 1, Yes, 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.)

Table with 3 columns: Question ID, Yes, No. Row 2: 2, Yes, No

a Sale, exchange, or leasing of property?

Table with 3 columns: Question ID, Yes, No. Row 2a: 2a, Yes, X

b Lending of money or other extension of credit?

Table with 3 columns: Question ID, Yes, No. Row 2b: 2b, Yes, X

c Furnishing of goods, services, or facilities?

Table with 3 columns: Question ID, Yes, No. Row 2c: 2c, Yes, X

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

Table with 3 columns: Question ID, Yes, No. Row 2d: 2d, X, No

e Transfer of any part of its income or assets?

Table with 3 columns: Question ID, Yes, No. Row 2e: 2e, Yes, 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.)

Table with 3 columns: Question ID, Yes, No. Row 3a: 3a, Yes, X

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

Table with 3 columns: Question ID, Yes, No. Row 3b: 3b, Yes, 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

Table with 3 columns: Question ID, Yes, No. Row 3c: 3c, Yes, X

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

Table with 3 columns: Question ID, Yes, No. Row 3d: 3d, Yes, X

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

Table with 3 columns: Question ID, Yes, No. Row 4a: 4a, Yes, X

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

Table with 3 columns: Question ID, Yes, No. Row 4b: 4b, Yes, X

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

Table with 3 columns: Question ID, Yes, No. Row 4c: 4c, Yes, 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 8 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.)
- 11a 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 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 8 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	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	13,100.	41,170.	74,472.	38,466.	167,208.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	822,042.	667,564.	709,202.	673,513.	2,872,321.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	31,041.	2,326.	1,483.	2,311.	37,161.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	866,183.	711,060.	785,157.	714,290.	3,076,690.
24 Line 23 minus line 17.	44,141.	43,496.	75,955.	40,777.	204,369.
25 Enter 1% of line 23.	8,662.	7,111.	7,852.	7,143.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ 26a					4,087.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b					
c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ 26c					204,369.
d Add: Amounts from column (e) for lines: 18 <u>37,161.</u> 19 _____					
22 _____ 26b _____ ▶ 26d					37,161.
e Public support (line 26c minus line 26d total) ▶ 26e					167,208.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f					81.8167 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____					
17 _____ 20 _____ 21 _____ ▶ 27c					
d Add: Line 27a total, _____ and line 27b total, _____ ▶ 27d					
e Public support (line 27c total minus line 27d total) ▶ 27e					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27f					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g					%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h					%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

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
29 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?		
30 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?		
31 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.)		
32 Does the organization maintain the following.		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 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

Table with columns: Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred), (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows include 36-44: Total lobbying expenditures, Total exempt purpose expenditures, Lobbying nontaxable amount, Grassroots nontaxable amount, etc.

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)

Table: Lobbying Expenditures During 4-Year Averaging Period. Columns: Calendar year (or fiscal year beginning in) 2007, 2006, 2005, 2004, Total. Rows: 45-50: Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, 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.)

Table: 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: a Volunteers, b Paid staff or management, c Media advertisements, d Mailings to members, e Publications, f Grants to other organizations, g Direct contact with legislators, h Rallies, i Total lobbying expenditures. Columns: Yes, No, Amount.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
OUTSIDE SERVICES	37,395.	37,395.	
CAMP MEALS	87,593.	87,593.	
INSURANCE	29,470.	29,470.	
LICENSES & PERMITS	2,309.	2,309.	
PURCHASES	7,907.	7,907.	
OFFICE	3,138.		3,138.
MISCELLANEOUS	991.		
REAL ESTATE TAXES	366.		
REFUNDS	5,531.	5,531.	
DONATIONS	1,150.	1,150.	
TOTALS	175,850.	172,712.	3,138.

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

PROVIDING ASSISTANCE TO HANDICAPPED CHILDREN

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
WELL	SL	16,909.			16,909.	7,183.	845.		8,028.
FURNACE	SL	1,975.			1,975.	743.	99.		842.
UNITED PRECAST BUILDING	SL	48,646.			48,646.	12,158.	1,622.		13,780.
BUILDING	SL	33,535.			33,535.	4,609.	838.		5,447.
BUILDING	SL	888,260.			888,260.	90,679.	22,207.		112,886.
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.	3,245.	927.		4,172.
ICE MACHINE	SL	2,200.			2,200.	1,099.	314.		1,413.
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	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
CHAIR	SL	130.			130.				130.
COMPUTER	SL	4,139.			4,139.				4,139.
COMPUTER	SL	1,592.			1,592.				1,592.
COPIER	SL	1,895.			1,895.				1,895.
SAM'S	SL	429.			429.				429.
VEHICLE	SL	10,628.			10,628.				10,368.
VAN	M5	4,200.			4,200.				4,200.
FORD VAN	SL	5,549.			5,549.				5,549.
VEHICLE	SL	1,000.			1,000.				1,000.
2001 DODGE VAN	SL	14,620.			14,620.		1,462.		14,620.
CLOSING COSTS	SL	2,703.			2,703.		180.		765.
DIGITAL CAMERA	SL	400.			400.		57.		200.
PROJECTOR	SL	950.			950.		136.		476.
LAPTOP COMPUTER	SL	1,010.			1,010.		144.		504.
COMPUTER & PRINTER	SL	773.			773.		110.		385.
WATER LINES	SL	15,751.			15,751.		394.		1,215.
BIKES	SL	11,350.			11,350.		1,621.		4,052.
TRAILER	SL	2,990.			2,990.		590.		1,495.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

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.	3,946.	2,631.		6,577.
FLOOR SCRUBBER	SL	3,945.			3,945.	846.	564.		1,410.
1998 FORD VAN	SL	7,950.			7,950.	2,253.	1,590.		3,843.
COMPUTER	SL	2,055.			2,055.	617.	411.		1,028.
COMPUTER	SL	533.			533.	161.	107.		268.
TOTALS		1,120,446.			1,120,446.	190,536.			227,393.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
WORKERS COMP DEPOSIT	785.
CLOSING COSTS, NET	1,893.
TOTALS	----- 2,678. =====

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JERRY DUNLAP 404 HILLCREST DRIVE ASHLAND, OH 44805	TRUSTEE	41,922.		
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			
NEIL GUPTA 2782 MAPLEWOOD LN. ASHLAND, OH 44805	TRUSTEE			
CATHY HANCOCK 202 STATE RTE 302 ASHLAND, OH 44805	TRUSTEE			
JIM HILL 689 KENNEDY DR. MANSFIELD, OH 44901	TRUSTEE			
DONNA MESSERLY 1024 THOMAS DRIVE ASHLAND, OH 44805	TRUSTEE			

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PAM POTTER 847 TWP RD 2104 ASHLAND, OH 44805	TRUSTEE			
FERENC RELLE 1552 SAUNDERS WOOSTER, OH 44691	TRUSTEE			
CRYSTAL SPURGEON 433 MEADOW LANE WOOSTER, OH 44691	TRUSTEE			
DAVE STIMPERT 728 DAVIS STREET ASHLAND, OH 44805	TRUSTEE			
JENNIFER WEBB 41 SAMARITAN AVE ASHLAND, OH 44805	TRUSTEE			
MATTHEW BRODA 158 MILLER BLVD. WOOSTER, OH 44691	TRUSTEE			
	GRAND TOTALS	41,922.		

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 2006 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 2008. 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) and cellulosic biomass ethanol plant 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	
			35,215.

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 2007	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 2007 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	
				MM	S/L	

Section C - Assets Placed in Service During 2007 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	1,462.
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	36,677.
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.)

Table with columns for property type, date placed in service, business/investment use percentage, cost or other basis, basis for depreciation, recovery period, method/convention, depreciation deduction, and elected section 179 cost. Includes rows 25-29.

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

Table with columns for vehicle 1 through 6 and rows 30-36 detailing miles driven and availability 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)

Table with columns for Yes/No and rows 37-41 regarding policy statements and requirements for vehicle use.

Part VI Amortization

Table with columns for description of costs, date amortization begins, amortizable amount, code section, amortization period or percentage, and amortization for this year. Includes rows 42-44.

CAMP NUHOP, INC.

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	Life	ACRS class	MA ORS class	Current-year 179 expense	Current-year depreciation
WELL	07/31/1998	16,909.	100.000			16,909.	7,183.	8,028.	SL	20,000				845.
FURNACE	01/31/1999	1,975.	100.000			1,975.	743.	842.	SL	20,000				99.
UNITED PRECAST	06/30/1999	48,646.	100.000			48,646.	12,158.	13,780.	SL	30,000				1,622.
BUILDING	03/31/2001	33,535.	100.000			33,535.	4,609.	5,447.	SL	40,000				838.
BUILDING	12/31/2002	888,260.	100.000			888,260.	90,679.	112,886.	SL	40,000				22,207.
AIR CONDITIONER	06/30/1989	200.	100.000			200.	200.	200.	SL	5,000				
CANOPS	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.	3,245.	4,172.	SL	7,000				927.
ICE MACHINE	06/30/2003	2,200.	100.000			2,200.	1,099.	1,413.	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														

Listed Property

Asset description	Date placed in service	Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Life	ACRS class	MA ORS class	Current-year 179 expense	Current-year depreciation
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
TOTALS							

*Assets Retired

JSA

7X8024 1 000

CAMP NUHOP, INC.

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	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.	1,895.	1,895.	SL		7.000				
SAM'S	10/21/1999	429.	100.000			429.	429.	429.	SL		5.000				
DIGITAL CAMERA	02/23/2004	400.	100.000			400.	143.	200.	SL		7.000				57.
PROJECTOR	02/23/2004	950.	100.000			950.	340.	476.	SL		7.000				136.
LAPTOP COMPUTER	02/23/2004	1,010.	100.000			1,010.	360.	504.	SL		7.000				144.
COMPUTER & PRINTER	02/23/2004	773.	100.000			773.	275.	385.	SL		7.000				110.
WATER LINES	12/01/2004	15,751.	100.000			15,751.	821.	1,215.	SL		40.000				394.
BIKES	06/15/2005	11,350.	100.000			11,350.	2,431.	4,052.	SL		7.000				1,621.
TRAILER	06/02/2005	2,990.	100.000			2,990.	897.	1,495.	SL		5.000				598.
2002 FORD E350	06/20/2005	13,154.	100.000			13,154.	3,946.	6,577.	SL		5.000				2,631.
FLOOR SCRUBBER	05/03/2005	3,945.	100.000			3,945.	846.	1,410.	SL		7.000				564.
1998 FORD VAN	08/04/2005	7,950.	100.000			7,950.	2,253.	3,843.	SL		5.000				1,590.
COMPUTER	11/08/2005	2,055.	100.000			2,055.	617.	1,028.	SL		5.000				411.
COMPUTER	08/22/2005	533.	100.000			533.	161.	268.	SL		5.000				107.
Less. Retired Assets															
Subtotals															

Listed Property

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															
Subtotals															
TOTALS															

AMORTIZATION

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

*Assets Retired
JSA
7X9024 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 CRS class	Current-year 179 expense	Current-year depreciation
Less: Retired Assets															
Subtotals		1,081,746.				1,081,746.	155,676.	190,891.							35,215.
Listed Property															
2001 DODGE VAN	02/13/2002	14,620.	100.000			14,620.	13,158.	14,620.	SL		5.000				1,462.
Less: Retired Assets															
Subtotals		35,997.				35,997.	34,275.	35,737.							1,462.
TOTALS		1,117,743.				1,117,743.	189,951.	226,628.							36,677.

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.	585.	765.	A	15.000	180.
TOTALS		2,703.	585.	765.			180.

*Assets Retired
JSA
7XB024 1 000

Application for Extension of Time To File an Exempt Organization Return

▶ 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 **X**
 - 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).

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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 corporation required to file Form 990-T) extension of time until 08/15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2007 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.	3a	\$
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.	3b	\$
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.	3c	\$

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.