Department of the Treasury Internal Revenue Service

# **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)

OMB No. 1545-0047 Open to Public

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

Inspection

Α	For the	2012 calendar year, or tax year beginning and	ending	_	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addre	SHERWOOD FOREST CAMP, INC.			
Ļ	Name chang			43-0	653401
Ļ	Initial return Termir	, ,	Room/suite	E Telephone numbe	
Ļ	ated Amend	Z/00 BOITON BOODEVARD			644-3322
F	return	City, town, or post office, state, and ZIP code		G Gross receipts \$	1,749,342.
_	tion pendir	51: HOOLS, MO 03143		H(a) Is this a group re	
		F Name and address of principal officer: MARY ROGERS SAME AS C ABOVE		for affiliates?	Yes X No
_	Toy ov	empt status:	or 527	H(b) Are all affiliates inc	
		e: ► WWW.SHERWOODFORESTCAMP.COM	JI JZ1	H(c) Group exemptio	list. (see instructions)
		organization: X Corporation	I Year		M State of legal domicile: MO
		Summary	L rour	oriormation. 1997	7 Otate of legal definione. 110
		Briefly describe the organization's mission or most significant activities: ${\hbox{\tt TO}}{\hbox{\tt PI}}$	ROVIDE	HIGHLY ENR	ICHED
Activities & Governance	-	SUMMER LEARNING EXPERIENCES IN RESIDENTIA	AL SUM	MER CAMP PR	OGRAMS WITH
rna		Check this box 🕨 🔲 if the organization discontinued its operations or dispos			
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		з	27
ত		Number of independent voting members of the governing body (Part VI, line 1b)			27
es		Total number of individuals employed in calendar year 2012 (Part V, line 2a)			58
Ĭ	6	Total number of volunteers (estimate if necessary)		6	243
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		1,087,144.	1,556,148.
Revenue		Program service revenue (Part VIII, line 2g)		2,736.	135,181. 3,856.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,869.	5,607.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,232,529.	1,700,792.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .  Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), lines 1-3)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		697,542.	691,944.
Jse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	09.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		474,663.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,172,205.	
	19	Revenue less expenses. Subtract line 18 from line 12		60,324.	514,326.
Net Assets or			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		1,311,834.	1,866,864.
et A	21	Total liabilities (Part X, line 26)		46,838.	48,543.
	22	Net assets or fund balances. Subtract line 21 from line 20		1,264,996.	1,818,321.
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and atatam	anta and to the heat of m	v knowledge and balief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y kilowieuge aliu bellel, it is
tiuc	, соптес	t, and complete. Declaration of preparer (other than officer) is based on an information of wh	iicii preparei	inas arry knowledge.	
Sig	ın	Signature of officer		Date	
He		MARY ROGERS, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	BRENT E. MCCLURE CPA		if self-employ	P00234013
Pre	parer	Firm's name KERBER, ECK & BRAECKEL LLP		Firm's EIN ▶	43-0352985
Use	Only	Firm's address ONE MEMORIAL DRIVE STE 950			
		ST. LOUIS, MO 63102		Phone no. 3	14-231-6232
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

232002 12-10-12

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		Х
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 21
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	21	
ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		Λ
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
-	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		

### Part IV Checklist of Required Schedules (continued)

04	Did the examination report more than \$5,000 of grants and other essistance to any severament or examination in the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	04		Х
20	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		Λ
22	AND THE CONTRACT OF THE CONTRA	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			-25
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schodula I	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			,,
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١		₹.
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			- v
07	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		- 41
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38		(2012)

# Form 990 (2012) SHERWOOD FOREST CAMP, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Comparison   Seco		Check if Schedule O contains a response to any question in this Part V					
b Enter the number of Forms W26 included in line 1a. Enter o bill not applicable   10   0   0   0   0   0   0   0   0						Yes	No
b Enter the number of Forms W26 included in line 1a. Enter o I/I not applicable   10   0   0   0   0   0   0   0   0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	11			
c Dit the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gammling) withings to prize withinsers?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1s and 2 is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrealized business gross income of \$1,000 or more during the year?  3a If the view is table to the spare if If No. 1 provide an explanation in Schedule O  3b If Yes, 1 has it filed a Form 990. To this year? If No. 1 provide an explanation in Schedule O  3b If Yes, 2 interest the name of the foreign country (such as a bank account, securities account, or other financial account)?  4a At any time the name of the foreign country or the Schedule O  5b If Yes, 3 interest the name of the foreign country.  5c Was the organization have in foreign country.  5c Was the organization have in so shell the organization file and the view of the organization have a shelter transaction at any time during the tax year?  5c If Yes, 1 to line 3 or 3b, did the organization file Form 88861?  5c If Yes, 1 to line 3 or 3b, did the organization file Form 88861?  5c If Yes, 1 to line 3 or 3b, did the organization file Form 88861?  5c If Yes, 2 the organization have more tax deductible as charitable contributions under section 170(c).  5c If Yes, 3 the deductible organization include with every solicitation an expose sistement that such contributions or grifts were not tax deductible?  5c If Yes, 3 the organization exceed any subject to the form 8887 and partly as a contribution and partly for goods and services provided to the payor?  5c If Yes, 1 indicate the number of Forms 8282 filed during the year  5c If Yes, 1 indicate the number of Forms 8282 filed during the year  5c If Yes, 2 indicate the number of Forms 8282 filed during the year  5c If If Yes, 3 indicate the nu	b		1b	0			
Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this resturn.    Secondary	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  Note. If the sum of lines Ta and 2 is greater than 250, you may be required to e-file (see instructions)  3a I but the organization have unreated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b I "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b I "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O  4a At any time the name of the freeign country.  5b If "Yes," another the name of the freeign country.  5c I was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c I was the organization and party to a prohibited tax shelter transaction?  5c I was the organization shelf the organization file Form 8986 17  6c I "Yes," to line Sa or Sb, did the organization file Form 8986 17  6d Does the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6d If "Yes," did the organization inclide with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization sell- explanation inclide with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization sell- explanation than than year every eductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for poods and services provided to the payor?  7 Did the organization sell- explanation of the value of the goods or services provided?  7 Did the organization sell- explanation of the value of the goods or services provided?  7 Did the or		(gambling) winnings to prize winners?			1c	X	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a bid the organization have unrelated business gross income of \$1,000 or more dumpt the year?  3b if 17 Yes, "has it filed a form 990-17 or this year? If "No." provide an explanation in Schedule O  3a At any time during the calendary 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)?  5b if Yes," enter the name of the foreign country   ▶  5ce instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b if Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5b if Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c in Yes, "to line 5a or 5b, did the organization file Form 8886-17  6c in Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that many receive deductible contributions under section 170(c).  8c if Yes," did the organization notify the donor of the value of the goods or services provided?  7c in Interest the property of the organization file of the property of the organization receive a payment in excess of 35 made party is a contribution of qualified intellectual property if or which it was required?  7d if Yes," included not, during the year; apprenium, directly or indirectly, to pay premiums on a personal benefit contract?  7d if Interest programization receive any qualified intellectual property, did not organization file a Form 899 as required?  7f in X if the organization receive any qualified intellectual p	2a						
b If a least one is reported on line 2a, did the organization flie all required federal employment tax returns?  Note, if the sum of lines 1 and 2a is greater than 250, you may be required to reflig (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a 3b    X 3b   "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedube O  3b   At any time during the calendary 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 accountry?  4a   X    5b   If "Yes," inter the name of the foreign country (such as a bank account, securities account, or other financial accountry.  5c   Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c   Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c   Was the organization and party to a prohibited tax shelter transaction?  5d   Did the progranization that were not tax deductible as charitable contributions?  6d   West of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7d   Organization that may receive deductible contributions under section 170(c).  8d   If "Yes," idea the organization notify the donor of the value of the goods or services provided?  7d   Organization state and the organization of the value of the goods or services provided?  7e   Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a   X    7b   Did the organization and payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a   X    7b   Organization that may receive deductible contributions under section 170(c).  8b   If "Yes," include on payor		filed for the calendar year ending with or within the year covered by this return	2a	58			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  bif 17'es, *has it flied a Form 9901 for this year? if *\footnote{\sigma}, provided an explanation in Schedule O  day  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 accounts.  bif 17'es, *fore the the name of the foreign country: ▶  Sae instructions for fling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions?  6b If Yes, *foreign the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  a bif the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  for If Yes, *did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  if the organization received a contribution of qualified intellectual property, did the organization file Form 109e.C1  A province for the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file Form 109e.C2  A province form members or Forms 8282 filed during the year  7g You have organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7r X  gift the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file Form 109e.C2  A possessing organization maintaining door	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4 innancial accountly? 4		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
4a 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)?  Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  8 Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  8 Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  8 If "Yes," to line 5a or 5b, did the organization file Form 8886-17  8 Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 Organizations that may receive deductible contributions under section 170(c).  10 Ibid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  10 Ibid the organization receive apartly the donor of the value of the goods or services provided?  10 Ibid the organization notity the donor of the value of the goods or services provided?  11 If "Yes," indicate the number of Forms 8282 filed during the year  12 Ibid the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?  17 Ibid the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  18 Spensoring organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  19 Sponsoring organization make a distribution to a donor, donor advised funds.  10 Ibid the organization make a d	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b (if "Yes," enter the name of the foreign country; "  see instructions for fling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886.17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?"  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6b V  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 If Yes," did the organization notify the donor of the value of the goods or services provided?  7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 If Yes, indicate the number of Forms 8282 filed during the year  6 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1089.67  7 If X  9 If the organization making the year, pay premiums, directly or indirectly, or a personal benefit contract?  7 If X  7 If X  9 If the organization making donor advised funds and services business holdings at any time during the year?  9 Sponsoring organization making donor advised funds and services business holdings at any time during the year?  9 Sponsoring organization making donor advised funds.  10 If If Yes, if the organiz	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
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Sa X	b	If "Yes," enter the name of the foreign country:					
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Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the organization make a distribution to a donor, donor advisor, or related person?  9 b Did the organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Did  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13a  13a  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	g	If the organization received a contribution of qualified intellectual property, did the organization file Formation and the organization file Formation (Intellectual property) and the organization (Intellectual prope	orm 88	399 as required?	7g		
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital initiation fees and capital contributions for adaption and incommants due or paid to other sources against amounts due or received from them.)  12a Section 501(c)(2) organization licensed to interest received or accrued during the year Initiation Initiation Information in the organization must report on Schedule O.  12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  13a Initiation fees and any	8	$ Sponsoring \ organizations \ maintaining \ donor \ advised \ funds \ and \ section \ 509(a)(3) \ supporting \ organizations. \ Discovered \ funds \ and \ section \ for \ funds \ f$	d the s	upporting			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b					44		Y
	D	if res, rias it filed a Form 720 to report these payments? If two, provide an explanation in Scheduli	<del>.</del>			990	(2012)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
			_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		Ī			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		· · · · · ·			
а	The governing body?	-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F					
		,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		Ī	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such of					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,				
12a	Did the supplies the supplies the supplies of interest and in O. If IIAI and to line 12			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
С	The state of the s		·····			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approx					
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				
_	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)	s only) a	vailah	le	
	for public inspection. Indicate how you made these available. Check all that apply.	( = = = = = = = = = = = = = = = = = = =	<b>,</b> , u		-	
		n in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	,	licv. and	l finar	cial	
	statements available to the public during the tax year.	sor or antoroor po	, and		. 5, 6,1	
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the o	rganizat	ion: 🖿		
_5	MARY ROGERS - 314-644-3322	2.12 1000100 01 tile 0	. gai 112at	J. 1.		
	2708 SUTTON BLVD., ST. LOUIS, MO 63143					

12-10-12

Form **990** (2012)

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	l	21 11 <u>2</u> 0		C)	прс	iisai	(D)	(E)	(F)
Name and Title	Average	(do		Pos	itior	1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	<del>-</del>	cer ar	iu a u	irecio	Jr/trus	itee)	from	from related organizations	other
	(list any hours for	Individual trustee or director				P		the organization	(W-2/1099-MISC)	compensation from the
	related	tee or	ıstee			Highest compensated employee		(W-2/1099-MISC)	(** =* ** = * * * * * * * * * * * * * *	organization
	organizations	al trus	nal trı		loyee	ombe				and related
	below	lividua	Institutional trustee	Officer	Key employee	phest (	Former			organizations
(1) AL GOLDMAN	1.00	ılı	Si .	#0	Ş.	E Hi	호			
MEMBER-AT-LARGE	1.00	Х						0.	0.	0.
(2) AMY CALVIN	1.00							0.	0.	
MEMBER-AT-LARGE	1.00	x						0.	0.	0.
(3) BERNARD STEIN	1.00								•	
MEMBER-AT-LARGE		x						0.	0.	0.
(4) BETSEY COMFORT	2.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(5) CANDICE FINAN	1.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(6) CHRIS MURPHY	1.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(7) COLE WOFFORD	1.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(8) COURTNEY SIMMS	1.00									
MEMBER-AT-LARGE		Х						0.	0.	0.
(9) DAVID POCOST	5.00									_
PRESIDENT		Х		Х				0.	0.	0.
(10) DENISE HERVEY	1.00	l								
MEMBER-AT-LARGE		Х						0.	0.	0.
(11) EDWARD BECKER	2.00									
IMMEDIATE PAST PRESIDENT	0 20	Х						0.	0.	0.
(12) FELIX WILLIAMS III	0.30	ļ ,,								0
MEMBER-AT-LARGE	1 00	Х						0.	0.	0.
(13) H. CURTIS ITTNER, JR	1.00	х						0.	0.	0
MEMBER-AT-LARGE (14) JOHN CELLA	0.50	^						0.	0.	0.
MEMBER-AT-LARGE	0.50	x						0.	0.	0.
(15) JOHN J. MEIER III	0.50	^						0.	0.	<u></u>
MEMBER-AT-LARGE	0.30	x						0.	0.	0.
(16) JOHN KOHLER	2.00	<u> </u>				$\vdash$			· ·	<u></u>
TREASURER		х		Х				0.	0.	0.
(17) JOHN M. HALL, JR.	1.00	Ť		<del></del>		t				
MEMBER-AT-LARGE		X						0.	0.	0.
	1		_			_	_			Corres 000 (0010)

232007 12-10-12 Form **990** (2012)

Form 990 (2012) SHERWOOD	FOREST	CZ	\MI	₽,	II	NC.	•		43-0	<u>6534</u>	<u>401</u>	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st (	Compensated Employe	es (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos	itior more	than	one	Reportable	Reportable	,	Es	stimate	∍d
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		an	nount	
	week (list any	$\vdash$	l a	1000	1 0010	1	100)	- irom	from related			other	
	hours for	or director						the organization	organization (W-2/1099-MI			pensa om th	
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099****	30)		anizat	
	organizations		Institutional trustee		yee	m per		(** = / ********************************			-	d relat	
	below	Individual 1	tution	er	Key employee	est co oyee	Jer.				orga	anizati	ons
	line)	Indiv	İnsti	Officer	Key e	Highest compensated employee	Form						
(18) KATIE WESTRE	1.00									_			
MEMBER-AT-LARGE		Х						0.		0.			0.
(19) KEITH GRYPP	2.00												•
ASSISTANT TREASURER	1 00	Х		Х				0.		0.			0.
(20) KENT RAPP	1.00												^
MEMBER-AT-LARGE	0 00	Х						0.		0.			0.
(21) KRIS KOSUP	2.00	٠,,											0
MEMBER-AT-LARGE	1 00	Х				_		0.		0.			0.
(22) KYLE HUNSBERGER	1.00	Х						0.		0.			Λ
MEMBER-AT-LARGE	1.00				$\vdash$	⊢		0.		<u> </u>			0.
(23) MICHAEL GOLDMAN MEMBER-AT-LARGE	1.00	х						0.		0.			0.
(24) MICHAEL KAPLAN	2.00	Δ						0.		<del>- '  </del>			<u> </u>
SECRETARY	2.00	х		х				0.		0.			0.
(25) PIERS PRITCHARD	1.00									<del>~  </del>			
MEMBER-AT-LARGE	1.00	х						0.		0.			0.
(26) RICARDO HERNADEZ, MD	1.00									<del>-                                    </del>			
MEMBER-AT-LARGE		х						0.		0.			0.
1b Sub-total						▶		0.		0.			0.
c Total from continuation sheets to Part VI	I, Section A					•		71,498.		0.	1	9,4	16.
d Total (add lines 1b and 1c)								71,498.		0.	1	9,4	16.
2 Total number of individuals (including but n						e) wł	าo r	received more than \$100	0,000 of reportab	le			
compensation from the organization													0
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,													
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su									the organization				
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a	· ·				-		ela:	ted organization or indiv	idual for services	;	_		77
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or si	uch <sub>i</sub>	pers	son .					5		X
·		al a .a a						4h-a4 i d 4h-a	\$100,000 of oor		-4: 4		
1 Complete this table for your five highest co	=	-								npensa	ation i	rom	
the organization. Report compensation for (A)	u ie caleliuar y	edi (	enul	ng v	VILII	OI W	ıuıl	(B)	year.		(0	2)	
Name and business	address	NO	ONE	E				Description of s	services	Co		رر nsatio	n
				-							•		

<b>(A)</b> Name and business address	NONE	(B) Description of services	<b>(C)</b> Compensation
2 Total number of independent contractors (including but	t not limited to those liste	ed above) who received more than	

\$100,000 of compensation from the organization 
SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 SHERWOOD	FOREST	CZ	IM/	? <u>,                                    </u>	11	NC	•		43-065	3401
Part VII   Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd ŀ	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	арр	ly)	compensation	compensation	amount of
	per week					æ		from the	from related organizations	other compensation
	(list any	stor				nploye		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ted en		(W-2/1099-MISC)	,	organization
	related	stee o	rustee			oensa				and related
	organizations	nal fru	onalt		ploye	tcom				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBERT S. HOLMES	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(28) SALVADOR ALATORRE	0.50							_	_	_
MEMBER-AT-LARGE		Х						0.	0.	0.
(29) STEVE TSCHUDY	1.00								_	
MEMBER-AT-LARGE		Х						0.	0.	0.
(30) TED ISAACS	0.30								_	_
MEMBER-AT-LARGE	0 00	Х						0.	0.	0.
(31) TERRY FRANC	2.00	٠,,							0	0
MEMBER-AT-LARGE	40 00	Х						0.	0.	0.
(32) MARY ROGERS EXECUTIVE DIRECTOR	40.00			х				71,498.	0.	10 /16
EXECUTIVE DIRECTOR				Λ				/1,450.	0.	19,416.
		ł								
		$\vdash$	-				$\vdash$			
		ĺ								
		1								
Total to Part VII, Section A, line 1c								71,498.		19,416.

Га	r L V	Check if Schedule O contains	a response	to any question	in this Part VIII			
		Ondok ii Goriodalio G Gorialii i	<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts		<ul> <li>a Federated campaigns</li> <li>b Membership dues</li> <li>c Fundraising events</li> <li>d Related organizations</li> <li>e Government grants (contributions)</li> <li>f All other contributions, gifts, grants, an similar amounts not included above</li> <li>g Noncash contributions included in lines 1a-1f.</li> <li>h Total. Add lines 1a-1f</li> </ul>	1b 1c 1d 1e d 1f \$	395,099. 160,918. 44,981. 955,150. 6,076.	1,556,148.			
Program Service Revenue	2	a PROGRAM FEES c		Business Code 900099		135,181.		
Progra Re		d e f All other program service revenue g Total. Add lines 2a-2f			135,181.			
	3	Investment income (including divice other similar amounts)	ends, intere	est, and	3,856.			3,856.
		,	(i) Real	(ii) Personal				
		c Rental income or (loss)	Securities	(ii) Other				
		·						
Other Revenue	8	d Net gain or (loss)  a Gross income from fundraising ever including \$ 160,918 contributions reported on line 1c).  Part IV, line 18	ents (not of See a	48,550.				
Oti	9	<ul> <li>b Less: direct expenses</li> <li>c Net income or (loss) from fundraisi</li> <li>a Gross income from gaming activities</li> <li>Part IV, line 19</li> </ul>	ng events es. See a	<b>&gt;</b>	0.			
	10	<ul> <li>b Less: direct expenses</li> <li>c Net income or (loss) from gaming a</li> <li>a Gross sales of inventory, less returned allowances</li> <li>b Less: cost of goods sold</li> </ul>	nctivities ns <b>a</b>	<b>&gt;</b>				
	11	c Net income or (loss) from sales of Miscellaneous Revenue			5,607.	5,607.		
		d All other revenue e Total. Add lines 11a-11d		_	5,607. 1,700,792.	140,788.	0.	3,856.
23200 12-10	9							Form <b>990</b> (2012)

# Form 990 (2012) SHERWOOD FORE Part IX Statement of Functional Expenses

Jecl	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			mpiete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and		СХРОПОСО	general expenses	схропосо
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
4	United States. See Part IV, lines 15 and 16 Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
3	trustees, and key employees	90,915.	59,094.	13,638.	18,183
6	Compensation not included above, to disqualified		22,222		
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	466,017.	355,331.	10,752.	99,934
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	31,642.	25,406.		6,236 8,493
9	Other employee benefits	43,097.	34,604.	0 100	8,493
10	Payroll taxes	60,273.	48,486.	2,128.	9,659
11	Fees for services (non-employees):				
	Management				
b	5	14,330.		14,330.	
q	<u> </u>	14,550.		14,550.	
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
3	column (A) amount, list line 11g expenses on Sch 0.)	2,895.		2,895.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	44 400	24 624	2 460	
16	Occupancy	44,482.	34,631.	3,460.	6,391
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2,617.	1,222.	1,395.	
19 20	Conferences, conventions, and meetings	Z,U11.	1,444.	1,393.	
20 21	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	54,514.	52,347.	2,167.	
23	Insurance	41,328.	41,328.	=,= -,,	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FOOD & SUPPLIES	136,514.	121,234.	4,013.	11,267
b	STIPENDS	53,915.	53,915.		
С	TRANSPORTATION	44,248.	43,258.	990.	
d	REPAIRS & MAINTENANCE	27,334.	27,334.		
е	All other expenses	72,345.	56,598.	4,001.	11,746
25	Total functional expenses. Add lines 1 through 24e	1,186,466.	954,788.	59,769.	171,909
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Farm <b>990</b> (2012

Form 990 (2012)

Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	394,523.	1	640,695
	2	Savings and temporary cash investments		2	125,000
	3	Pledges and grants receivable, net		3	495,160
	4	Accounts receivable, net	"	4	4,352
	5	Loans and other receivables from current and former officers, directors,	•		
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	r		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	8,032
	9	Prepaid expenses and deferred charges	12 265	9	8,032 15,735
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,640,234	1.		
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 1,640,234 10b 1,077,420	481,160.	10c	562,814
	11	Investments - publicly traded securities		11	6,076
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	9,000.	15	9,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	<u>.</u>   1,311,834.	16	1,866,864
	17	Accounts payable and accrued expenses	46,838.	17	48,543
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
≝	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
_		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	10 - 10
	26	Total liabilities. Add lines 17 through 25	46,838.	26	48,543
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.	001 684		066 105
anc	27	Unrestricted net assets		27	866,135
Bal	28	Temporarily restricted net assets	463,322.	28	952,186
<u>u</u>	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
s or		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ét	32	Retained earnings, endowment, accumulated income, or other funds	1 2 1 1 2 1	32	1 010 201
_	33	Total net assets or fund balances	1 1 211 221	33	1,818,321
	34	Total liabilities and net assets/fund balances	. 1,311,834.	34	1,866,864

Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,70			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,18			
3	Revenue less expenses. Subtract line 2 from line 1	3			26.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,26	<u>4,9</u>	<u>96.</u>	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6	3	8,9	<u>99.</u>	
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1,81	8,3	21.	
Pa	rt XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		. 3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		<u> </u>	
			Form	990	(2012)	

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SHERWOOD FOREST CAMP, INC.

Employer identification number

43-0653401

Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	te this parl	:.) See inst	ructions.				
The orga	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2			0(b)(1)(A)(ii). (Attach Sc									
з 🗆	1	or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		nedical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	city, and stat				p.10. 0000			(~)( -)( -)( -)	.,			,
5	1		benefit of a college or ur	niversity ov	wned or or	nerated hy	a governi	mental uni	t describ	ned in		
J	-	(b)(1)(A)(iv). (Comple		iiversity of	wrica or of	ociated by	a governi	nontal uni	t deserie	JCG III		
<u>د</u>	1		•			470/b\/	IV A V. A					
7 X			ent or governmental unit					6 41		and the state of		
/ 🔼			eives a substantial part	of its supp	ort from a	governme	entai unit c	r from the	generai	public desc	cribea	ın
		<b>(b)(1)(A)(vi).</b> (Comple	•									
8			ection 170(b)(1)(A)(vi).	•	-							
9 📖	-	· · · · · · · · · · · · · · · · · · ·	eives: (1) more than 33 1							-	-	
	activities rela	ited to its exempt fur	nctions - subject to certa	in excepti	ons, and (	2) no more	than 33 1	/3% of its	support	t from gross	inves	tment
	income and ι	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nization	after June	30, 19	75.
_	See section	<b>509(a)(2).</b> (Complete	Part III.)									
10	An organizati	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	I).				
11 🖳	An organizati	ion organized and op	perated exclusively for th	ne benefit (	of, to perfo	orm the fur	nctions of,	or to carr	y out the	e purposes	of one	or
	more publicly	supported organiza	ations described in secti	on 509(a)( <sup>-</sup>	1) or section	on 509(a)(2	2). See <b>sec</b>	tion 509(	<b>a)(3).</b> Ch	eck the box	< that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	n 11h.						
	a Type I	I <b>b</b> 🗀 ту	/pe II	ype III - Fu	nctionally	integrated	d	I 🔲 Тур	e III - No	n-functiona	lly inte	grated
е 🗀	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	persons ot	her tha	an
			han one or more publicly									
f			ten determination from t						( )( )		( // /	
-		rganization, check th										
a		,	organization accepted ar						?			
g			irectly controls, either al							,	Yes	No
											_	NO
	_											
			n described in (i) above?									
_			person described in (i) o							11g(iii)	<u>/</u>	
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
				l		1		6-23-1-	Al	1		
(i) Nam	e of supported	(ii) EIN		(iv) Is the o				(vi) Is organizatio	on in col.	(vii) Amoun	t of mo	netary
orq	ganization			in col. (i) lis governing				l (i) organiz	ed in the	sup	oport	
			(see instructions))	•		``,	Support:	U.S	. ſ			
			(,,	Yes	No	Yes	No	Yes	No			
				<del>                                     </del>								
Total												

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and				•		
	membership fees received. (Do not						
	include any "unusual grants.")	829,792.	908,799.	1,045,586.	1,087,144.	1,556,148.	5,427,469.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	829,792.	908,799.	1,045,586.	1,087,144.	1,556,148.	5,427,469.
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	Public support. Subtract line 5 from line 4.						5,427,469.
	ction B. Total Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	829,792.	908,799.	1,045,586.	1,087,144.	1,556,148.	5,427,469.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	5,207.	214.	200.	2,736.	3,856.	12,213.
9	Net income from unrelated business				•	,	•
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	-2,003.	10,277.		4,869.	5,607.	18,750.
11	Total support. Add lines 7 through 10	,	- ,		,	, ,	5,458,432.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	728,852.
	First five years. If the Form 990 is for	•	,				· · ·
	organization, check this box and stor	•			•	. , . ,	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				······································
14	Public support percentage for 2012 (	line 6, column (f) d	ivided by line 11, co	olumn (f))		14	99.43 %
15						15	99.33 %
16a	33 1/3% support test - 2012. If the					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the						
	and <b>stop here.</b> The organization qual	•		•		•	
17a	10% -facts-and-circumstances tes						
_	and if the organization meets the "fac	ū					•
	meets the "facts-and-circumstances"				=		
b	10% -facts-and-circumstances tes						
~	more, and if the organization meets the						
	organization meets the "facts-and-circ		•		•		
18	Private foundation. If the organization			•	,		, <b>\</b>
<u> </u>		a.cc. chock u		, ,	,		· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed be Section A. Public Support	low, please com	plete Part II.)				
Calendar year (or fiscal year beginning in)	(=) 0000	(h) 0000	(=) 0010	(4) 0011	(-) 0010	(f) Total
· · · · · · · · · · · · · · · · · · ·	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the	the organization'	s first, second, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here	-			•		
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2012 (lir	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2011					16	%
Section D. Computation of Inves						
17 Investment income percentage for 201	(line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 20						%
9a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
more than 33 1/3%, check this box an		e organization qual	ifies as a publicly	supported organi	zation	▶Ш
more than 33 1/3%, check this box an	d stop here. The					
	d <b>stop here.</b> The organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

SHERWOOD FOREST CAMP, INC.

Employer identification number 43-0653401

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	3.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	<b>-</b>		01
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 8/17/06, and not on a historic structi	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	nd enforcing conservation easements d	uring the year
7	Amount of expenses incurred in monitoring, inspecting, and er		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	·
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
Dai	conservation easements.	Art Historical Transcures or O	than Cimilan Assats
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
_	Complete if the organization answered "Yes" to Form 99		
ıa	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhibits the text of the features to its financial statements that describe	,	rice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		h and balance about walks of sid bistorical
D	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		<b>•</b> •
	(i) Revenues included in Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		ıı gairi, provide
9	the following amounts required to be reported under SFAS 116 Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
a h			
	7.00000 moladod m r omi 000, r art 7		× <u> </u>

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

Schedule D (Form 990) 2012

SHERWOO1

	t III Organizations Maintaining C	Collections of A			Pasilise 0	r Othe	r Similai			Page Z
3	Using the organization's acquisition, access (check all that apply):	on, and other record	is, check	arry or trie	iollowing trial	are a si	grillicarit us	se or its	collection	items
_	` '''	_				<b></b>				
a	Public exhibition	c			hange progra					
b										
C	Preservation for future generations	allastians and avala	n have the	fuutbar ti		n'a avan	ant nurnaa	o in Dom	· VIII	
4	Provide a description of the organization's c							e in Par	L AIII.	
5	During the year, did the organization solicit of to be sold to raise funds rather than to be m								Yes	□ No
Pai	t IV Escrow and Custodial Arran									INO
ı u	reported an amount on Form 990, Pa		ete ii tile t	nganizatio	ii alisweleu	165 101	OIIII 990, I	-aitiv, i	ii ie 9, 0i	
12	Is the organization an agent, trustee, custod		diany for c	ontribution	e or other acc	eets not	included			
ıa	on Form 990, Part X?		-						Yes	□ No
h	If "Yes," explain the arrangement in Part XIII								J 163	140
	Tes, explain the arrangement in rare xiii	and complete the re	mowning te	DIC.					Amount	
c	Beginning balance						1c		7 (11100111)	
	Additions during the year									
e	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F	orm 990. Part X. line	21?						Yes	☐ No
	If "Yes," explain the arrangement in Part XIII									
	t V Endowment Funds. Complete									
		(a) Current year		or year	(c) Two years			ars back	(e) Four	years back
1a	Beginning of year balance	·	, ,		,				, ,	
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	, column (a	i)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administe	red for th	ie organiza	tion	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the									
Pa	t VI Land, Buildings, and Equipn							-		
	Description of property	(a) Cost or o		(b) Cost			cumulated		(d) Book	value
		basis (investr	nent)	basis (	` '	aep	reciation	_	1 ( )	
	Land				5,545. 9,285.		E7 1F			,545.
	Buildings					6	57,15			7,135.
	Leasehold improvements	provements 20,500 8,810 -							.,690.	
	Equipment				3,531.	4	11,40	<u> </u>		,913.
	Other									8,531.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. Sec			=3	OOJJ401 Page
(a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end	I-of-year market value
(1) Financial derivatives	(5) 2001. (4.6.6	(6)		. or your manner raids
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(l)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Se	ee Form 990, Part X, I	ine 13.		
(a) Description of investment type	(b) Book value		aluation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.	•		
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X,	line 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Schedule D (Form 990) 2012

	edule D (Form 990) 2012 SHERWOOD FOREST CAMP, INC.		0653401 Page
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Returi	
1	Total revenue, gains, and other support per audited financial statements	1	1,739,791
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а			
b	Donated services and use of facilities	8,999.	
С			
d			
е		2e	38,999
3	Subtract line 2e from line 1	3	1,700,792
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,700,792
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Retu	
1	Total expenses and losses per audited financial statements	1	1,186,466
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1		1,186,466
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0 .
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,186,466
Pai	rt XIII Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	rt IV, lines 1b and	2b; Part V, line 4; Part
X, lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nal information.	
PAI	RT X, LINE 2: THE CAMP QUALIFIES AS A CHARITABLE ORG	ANIZATION	AS
DEI	FINED BY INTERNAL REVENUE CODE 501 (C)(3), AND, ACCO	RDTNGLY	 ТТ ТS
	TITLE DI INILIMITE REVENICE CODE SOI (C)(S), AND, ACCOR	,	<u> </u>

DEFINED BY INTERNAL REVENUE CODE 501 (C)(3), AND, ACCORDINGLY, IT IS

EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501

(A) AND SIMILAR PROVISIONS OF STATE LAW. THE CAMP FILES FEDERAL

INFORMATION RETURNS. THE STATUTES OF LIMITATIONS FOR INFORMATION RETURNS

FILED FOR THE TAX YEARS ENDED DECEMBER 31, 2009 THROUGH 2012 HAVE NOT

EXPIRED AND THEREFORE ARE SUBJECT TO EXAMINATION.

Schedule D (Form 990) 2012

#### **SCHEDULE G**

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Open To Public** Inspection

lame of the organization	D FOREST CAMP, INC					Employer ide 43-0653	ntification number
	· Complete if the organization answe		es" to	Form 990, Part IV, li	ine 17		
1 Indicate whether the organization rais a	sed funds through any of the following set of the following set of the solicitate of	tion of tion of fundra (includ	non-governising of onal f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes Yes	
(i) Name and address of individual or entity (fundraiser)			(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
- Total			•				
List all states in which the organization or licensing.		contrib	utions	s or has been notified	d it is	exempt from re	egistration

232081 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

43-0653401 Page 2 Schedule G (Form 990 or 990-EZ) 2012 SHERWOOD FOREST CAMP, INC. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events BLUE JEAN NONE (add col. (a) through  $\mathtt{BALL}$ col. (c)) (event type) (event type) (total number) Revenue 206,288. 206,288. 1 Gross receipts 160,918 160,918. 2 Less: Contributions 45,370. 45,370. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 45,370. 45,370. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2012

Sch	edule G (Form 990 or 990-EZ) 2012 SHERWOOD FOREST CAMP, INC. 43-	<u> 0653</u>	<u>401</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	<b>`</b>	Yes	└─ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 🕥	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Description of services provided			
		-		
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	└── `	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
<b>D</b> -	organization's own exempt activities during the tax year > \$			
Ра	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.			
_				

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

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

SHERWOOD FOREST CAMP, INC.

Employer identification number 43-0653401

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCHOOL YEAR FOLLOW UP PROGRAMS FOR ST. LOUIS AREA CHILDREN FROM

ECONOMICALLY DISADVANTAGED FAMILIES. TO PROVIDE OUTDOOR EDUCATION

EXPERIENCES FOR SCHOOLS, SCHOOL DISTRICTS, CHURCHES, AND OTHER YOUTH

AND FAMILY SERVING ORGANIZATIONS DURING THE SCHOOL YEAR.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND OTHER YOUTH AND FAMILY SERVING ORGANIZATIONS DURING THE SCHOOL

YEAR.

FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS AL GOLDMAN AND MICHAEL GOLDMAN HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WILL BE REVIEWED BY

THE EXECUTIVE DIRECTOR, THE BOOKKEEPER, AND THE BOARD PRIOR TO FILING. IT

WILL ALSO BE PROVIDED BY EMAIL TO ALL BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARY MONITORS

ANY CONFLICTS DISCLOSED TO ENSURE THOSE WITH CONFLICTS ABSTAIN FROM ANY

TRANSACTIONS IN WHICH THEY HAVE A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: TWO BOARD MEMBERS MEET WITH THE EXECUTIVE DIRECTOR TO GIVE A PERFORMANCE REVIEW. THE COMPENSATION IS BASED ON PERFORMANCE, COMPARISON TO OTHER UNITED WAY AGENCY EXECUTIVE DIRECTOR SALARIES, COMPARABILITY DATA AND BUDGET RESTRICTIONS.

30

SHERWOOD FOREST CAMP, INC.	43-0653401
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION N	MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIR	NANCIALS STATEMENTS
AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.	_

REQUEST FOR 45R CREDIT ONLY

Form	990-T	E	Exempt Organization Bus	sines	s Income Tax	x Return	ı H	OMB No. 1545-0687
Depart	tment of the Treasury	(and proxy tax under section 6033(e))						Deen to Public Inspection for
Interna	al Revenue Service	For c	alendar year 2012 or other tax year beginning		, and ending		5	01(c)(3) Organizations Only
A L	Check box if address changed	Name of organization ( Check box if name changed and see instructions.)						yer identification number byees' trust, see tions.)
B Ex	cempt under section	Print	SHERWOOD FOREST CAMP,		43-0653401			
X	] 501( <b>c</b> )( <b>3</b> )	Or	Number, street, and room or suite no. If a P.O. bo	x, see ins	tructions.			ted business activity codes structions)
	408(e) 220(e)	Туре	2708 SUTTON BOULEVARD				,	,
<u> </u>	408A530(a)		City or town, state, and ZIP code					
	]529(a)		ST. LOUIS, MO 63143					
	ok value of all assets end of year		exemption number (see instructions)	<u> </u>		1404/ )		Tou
	,866,864.	G Check	corganization type X 501(c) corporation	n <u></u>	☐ 501(c) trust	_ 401(a) trust		Other trust
		n's nrim	ary unrelated business activity.					
			poration a subsidiary in an affiliated group or a pare	nt-subsid	iary controlled group?	•	Yes	S No
			tifying number of the parent corporation.	nic dabora	any commonica group?			
			MARY ROGERS		Telephone	number > 3	14-6	544-3322
Pa	rt I Unrelate	d Trac	de or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sal	es						
	Less returns and allo		<b>c</b> Balance►	1c				
			A, line 7)	2				
	Gross profit. Subtrac			3				
			h Schedule D)	4a				
			art II, line 17) (attach Form 4797)	4b				
			ets	4c				
			ips and S corporations (attach statement)	5 6				
	Rent income (Sched	, .	ma (Cahadula E)	7				
			me (Schedule E) and rents from controlled organizations (Sch. F)	8				
		-	on 501(c)(7), (9), or (17) organization	<b>                                     </b>				
,				9				
10	, , , , , , , , , , , , , , , , , , , ,		me (Schedule I)	10				
			e J)	11				
			s; attach statement)	12				
			gh 12	13	0.			
	rt II Deduction	ons No	ot Taken Elsewhere (see instructions for		•			
	<u> </u>		utions, deductions must be directly connecte			· · · · · · · · · · · · · · · · · · ·		
14			rectors, and trustees (Schedule K)				14	
15							15	
16							16	
17							17	
18 19							18 19	
20	Charitable contribut	inne (eac	e instructions for limitation rules)				20	
21			562)				20	
22			n Schedule A and elsewhere on return				22b	
23							23	
24	Contributions to de	ferred co	mpensation plans				24	
25							25	
26			chedule I)				26	
27	Excess readership of	osts (Sc	hedule J)				27	
28	Other deductions (a	ttach sta	tement)				28	
29	Total deductions	s. Add lin	es 14 through 28				29	0.
30			ncome before net operating loss deduction. Subtraction is the control of the cont				30	0.
31	Net operating loss of	leduction	(limited to the amount on line 30)				31	^
32			ncome before specific deduction. Subtract line 31 f				32	1 000
33			/\$1,000, but see instructions for exceptions) able income. Subtract line 33 from line 32. If line				33	1,000.
34	Uniterated busing	ess taxa	anne micome, ouvitablille oo HUIII IIIIE oz. II IIIIE	JU IS UITE	ator triari iille 32. Ellitel tile S	iiialiu		

223701 01-11-13 LHA For Paperwork Reduction Act Notice, see instructions.

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Part III	1	Tax Computation		-									
35	Orga	nizations taxable as corporati	ons (see in	structions for tax co	mput	ation).							
(	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:												
a l	Enter	your share of the \$50,000, \$2	5,000, and	\$9,925,000 taxable	incon	ne brackets (in that o	order):						
	(1)	\$	(2) \$			(3) \$							
		organization's share of: (1) A											
		dditional 3% tax (not more tha											
C	Incon	ne tax on the amount on line 3	4							35c			0.
36		s taxable at trust rates (see in											
Į		Tax rate schedule or								36			
		tax (see instructions)								37			
38	Alterr	ative minimum tax								38			
		Add lines 37 and 38 to line 35	oc or 36, wl	hichever applies						39			0.
		Tax and Payments											
		n tax credit (corporations atta								-			
		credits (see instructions)								-			
		ral business credit. Attach Form 3800 40c								-			
	d Credit for prior year minimum tax (attach Form 8801 or 8827)												
e	e Total credits. Add lines 40a through 40d Subtract line 40e from line 39 41												
41	Subtr	act line 40e from line 39 taxes. Check if from: Fo	4055 [							41			0.
										42			
										43			0.
		ents: A 2011 overpayment cre								-			
		estimated tax payments								-			
		eposited with Form 8868 gn organizations: Tax paid or w								-			
										-			
		up withholding (see instruction t for small employer health ins							5,327.	-			
		credits and payments:							3,327	4			
9 '		Form 4136		Form 2439 Other		 Total	▶ 44g						
45		payments. Add lines 44a thro	 uah 44a							45		5,3	27.
		ated tax penalty (see instruction								46		<del>5                                    </del>	<u></u>
		ue. If line 45 is less than the to								47			
		payment. If line 45 is larger that								48		5,3	27.
		the amount of line 48 you war							funded	49		5,3	
Part V		Statements Regardir					ation (se	e instru	ctions)			-	
	_	e during the 2012 calendar yea	ar, did the c	organization have an	intere	est in or a signature	or other autl	nority ov	er a financial ac	count (b	oank,	Yes	No
secu	rities,	or other) in a foreign country	? If "Yes," th	ne organization may	have	to file Form TD F 90-	-22.1, Repor	t of Fore	ign Bank and Fi	nancial			
Acco	unts.	If "Yes," enter the name of the	foreign cou	untry here 🕨									Х
2 During	g the t s," see	If "Yes," enter the name of the ax year, did the organization receive instructions for other forms the org	e a distributio janization ma	n from, or was it the gray y have to file	intor of	, or transferor to, a foreig	gn trust?						X
		amount of tax-exempt interest											
Sched	ule .	A - Cost of Goods S	<b>old.</b> Ente	r method of inven	tory v	/aluation 🕨 N	I/A						
1 Inver	ntory	at beginning of year	1		6	Inventory at end o	of year			6			
2 Purchases		3	2		_ 7	Cost of goods sol	d. Subtract I	ine 6					
3 Cost	of lat	or	3			from line 5. Enter	here and in I	Part I, Iin	ie 2	7			
<b>4 a</b> Additi	ional s	ection 263A costs (att. statement)	4a		_ 8	Do the rules of sec	ction 263A (	with resp	pect to			Yes	No
<b>b</b> Other	r cost	s (attach statement)	4b		_	property produced	d or acquired	d for resa	ale) apply to				
5 Tota		l lines 1 through 4b	5			the organization?							
0:	Ur co	der penalties of perjury, I declare the rect, and complete. Declaration of p	at I have example example at I have example at I have example example at I have example at I have example at I	mined this return, includer or than taxpayer) is base	ding aced on a	companying schedules Il information of which p	and statement preparer has an	s, and to y knowled	the best of my kno dge.	wledge a	nd belief, it is	true,	
Sign	May									ay the IR	S discuss this	s return v	with
Here		Cianatura of officer		Doto		EXECUT		DIRE			oreparer shown belo		٦
		Signature of officer		Date		Title		-			s)? X Ye	es	_ No
		Print/Type preparer's name		Preparer's sig	natur	9	Date			f PTI	N		
Paid		BRENT E. MCCL	UKE					self- employ		_	00224	012	
Prepai		CPA	K C DDYEC	C DDAECKET IID			Firm's EIN		P00234013 43-0352985				
Use Only		, Firm's name ► KERBER, ECK & BRAECKEL LLP  ONE MEMORIAL DRIVE STE 950								4	2-033	<u> </u>	<u> </u>
		Firm's address ST. LOUIS, MO 63102								314	-231-	623	2

Form **990-T** (2012)

223711 01-11-13

Department of the Treasury Internal Revenue Service

# **Credit for Small Employer Health Insurance Premiums**

► Attach to your tax return.

▶ Information about Form 8941 and its separate instructions is at www.irs.gov/forms8941

OMB No. 1545-2198 Attachment Sequence No. **63** 

Name(s) shown on return	Ider	Identifying number			
SHERWOOD FOREST CAMP, INC.	43	43-0653401			
1a Enter the number of individuals you employed during the tax year who are considered employees for					
purposes of this credit (see instructions)	1a	11			
<b>1b</b> Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1a (see instructions)		43-0653401			
2 Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you enter	ered				
25 or more, skip lines 3 through 11 and enter -0- on line 12	2	10			
3 Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	3	39,000.			
4 Premiums you paid during the tax year for employees included on line 1a for health insurance coverage under a qualifying arrangement (see instructions)	4	52,982.			
5 Premiums you would have entered on line 4 if the total premium for each employee equaled the average					
premium for the small group market in which you offered health insurance coverage (see instructions)		48,426.			
6 Enter the <b>smaller</b> of line 4 or line 5		48,426.			
<ul> <li>Multiply line 6 by the applicable percentage:</li> <li>Tax-exempt small employers, multiply line 6 by 25% (.25)</li> </ul>					
All other small employers, multiply line 6 by 35% (.35)	7	12,107.			
	l -	12,107.			
9 If line 3 is \$25,000 or less, enter the amount from line 7. Otherwise, see instructions  9 Otherwise, see instructions		5,327.			
10 Enter the total amount of any state premium subsidies paid and any state tax credits available to you for	,	3,3273			
premiums included on line 4 (see instructions)		52,982.			
11 Subtract line 10 from line 4. If zero or less, enter -0-		5,327.			
12 Enter the smaller of line 9 or line 11		3,327.			
13 If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1a for whom you paid premiums during the tax year for health insurance coverage under a qualificant arrangement (see instructions)	ying	7			
14 Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13	d	7			
15 Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)					
16 Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Sche	lines	5 005			
All others, stop here and report this amount on Form 3800, line 4h	16	5,327.			
17 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	17				
18 Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h	18				
19 Enter the amount you paid in 2012 for taxes considered payroll taxes for purposes of this credit (see instructions)		72,794.			
20 Tax-exempt small employers, enter the <b>smaller</b> of line 16 or line 19 here and on Form 990-T, line 44f		5,327.			
LHA For Paperwork Reduction Act Notice, see separate instructions.		Form <b>8941</b> (2012)			