Form **990-EZ** 

## **Short Form Return of Organization Exempt From Income Tax**

OMB No 1545-1150

Department of the Treasury

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

Open to Public Inspection

Α	For ti	ne 2008 calendar year, or tax year beginning 2/01 , 2008, and ending 1/31			, 2009
<b>B</b> _	Check	ii applicatic     C	) Emp	loyer	dentification number
	Addres	s change   Please   MANITOU CAMPS FOUNDATION	26	5-25	13136
	Name (	change label or 119 W. 72ND ST			number
	Initial r	eturn type NEW YORK, NY 10023-3201	80	00 3	26-1916
Ħ	Termin	ation Specific			
=		ed return tions		up E nber	xemption <b>&gt;</b>
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  G Accounting in	nethod	1 T	Cash X Accrual
		must attach a completed Schedule A (Form 990 or 990-EZ). Other (specif			
		H Check ► X			ganization is not
			ittach 90-PF	Sche	dule B (Form 990,
		ization type (check only one) $  X $ 501(c) (3) $\triangleleft$ (insert no) $ $ 4947(a)(1) or $ $ 527 $ $ 990-EZ, or 9 $		•	met mare than
n	\$25.0	100 A return is not required, but if the organization chooses to file a return, be sure to file a complete	e non retur	rialiy ?	not more than
		ines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990			
	ınste	ad of Form 990-EZ		▶\$	17,593.
Pa		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the	<u>nstru</u>		
	1	Contributions, gifts, grants, and similar amounts received		1	17,593.
	2	Program service revenue including government fees and contracts	-	2	
	3	Membership dues and assessments		3	
	4 5 2	Investment income  Gross amount from sale of assets other than inventory  5a	-	4	<del></del>
		Gross amount from sale of assets other than inventory  Less cost or other basis and sales expenses  5b		ł	
R		Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch)	$\dashv$	5c	
* ランロスコ	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	h H		
Ė		Gross revenue (not including \$ of contributions	<b>ー</b>	- 1	
Ü	a	reported on line 1) 6a	ŀ		
-	ь	Less direct expenses other than fundraising expenses  6b	-		
		Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6 c	
		Gross sales of inventory, less returns and allowances 7a			
	ь	Less cost of goods sold 7b		j	
တ	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7с	
2009	8	Other revenue (describe >	)	8	
	9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	▶	9	17,593.
್ಷ	10	Grants and similar amounts paid (attach schedule)		10	
⊊≕≓ E	11	Benefits paid to or for members		11	
⇉	12	Salaries, other compensation, and employee benefits	-	12	<del></del>
	13	Professional fees and other payments to independent content of 100 9 2009	_ <b>⊢</b>	13	5,624.
<b>₽</b>	14	Occupancy, rent, utilities, and maintenance	- ⊢	14	7.0
罗	15	Printing, publications, postage, and shipping Other expenses (describe - SEE STATEMENT 1 OGDEN, UT		15	73.
Ź	16 17	Other expenses (describe SEE STATEMENT 1  Total expenses (add lines 10 through 16)	- ⊢	16 17	5,297. 10,994.
THE SCANNE	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	6,599.
$\widetilde{\Omega}^{\check{V}}$	10		<u> </u>		0,000.
N S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-figure reported on prior year's return)	year	19	0.
ΤĘ	20	Other changes in net assets or fund balances (attach explanation)	-	20	
5	21	Net assets or fund balances at end of year Combine lines 18 through 20	<b></b>	21	6,599.
Pa	irt II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990	ınstea	ad of	Form 990-EZ
	_	(See the instructions for Part II ) (A) Beginning	of yea		(B) End of year
22		sh, savings, and investments		22	6,599.
23		nd and buildings		23	
24		ner assets (describe)		24	C 500
25		al assets	<u> </u>	25	6,599.
26		al liabilities (describe	0.	26	6 500
27	_	t assets or fund balances (line 27 of column (B) must agree with line 21)	0.	27	6,599.
ďΑ	H FO	r Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.			Form 990-EZ (2008)

	990-EZ (2008) MANITOU CAMPS F			26	<u>-25:</u>	<u> 13136                                  </u>	Page 2
Par			<b>s</b> (See the instruct	ions.)		Expenses	;
What i	s the organization's primary exempt purpose? SE	E STATEMENT 2			(Req	juired for 501(d	c)(3)
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purpo	oses. In a clear and co	ncise manner,	and	(4) organizatiò '(a)(1) trusts, c	ns and
progr	ram title	persons benefited, or other r	elevant information for	eacn	for o	thers )	pptional
28	THE FOUNDATION WILL PROVI	DE SCHOLARSHIPS TO	DISADVANTAGED	AND		Γ	
	FINANCIALLY NEEDY YOUTH T						
	MANITOU, A RESIDENTIAL CA		or ordored by c	<del></del>			
		is amount includes foreign gr			28a		
	(Grants 9 ) ii tii	is amount includes loreign gr	ants, check here		26 a	<del> </del>	
29							
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here	<u>►</u>	29 a		
30							
						ŀ	
						İ	
	(Grants \$ ) If th	is amount includes foreign gra	ants, check here	<u>-</u>	30 a		
31	Other program services (attach schedule						
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here	▶ □	31 a		
32	Total program service expenses (add lin			•	32	Î	
Par	t IV List of Officers, Directors	, Trustees, and Key Em	plovees. (List each	one even if not cor	npen	sated. See the	instrs.)
		(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense	
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensal	s and	and other all	
	IATHAN R. DEREN	PRESIDENT	0.		0.		0.
	W. 72ND ST	0					
NEW	YORK, NY 10023-3201						
DAV	ID SCHIFF	DIRECTOR	0.		0.		0.
215	EDGEWATER TOWN CENTER	l o					
	EWATER, NJ 07020	Ĭ					
	DD SMITH	DIRECTOR	0.		0.	<u> </u>	0.
	ATLANTIC AVENUE, APT 4C	DIMETON	0.	ļ.	Ο.	1	0.
	OKLYN, NY 11201	J v		İ			
DKC	OKLIN, NI 11201					<del> </del>	
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26-2513136

Form 990-EZ (2008) MANITOU CAMPS FOUNDATION

Pa	rt V Other Information (Note the statement requirement in General Instruction V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
i	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
ı	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0			ا۔ <u></u> ا
	b Did the organization file Form 1120-POL for this year?	37b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved  38 b N/2	A		
	501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities.  39a N/7 39b N/7	<b></b>		
	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
ļ	501(c)(3) and (4) organizations. 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,' complete Schedule L, Part I	40 b		Х
(	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
(	d Enter amount of tax on line 40c reimbursed by the organization	<u>.</u>		į
(	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed NONE			
	a The books are in care of ► JONATHAN R. DEREN  Located at ► 119 W. 72ND ST NEW YORK NY  December 21 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	3	916 	 
	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	42 b		X
,	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country	42 c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		 	N/A N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	Yes	No_X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х
3 4 4	· · · · · · · · · · · · · · · · · · ·	000		2000

	CANADA MANATTON GAMPO FOUND	3.00		05 051	0.1.0.5		
Part V	O-EZ (2008) MANITOU CAMPS FOUND  Section 501(c)(3) organizations and complete the tables for line	s only. All section	501(c)(3) organ	•		46-4	age <b>4</b> 9
46 Did	I the organization engage in direct or indire- public office? If 'Yes,' complete Schedule (	ct political campaign ac	ctivities on behalf o			Yes	No X
<b>47</b> Did	I the organization engage in lobbying activit the organization operating a school as desc	ies? If 'Yes,' complete	•		47		X
<b>49 a</b> Did	If the organization make any transfers to an Yes, was the related organization(s) a sect	exempt non-charitable		•	49 a		X
<b>50</b> Co	mplete this table for the five highest compereived more than \$100,000 of compensation	nsated employees (oth	er than officers, dir If there is none, ei	ectors, trustees and key emporter 'None'		ho ead	ch
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accou	pense nt and owances	
NONE			_				
					-		
Total numb	per of other employees paid over \$100,000						
	mplete this table for the five highest compe m the organization. If there is none, enter 'I		ntractors who each	received more than \$100,00	0 of comp	ensatı	on
NONE	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Com	ensatio	<u> </u>
NONE							
Total nu	mber of other independent contractors rece		<b>•</b>				
Sign	Under penalties of perjury   Peclare that I have exam true correct and complete Declaration of preparer (c	ined this return, including acco other than officer) is based on	mpanying schedules and all information of which pr	statements, and to the best of my kno eparer has any knowledge	wledge and be	elief, it is	. — <del>—</del>
Here	Signature of office			Date	_		

Sign Here	Signature of of	fice	C	9/3/6	7
	► JONATHA	<del></del>	PRE	SIDENT	
Paid Pre-	Preparer's signature	ANDREW M ZWERMAN CPA	Date 5/29/9	Check if self-employed	Preparer's Identifying Number (See instructions) P00641815
parer's Use	Firm s name (or yours if self employed), address and	WAGNER & ZWERMAN LLP 450 WIRELESS BOULEVARD		EIN	► 11-2836481
Only May the IR BAA	ZIP + 4 S discuss this r	HAUPPAUGE, NY 11788 eturn with the preparer shown above? See instructions		Phone no	631-777-1000  ► X Yes No  Form 990-EZ (2008)
DAM					FUIII 330-EZ (2006)

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

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name o	Name of the organization Employer identification number											
MAN		OU CAMPS FOUN								51313	6	
Part	<u> </u>	Reason for Pul	olic Charity Statu	s (All organizations	must c	omple	te this	part.)	(see ı	nstruc	tions)	
The c	The organization is not a private foundation because it is (Please check only one organization)											
1	1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).											
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)												
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's											
	name, city, and state											
5	170(b)(1)(A)(iv). (Complete Part II)											
6 7		An organization that		governmental unit descrif substantial part of its su art II )					t or from	n the ge	neral public describe	ed
8				170(b)(1)(A)(vi). (Complet	te Part I	1)						
9	X	from activities related investment income	d to its exempt function	more than 33-1/3 % of its s is – subject to certain exce iss taxable income (less omplete Part III)	eptions, a	and (2) n	io more t	:han 33-	1/3 % of	its supp	ort from gross	:r
10		An organization org	janized and operated	exclusively to test for pu	ıblıc safe	ety See	section	509(a)	<b>(4).</b> (see	e instruc	ctions)	
11												
		a Type I	<b>b</b> Type II	c Type III	l – Fund	tionally	integrat	ed		d 🗌	Type III- Other	
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)											
f		If the organization check this box	received a written det	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting	organization, [	
g		Since August 17, 2	006, has the organiza	tion accepted any gift of	r contrib	ution fro	om any	of the fo	ollowing	persons	[ · · ·	ło
		(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribed	d ın (ıı)	and (III)	11 g (i)	10_
		(ii) a family mem	ber of a person desc	cribed in (i) above?							11 g (iı)	
		(ні) a 35% contro	lled entity of a person	i described in (i) or (ii) at	bove?						11 g (i.i)	
h		Provide the following	ng information about t	he organizations the org	anızatıo	n suppo	rts					
	(1	) Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	s the ion in col in your rning ment?	the organ	ou notify ization in (i) of ipport?	organizat	s the ion in col zed in the S ?	(vii) Amount of Support	t
					Yes	No	Yes	No	Yes	No		
Total												_

Sche	dule A (Form 990 or 990-EZ) 200	8 MANITOU	CAMPS FOUND	DATION		<u> 26-251</u> 3		
Par	t II Support Schedule for	_			(b)(1)(A)(iv) ar	nd 170(b)(1)	(A)(	vi)
<del></del>	(Complete only if you check	ed the box on line	e 5, 7, or 8 of Par	t I )	<del></del>	· · ·		<del> </del>
	tion A. Public Support			ı	<del></del>	T		
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008		(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')				-			
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					:		
3	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							
4	Total. Add lines 1-3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	\$	× ×					
6	<b>Public support.</b> Subtract line 5 from line 4							
<u>Sec</u>	tion B. Total Support	<del></del>	<u> </u>	T	T			
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008		(f) Total
7	Amounts from line 4					<b></b>		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.		-					
9	Net income form unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	vities, etc. (see in:	structions)				12	
	First five years. If the Form 990 organization, check this box and	stop here	•	nd, third, fourth,	or fifth tax year a	s a section 50	1(c)(	3) ▶ □
	tion C. Computation of Pu							
14 15	Public support percentage for 20 Public support percentage for 20		1.			<u> </u>	14 15	<u>%</u> %
16 a	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pu	I not check the bo blicly supported o	ox on line 13, and organization.	d the line 14 is 33	3-1/3 % or mo	e, ch	eck this box
ŀ	33-1/3 support test — 2007. If the and stop here. The organization	e organization dic qualifies as a pul	I not check a box olicly supported o	on line 13, or 16 rganization	a, and line 15 is 3	33-1/3% or mo	re, cl	neck this box
17 a	n 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	s box and stop he	re. Explain in	Part	IV how
ł	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	s box and stop he	re. Explain in	Part	15 is 10% IV how the
18 BAA	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17				structions. ► 0 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Sac	tion A. Public Support	<del></del>					
		(2) 2004	(F) 200E	(=) 2005	(4) 2007	(*) 2000	(D. Tatal
	dar year (or fiscal yr beginning in) S Gifts, grants, contributions and	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
	not include 'unusual grants ')				· · · · · · · · · · · · · · · · · · ·	17,593.	17,593.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
3	purpose Gross receipts from activities that are						0.
4	not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1-5	0.	0.	0.	0.	17,593.	17,593.
7 a	Amounts included on lines 1, 2, 3 received from disqualified	0.	0.	0.	0.	0.	0.
b	persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11,						
	and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line					-	
	7c from line 6)			1	,		17,593.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale:		(a) 2004 0.	<b>(b)</b> 2005 0.	(c) 2006 0.	<b>(d)</b> 2007 0.	(e) 2008 17, 593.	17,593.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form						
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses						17,593.
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.	0.	0.	0.	17,593.	0. 0.
Caler 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	0.	0.	0.	0.	17,593.	0. 0.
Cale: 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in	0.	0.	0.	0.	17,593.	0. 0. 0.
Calei 9 10 a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and	0.  0.  s for the organization here	0.  0. ation's first, secon	0.	0.	0.	0. 0. 0. 0.
Calei 9 10 a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990	0.  0.  s for the organization here	0.  0. ation's first, secon	0.	0.	0.	0. 0. 0. 0. 17,593.
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Schedule A	<b>A</b> (Form 990 or	990-EZ) 2008	MANITOU	CAMPS	FOUNDATIO	N	26-2513136	Page 4
Part IV	Supplemen	ital Informa	tion. Compl	ete this	part to provi	de the	explanation required by Part II, Ii additional information. (see instru	ne 10;
•	Part II, line	17a or 17b	; or Part IÌI,	line 12.	Provide any	/ other	additional information. (see instru	uctions)
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## **FEDERAL STATEMENTS**

PAGE 1

**CLIENT 1811** 

#### **MANITOU CAMPS FOUNDATION**

26-2513136

5/29/09

10 40AM

STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

BANK CHARGES & FEES FUNDRAISER EXPENSES OFFICE EXPENSES

	\$ 32.
	5,192.
	 73.
TOTAL	\$ 5,297.

#### STATEMENT 2 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE FOUNDATION WILL PROVIDE SCHOLARSHIPS TO DISADVANTAGED AND FINANCIALLY NEEDY YOUTH TO ATTEND PROGRAMS SPONSORED BY CAMP MANITOU, A RESIDENTIAL CAMP IN OAKLAND, ME.

# STATEMENT 3 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO