Form 990
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)

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



Α	For th	e 2011 calendar year, or tax year beginning and	ending					
B	Check if applicab	e: C Name of organization		D Employer identifie	cation number			
	Addr	SHERWOOD FOREST CAMP, INC.						
	Name	e Doing Business As	43-0	653401				
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number					
	Term ated	2700 SOTION BOOLEVARD	314-	644-3322				
	Amer	City or town, state or country, and $ZIP + 4$		G Gross receipts \$	1,288,537.			
	Appli tion pend	51. LOOIS, MO 03143		H(a) Is this a group re				
	pend	F Name and address of principal officer: MARY ROGERS		for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates inc				
		empt status: $X 501(c)(3) 501(c) () 4947(a)(1)$	or 527		list. (see instructions)			
		te: WWW.SHERWOODFORESTCAMP.COM		H(c) Group exemption				
		forganization: X Corporation Trust Association Other	L Year	of formation: 1937	State of legal domicile: MO			
Pa	T	Summary						
e	1	Briefly describe the organization's mission or most significant activities: TO T CHILDREN FROM THE ST. LOUIS AREA BY PROV	RANSFO	DECIDENTIAL				
Activities & Governance								
veri	2	Check this box b if the organization discontinued its operations or dispo			sets. 27			
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			27			
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			75			
tie	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			237			
ži	6	Total number of volunteers (estimate if necessary)			0.			
Ă		Total unrelated business revenue from Part VIII, column (C), line 12						
	D	Net unrelated business taxable income from Form 990-T, line 34		7b Prior Year	0 . Current Year			
	8	Contributions and grants (Part VIII, line 1h)		1,045,586.	1,087,144.			
one	9			157,474.	137,780.			
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		200.	2,736.			
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	4,869.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,203,260.	1,232,529.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		665,090.	697,542.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
e de	b	Total fundraising expenses (Part IX, column (D), line 25)	63.					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		425,921.	474,663.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,091,011.	1,172,205.			
	19	Revenue less expenses. Subtract line 18 from line 12		112,249.	60,324.			
Net Assets or Fund Balances			В	eginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		1,234,220.	1,311,834.			
t As	21	Total liabilities (Part X, line 26)		44,468.	46,838.			
Pup	22	Net assets or fund balances. Subtract line 21 from line 20		1,189,752.	1,264,996.			
Pa	art II	Signature Block						
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	es and staten	nents, and to the best of my	/ knowledge and belief, it is			
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.				

Sign Here	Signature of officer MARY ROGERS, EXECUTIVE Type or print name and title	DIRECTOR	Date							
Paid	Print/Type preparer's name BRENT E. MCCLURE CPA	FIEPAIEI S SIGNALUIE	Date Check PTIN 03/19/12 if self-employed P00234013							
Preparer	Firm's name ▶ KERBER , ECK & BR	AECKEL LLP	Firm's EIN 43-0352985							
Use Only	Firm's address ONE MEMORIAL DRI	VE STE 950								
	ST. LOUIS, MO 63	102	Phone no. 314-231-6232							
May the If	May the IRS discuss this return with the preparer shown above? (see instructions)									
132001 01-2	23-12 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.	Form 990 (2011)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2011) SHERWOOD FOREST CAMP, INC. 43-0653401 Pa
Par	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response to any question in this Part III
'	TO TRANSFORM THE LIVES OF CHILDREN FROM THE ST. LOUIS AREA BY
	PROVIDING RESIDENTIAL SUMMER CAMPS IN WHICH OUTDOOR EDUCATION AND
	WEEKEND RETREATS ARE OFFERED TO FINANCIALLY DISADVANTAGED CHILDREN AN
	CERTAIN QUALIFIED FAMILIES.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? Yes X
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 921,276. including grants of \$) (Revenue \$ 142,64
	PROVIDED RESIDENTIAL SUMMER CAMPS WITH 390 CAMPERS SERVED AND OUTDOOR
	EDUCATION WITH 847 SERVED.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 921, 276.
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2011.03040 SHERWOOD FOREST CAMP, INC. 13360319 797287 SHERWOOD

	If "Yes," complete Schedule A	1	Х	
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			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
~	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			v
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			
1Lu	Schedule D, Parts XI, XII, and XIII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	-		X
		14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			37
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u>.</u> _
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

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No

Yes

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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			۱.
	Schedule K. If "No", go to line 25	24a		<u> </u> 2
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		⊢
С	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		⊢
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		⊢
25a	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		2
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		2
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		5
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		<u> </u>
21	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		3
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		-
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		2
b		28b		5
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<u> </u>
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		2
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			⊢
	contributions? If "Yes," complete Schedule M	30		2
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		2
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		2
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		2
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		2
35a		35a		Σ
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		2
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Σ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Σ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

SHERWOOD FOREST CAMP, INC. Part IV Checklist of Required Schedules (continued)

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

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Schedule J

Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current

and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete

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21

22

23

Yes

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No

Х

Х

Х

Pa	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		<u>시</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				
	(gambling) winnings to prize winners?		1c	X	
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		_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	,			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	· · · · · · · · · · · · · · · · · · ·		3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			v
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country:	<u> </u>			
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial				X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b 5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did t		50		
Ud	any contributions that were not tax deductible?	•	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribu		Ua		
D.	were not tax deductible?	0	6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the pavor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	1 1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation file a Form 1098-C?	7h	X	
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. D	id the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445			
10-	amounts due or received from them.)	11b	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	12b	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		-		
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.		134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
U	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c	-		
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b		
	,			990 ((2011)

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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, processe	s, or changes in Schedule O. See instructions.

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

Y
27

		, ı			Yes					
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	27	4						
	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 0.									
	Enter the number of voting members included in line 1a, above, who are independent		27	<u>'</u>						
	officer, director, trustee, or key employee?									
	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? \dots			3						
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4						
	Did the organization become aware during the year of a significant diversion of the organization's a			5						
6	Did the organization have members or stockholders?			6						
	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?			7a						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
	persons other than the governing body?			7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					T				
	The governing body?	-	-	8a	х	T				
	Each committee with authority to act on behalf of the governing body?			8b	Х	t				
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					t				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9						
ect	tion B. Policies (This Section B requests information about policies not required by the Internal					t				
					Yes	t				
0a	Did the organization have local chapters, branches, or affiliates?			10a		Ţ				
	If "Yes," did the organization have written policies and procedures governing the activities of such					t				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	-		10b						
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	х	t				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-	-			t				
				12a	х	T				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	х	t				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					t				
	in Schedule O how this was done			12c	x					
	Did the organization have a written whistleblower policy?			13	Х	t				
	Did the organization have a written document retention and destruction policy?			14	х	t				
	Did the process for determining compensation of the following persons include a review and appro					t				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision									
						T				
а	The organization's CEO, Executive Director, or top management official			15a	х					
	The organization's CEO, Executive Director, or top management official			15a 15b	X X	╉				
b	Other officers or key employees of the organization									
b										
b 6a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement w	ith a							
b 6a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang taxable entity during the year?	ement w	ith a	15b						
b 6a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ement w ate its p	ith a articipation	15b						
b 6a b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	ement w ate its p anizatior	ith a articipation n's	15b						
b 6a b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	ement w ate its p anizatior	ith a articipation n's	15b 16a						
b 6a b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org exempt status with respect to such arrangements? tion C. Disclosure	ement w ate its p anizatior	ith a articipation n's	15b 16a						
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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	e 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.

• 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.

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

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(15) JIM GUEST 1.00 X 0. 0. 0. 0. MEMBER-AT-LARGE 1.00 X 0. 0. 0. 0. 0. (16) JOHN CELLA 0.50 X 0. 0. 0. 0. 0. MEMBER-AT-LARGE 0.50 X 0. 0. 0. 0. 0. (17) JOHN J. MEIER III 0.50 X 0. 0. 0. 0.	,	1 00									0
MEMBER-AT-LARGE 1.00 X 0. <td></td> <td>1.00</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>		1.00	X						0.	0.	0.
(16) JOHN CELLA 0.50 X 0. <td></td> <td>1 00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td>		1 00									0
MEMBER-AT-LARGE 0.50 X 0. <td></td> <td>1.00</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>		1.00	X						0.	0.	0.
(17) JOHN J. MEIER III MEMBER-AT-LARGE 0.50 X 0. 0. 0.			37							0	0
MEMBER-AT-LARGE 0.50 X 0. <td></td> <td>0.50</td> <td><u>۸</u></td> <td><u> </u></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>U •</td>		0.50	<u>۸</u>	<u> </u>					0.	0.	U •
										0	0
		0.50	۱Ä						J 0.		

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7 2011.03040 SHERWOOD FOREST CAMP, INC. Form 990 (2011)

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Form 990 (2011)

Section A. Officers, Directors, Iru		mpic	byee	es, a	ind	High	lest	Compensated Employ	ees (continuea)		
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	erson	1 e than is bot or/trus	th an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compensation from the organization and related organizations
(18) JOHN KOHLER											
TREASURER	2.00	X		х				0.	0	•	0.
(19) JOHN M. HALL, JR.											
MEMBER-AT-LARGE	1.00	Х						0.	0	•	0.
(20) KATIE WESTRE											•
MEMBER-AT-LARGE	1.00	X						0.	0	•	0.
(21) KEITH GRYPP	0 00								0		0
ASSISTANT TREASURER	2.00	X		Х				0.	0	•	0.
(22) KENT RAPP	1 00	v						0	0		0
MEMBER-AT-LARGE	1.00	X						0.	0	•	0.
(23) KRIS KOSUP	2.00	x						0.	0		0.
MEMBER-AT-LARGE (24) LYNN SPEWAK	2.00	<u> </u> ▲						0.	0	•	0.
APPOINTED OFFICER	1.00	x		x				0.	0		0.
(25) MICHAEL GOLDMAN	1.00			<u> </u>	-			0.	0	•	0.
APPOINTED OFFICER	1.00	x		x				0.	0		0.
(26) MICHAEL KAPLAN										╈	
SECRETARY	2.00	x		x				0.	0		0.
1b Sub-total						►					
c Total from continuation sheets to Part V								72,900.			19,888.
d Total (add lines 1b and 1c)		<u></u>						72,900.			19,888.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ıose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	0,000 of reportable		
										_	Yes No
3 Did the organization list any former officer,				-		-					
line 1a? If "Yes," complete Schedule J for s										. –	3 X
4 For any individual listed on line 1a, is the su	-		-						the organization		4 X
and related organizations greater than \$150										• -	4 X
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>							eiat	ed organization of indivi	idual for services		5 X
Section B. Independent Contractors			0/ 00	1011	per	5011				·	<u> </u>
1 Complete this table for your five highest co the organization. Report compensation for										nsat	ion from
(A) Name and business			ONI					(B) Description of s		Со	(C) mpensation
2 Total number of independent contractors (i \$100,000 of compensation from the organi	zation 🕨								nore than		
SEE PART VII, SECTIOI	NACON'.	τ. Τ ξ	NUA	4'I'.	τO	N 5	5H.	FEL2		F	orm 990 (2011)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
		direct				d emp		(W-2/1099-MISC)	(00-2/1099-00130)	organization
		ee or	stee			nsate		(** 2/1000 10100)		and related
		trust	al tru		yee	admo				organizations
		Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ler			0
		Indiv	Insti	Officer	Key	High	Former			
(27) PIERS PRITCHARD										
MEMBER-AT-LARGE	1.00	х						0.	0.	0.
(28) RICARDO HERNADEZ, MD										
MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(29) ROBERT S. HOLMES	1 00									0
VICE PRESIDENT	1.00	X		X				0.	0.	0.
(30) SALVADOR ALATORRE	0 50									0
MEMBER-AT-LARGE	0.50	X						0.	0.	0.
(31) STEVE TSCHUDY	1 00	37						0	0	0
MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(32) TED ISAACS	0 20	v						0.	0.	0.
MEMBER-AT-LARGE (33) TERRY FRANC	0.30	X						0.	0.	0.
APPOINTED OFFICER	2.00	x		x				0.	0.	0.
(34) MARY ROGERS	2.00	<u>^</u>		^				0.	0.	0.
EXECUTIVE DIRECTOR	40.00			x				72,900.	0.	19,888.
	40.00	-						72,500.	•	19,000.
		-								
		<u> </u>								
		I								
Total to Part VII, Section A, line 1c								72,900.		19,888.
								/ 2 0 0 0		,

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SHERWOOD FOREST CAMP, INC.

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Pa	rt VII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns	1b 1c 1d ions) 1e ts, and ve 1f 1a-1f: \$	387,060. 204,817. 45,437. 449,830. 42,214.	1087144.			
0.6	n	Total. Add lines 1a-1f			100/144.			
Program Service Revenue	2 a b	PROGRAM FEES		Business Code 900099	137,780.	137,780.		
n S Ien	С							
Rev	d							
5 2	е							
_		All other program service reve						
_		Total. Add lines 2a-2f			137,780.			
	3	Investment income (including other similar amounts) Income from investment of tax	x-exempt bond p	proceeds	2,736.			2,736.
	5	Royalties						
	b	Gross rents Less: rental expenses	(i) Real	(ii) Personal				
		Rental income or (loss)						
	d	Net rental income or (loss)		<u>,</u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)						
		Net gain or (loss)		►				
Other Revenue		Gross income from fundraising including \$ 204,8 contributions reported on line Part IV, line 18	g events (not 17. of 1c). See	56,008.				
the	b	Less: direct expenses		56,008.				
0		Net income or (loss) from func			0.			
	9 a	Gross income from gaming ac Part IV, line 19	tivities. See a					
		Less: direct expenses						
		Net income or (loss) from gam		····· •				
		Gross sales of inventory, less and allowances Less: cost of goods sold	а					
		Net income or (loss) from sale						
Î		Miscellaneous Revenu		Business Code				
	11 a	OTHER INCOME		900099	4,869.	4,869.		
	b					-		
	c							
	d	All other revenue						
		Total. Add lines 11a-11d		►	4,869.			
	12	Total revenue. See instructions.		►	1232529.	142,649.	0.	2,736.
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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	· · · · · · · · · · · · · · · · · · ·	s Part IX		
	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	(D) Fundraising expenses
1	Grants and other assistance to governments and 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				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	92,788.	64,952.	13,918.	13,918
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	457,083.	344,318.	20,206.	92,559
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	86,983.	58,881.	1,897.	26,205
10	Payroll taxes	60,688.	42,373.	5,975.	12,340
11	Fees for services (non-employees):				
а	Management				
	Legal	10 600		10.000	
	Accounting	12,622.		12,622.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	12 200	1 500	11 700	
	F	13,299.	1,500.	11,799.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	47,833.	38,507.	4,392.	4,934
16		47,055.	50,507.	4,552.	4,954
17 10	Travel				
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	1,315.	1,020.	295.	
20	· · · · · · · · · · · · · · · · · · ·				
20	Payments to affiliates				
22	Depreciation, depletion, and amortization	50,207.	47,170.	3,037.	
23	Insurance	40,284.	40,284.		
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.) FOOD & SUPPLIES	129,721.	113,200.	5,698.	10,823
a h	TRANSPORTATION	43,747.	42,777.		970
u 0	STIPENDS	39,976.	39,976.		5,0
d	REPAIRS & MAINTENANCE	28,346.	28,346.		
	All other expenses	67,313.	57,972.	3,827.	5,514
25	Total functional expenses. Add lines 1 through 24e	1,172,205.	921,276.	83,666.	167,263
26	Joint costs. 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)				
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Form **990** (2011)

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2011.03040 SHERWOOD FOREST CAMP, INC. 13360319 797287 SHERWOOD

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			370,978.	1	394,523.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			382,767.	3	403,163.
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, di					
	Ŭ	employees, and highest compensated employe					
		of Schedule L				5	
	6	Receivables from other disgualified persons (as					
	•	4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec		-			
		employees' beneficiary organizations (see instru		•		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,974.	8	10,623.
4	9	Prepaid expenses and deferred charges			14,387.	9	13,365.
		Land, buildings, and equipment: cost or other			-		,
		basis Complete Part VI of Schedule D	10a	1,504,066.			
	b	Less: accumulated depreciation	10b	1,022,906.	462,114.	10c	481,160.
	11	Investments - publicly traded securities	· · · ·			11	
	12	Investments - other securities. See Part IV, line			0.	12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	9,000.
	16	Total assets. Add lines 1 through 15 (must equ			1,234,220.	16	1,311,834.
	17	Accounts payable and accrued expenses			44,468.	17	46,838.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, director	rs, trust	ees, key employees,			
iab		highest compensated employees, and disqualif	ed pers	ons. Complete Part II			
-		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated thir	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D				25	16.000
	26	Total liabilities. Add lines 17 through 25	·····	37	44,468.	26	46,838.
		Organizations that follow SFAS 117, check he	ere 🕨	▲ and complete			
ces		lines 27 through 29, and lines 33 and 34.			700 120		001 674
lan	27	Unrestricted net assets			789,438. 400,314.	27	801,674. 463,322.
Ba	28	Temporarily restricted net assets			400,314.	28	403,322
pur	29			·····		29	
ц		Organizations that do not follow SFAS 117, c	neck he	ere 🕨 📖 and			
0 S	20	complete lines 30 through 34.				20	
set	30 21	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31 22	Paid-in or capital surplus, or land, building, or ec				31 32	
Net	32 22	Retained earnings, endowment, accumulated in			1,189,752.	32	1,264,996.
	33 24	Total net assets or fund balances			1,234,220.	33 34	1,311,834
	34	Total liabilities and net assets/fund balances			±,4J=,44V•	J 4	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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Form **990** (2011)

SHERWOO1

Form 990 (2011) Part X | Balance Sheet

Form	990 (2011) SHERWOOD FOREST CAMP, INC.	43-065	3401	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,232		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,172		
3	Revenue less expenses. Subtract line 2 from line 1	3			24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,189		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			20.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,264	.,9	96.
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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		_ 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	igsqc X Separate basis $igsqc D$ Consolidated basis $igsqc D$ Both consolidated and separate basis				
3a	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?		. <u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b		
			Form S	990 (2	2011)

SCHED		Pub	lic Charity St	atus a	and P	ublic	Supp	ort	ŀ	OMB No.	1545-004	47
(Form 99 Department or Internal Reven		Complet	te if the organization is 4947(a)(1) no tach to Form 990 or Fo	a section	501(c)(3) charitabl	organizat e trust.	tion or a s	ection		2U Open to Inspe		ic
Name of t	he organizati	on						E	mployer	identificati	on nu	mber
			D FOREST CAM						43	3-0653	401	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	ructions.				
The organi	ization is not a	a private foundation I	because it is: (For lines 1	I through [.]	11, check	only one b	ox.)					
1 🛄	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)					
2			0(b)(1)(A)(ii). (Attach Sc									
3	A hospital or	a cooperative hospi	tal service organization of	described	in section	170(b)(1)	(A)(iii).					
4	A medical res	search organization of	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital	's nam	e,
	city, and stat	e:										
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governr	nental uni	t describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1	1)(A)(v).					
7 X			eives a substantial part o					r from the	general	oublic desc	ribed i	n
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8	A community	r trust described in s	ection 170(b)(1)(A)(vi).	Complete	Part II.)							
9	An organizati	on that normally rec	eives: (1) more than 33 1	I/3% of its	support f	rom contri	butions, m	nembershi	p fees, ar	nd gross red	eipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	in excepti	ons, and (2) no more	than 33 1	/3% of its	support	from gross	invest	ment
	income and ι	unrelated business ta	axable income (less sect	ion 511 ta	x) from bu	isinesses a	acquired b	y the orga	inization a	after June 3	0, 197	5.
	See section	509(a)(2). (Complete	Part III.)									
10	An organizati	on organized and op	erated exclusively to te	st for publ	ic safety. S	See sectio	on 509(a)(4	+).				
11 🗌	An organizati	on organized and op	erated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes o	fone	or
	more publicly	supported organiza	tions described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2). See sec	tion 509(a)(3). Che	eck the box	that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	n 11h.						
	а 🗌 Туре I	b 🗌	Type II c	; 🗔 Тур	e III - Func	tionally int	tegrated		d	Type III - C	Other	
e 🗌	By checking	this box, I certify tha	t the organization is not	controlled	l directly o	r indirectly	/ by one or	more dis	qualified	persons oth	er tha	n
	foundation m	anagers and other th	han one or more publicly	/ supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or :	section 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III				
	supporting or	rganization, check th	is box									
g	Since August	t 17, 2006, has the o	rganization accepted ar	ny gift or co	ontributior	n from any	of the follo	owing pers	sons?			
	(i) A person	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	n (ii) and (iii) below,		Yes	No
	the gove	erning body of the su	upported organization?							11g(i)		
	(ii) A family	member of a persor	described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					. 11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
			(iii) Type of	<i>a</i>		() 511		(the			
	of supported	(ii) EIN	a second and the second		rganization sted in your	(v) Did you organizat		(vi) Is organizatio	on in col. I	(vii) Am		f
orga	inization		(described on lines 1-9		document?		r support?	(i) organiz U.S	ed in the	sup	oort	
			above or IRC section (see instructions))	· ·		., .						
			(300 113110010113))	Yes	No	Yes	No	Yes	No			
									$\left \right $			

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<u>Total</u>

Form 990 or 990-EZ.

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LHA For Paperwork Reduction Act Notice, see the Instructions for

2011.03040 SHERWOOD FOREST CAMP, INC. SHERWOO1

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990 EZ) 2011 SHERWOOD FOREST CAMP, INC.

43-0653401 Page 2

SHERWOO1

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,030,764.	829,792.	908,799.	1,045,586.	1,087,144.	4,902,085.
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	1,030,764.	829,792.	908,799.	1,045,586.	1,087,144.	4,902,085.
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)						1,328.
	Public support. Subtract line 5 from line 4.						4,900,757.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	1,030,764.	829,792.	908,799.	1,045,586.	1,087,144.	4,902,085.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	8,464.	5,207.	214.	200.	2,736.	16,821.
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.)	1,564.	-2,003.	10,277.		4,869.	14,707.
	Total support. Add lines 7 through 10						4,933,613.
	Gross receipts from related activities,		/			12	742,341.
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —
<u> </u>	organization, check this box and stor ction C. Computation of Publ	<u>here</u>	roontogo				
						44	99.33 %
	Public support percentage for 2011 (I					14	00 07
	Public support percentage from 2010					15	, -
10a	33 1/3% support test - 2011. If the c	-					
h	stop here. The organization qualifies						
ŭ	33 1/3% support test - 2010. If the c						
170	and stop here. The organization qual						
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	-	-	
h	meets the "facts-and-circumstances"	-	-	• • • •			
0	 10% -facts-and-circumstances tes more, and if the organization meets th 						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
				a, 100, 17a, 01 17k		dule A (Form 990	

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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 below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	:					
include any "unusual grants.")						
2 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	5					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, an						
3 received from disqualified persor						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 Unrelated business taxable income						
(less section 511 taxes) from businesse	:s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines 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 organization'	's first, second, thi	rd, fourth, or fifth f	tax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here					<u></u>	>
Section C. Computation of Pu						
15 Public support percentage for 201	1 (line 8, column (f) c	divided by line 13,	column (f))		15	%
16 Public support percentage from 20	10 Schedule A, Par	t III, line 15			16	%
Section D. Computation of Inv	estment Incom	ne Percentage				
17 Investment income percentage for	2011 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	m 2010 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2011. If t	he organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3% , check this boy						
b 33 1/3% support tests - 2010. If t	he organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3% , c	heck this box and s	stop here. The org	anization qualifies	as a publicly supp	ported organization	
20 Private foundation. If the organiza	tion did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in	structions	>
132023 01-24-12			16	Sc	hedule A (Form 99	0 or 990-EZ) 2011

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Schedule A

123171 05-01-11

Identification of Excess Contributions Included on Part II, Line 5

2011

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
HE MARTIN FOUNDATION	100,000.	1,328
tal Excess Contributions to Schedule A, Part II, Line 5		1,328

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Employer identification number

Name of the	organization
-------------	--------------

	SHERWOOD FOREST CAMP, INC.	43-0653401
Organization type (chec	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Employer identification number

43-0653401

SHERWOOD FOREST CAMP, INC.

 Part I
 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (a)
 (b)
 (c)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	ANONYMOUS 2708 SUTTON BOULEVARD ST. LOUIS, MO 63143	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNITED STATES DEPARTMENT OF AGRICULTURE 1301 INDEPENDENCE AVE., S.W.	\$ 45,437.	Person X Payroll Noncash
	WASHINGTON, DC 20250	\$45,437.	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	UNITED WAY 910 N. 11TH STREET ST. LOUIS, MO 63101	\$387,060.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ROBERT STOLZ 831 CELLA ROAD	\$25,000 .	Person X Payroll Noncash
	ST. LOUIS, MO 63105		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	· · · ·
	(b)		is a noncash contribution.)
No.	(b) Name, address, and ZIP + 4 VARIETY THE CHILDERN'S CHARITY OF ST. LOUIS 2200 WESTPORT PLAZA DRIVE	Total contributions	(d) Type of contribution Person Payroll Noncash X (Complete Part II if there
<u>No.</u>	(b) Name, address, and ZIP + 4 VARIETY THE CHILDERN'S CHARITY OF ST. LOUIS 2200 WESTPORT PLAZA DRIVE ST. LOUIS, MO 63146 (b) Name, address, and ZIP + 4	Total contributions \$ 28,686. (c) Total contributions \$	(d) Type of contribution.) Person Payroll Noncash X (Complete Part II if there is a noncash contribution.) (d)

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Employer identification number

43-0653401

SHERWOOD FOREST CAMP, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	2012 FORD E-350 VAN	_	
		\$\$	11/29/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 01-23-	12 1		90, 990-EZ, or 990-PF) (2

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2011.03040 SHERWOOD FOREST CAMP, INC. SHERWOO1

Name of orga	nization		Employer identification number
SHERWO	OD FOREST CAMP, INC.	ividual contributions to section 501/cV/2	43 - 0653401
Part III	year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Use duplicate copies of Part III if additio	the following line entry. For organizations of tc., contributions of \$1,000 or less for the nal space is needed.	, (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter year. (Enter this information once.) \$\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·			
		(e) Transfer of gift	-
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
- (a) Na			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
.			
123454 01-23-1	2		Schedule B (Form 990, 990-EZ, or 990-PF) (2011)
		20	

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2011.03040 SHERWOOD FOREST CAMP, INC. SHERWOO1

(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.

OMB No. 1545-0047
2011
Open to Public
Inspection

SHERWOO1

Nam	e of the organization SHERWOOD FOREST CAN	MP. INC.	Employer identification number 43-0653401
Pa			
	organization answered "Yes" to Form 990, Part IV, line		
		(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 v	vriting that the assets held in donor advise	ed funds
Ŭ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
Ŭ	for charitable purposes and not for the benefit of the donor of		•
Pa			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form o	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		
b			
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
	year ►		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	he organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherar	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		• •
	(ii) Assets included in Form 990, Part X		• •
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		• *
LHA 13205 01-23-	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2011

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2011.03040 SHERWOOD FOREST CAMP, INC.

		D FOREST C							1 Page 2
Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, c	or Other	Similar Asse	ets (cont	inued)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	t are a sigi	nificant use of its	collectio	n items
	(check all that apply):								
а	Public exhibition	c			hange progra				
b	Scholarly research	e		Other					
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	in how tl	hey further t	he organizatio	on's exem	pt purpose in Pai	t XIV.	
5	During the year, did the organization solicit of				•			-	
_	to be sold to raise funds rather than to be m							Yes	No No
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "	'Yes" to Fo	orm 990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa								
1 a	Is the organization an agent, trustee, custod							٦	
	on Form 990, Part X?						L_	∐ Yes	└── No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:					
								Amoun	t
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
1	Ending balance							Yes	No
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIV						····· L	⊥ tes	
Pa			swered	"Ves" to Fo	rm 990 Part	IV line 10			
		(a) Current year	1	Prior year	(c) Two year) Three years back	(a) Four	r years back
1a	Beginning of year balance	(a) ourient year		nor year	(c) 1110 your		y milee years back		youro buon
b	Contributions								
c	Net investment earnings, gains, and losses								
b b	Grants or scholarships								
	Other expenditures for facilities								
Ū	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the cur		ce (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment	,	%	S ²	"				
b	Permanent endowment	%							
с	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	nd administe	red for the	organization		
	by:								Yes No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations								
b	If "Yes" to 3a(ii), are the related organization								
4	Describe in Part XIV the intended uses of the	0							
Pa	rt VI Land, Buildings, and Equipm	nent. See Form 990	D, Part X	, line 10.					
	Description of property	(a) Cost or o			or other	• •	umulated	(d) Boo	k value
		basis (investr	ment)		(other)	depre	eciation		
	Land				5,545.				5,545.
	Buildings				9,897.	64	49,115.		0,782.
	Leasehold improvements				0,500.		7,618.		2,882.
	Equipment				8,173.	36	66,173.		$\frac{2,000}{0,051}$
	Other		. ·		9,951.				9,951.
Tota	I. Add lines 1a through 1e. (Column (d) must e	equai ⊢orm 990, Part	X, colur	тп (В), line 1	U(C).)		······ • •		1, 160.
							Schodula	ILLEORN	1 JULI 2011

Schedule D (Form 990) 2011

132052 01-23-12

Schedule D (Form 990) 2011 SHERWOOD FO	REST CAMP, I	INC.	43	-0653401 Page 3
Part VII Investments - Other Securities. Se				
(a) Description of security or category	(b) Book value		(c) Method of valua	
(including name of security)		Co	st or end-of-year mar	ket value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. S	ee Form 990, Part X, lin	e 13.		
(a) Description of investment type			(c) Method of valua	
(a) Description of investment type	(b) Book value	Co	st or end-of-year mar	ket 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.)			
Part X Other Liabilities. See Form 990, Part X,				
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	e 25.)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Fin 48 (ASC 740) Fournote. In Part XIV, provide the text of the footnote to Fin 48 (ASC 740).	o the órganization's financial sta	atements that reports the organ	ization's liability for uncertai	n tax positions under
132053 01-23-12				edule D (Form 990) 2011

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Sche	dule D (Form 990) 2011 SHERWOOD FOREST CAMP, INC.	•		43-0	0653401	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 t	to Audited	Financial Sta	atement	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,232,	529.
2	Total expenses (Form 990, Part IX, column (A), line 25)				1,172,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1					324.
4	Net unrealized gains (losses) on investments					
5	Donated services and use of facilities				14,	920.
6	Investment expenses				· · · ·	
7	Prior period adjustments					
8	Other (Describe in Part XIV.)					
9	Total adjustments (net). Add lines 4 through 8		9		14,	920.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a				75,	244.
	t XII Reconciliation of Revenue per Audited Financial Statem			r Return	-	
1	Total revenue, gains, and other support per audited financial statements				1,247,	449.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, ,	
a	Net unrealized gains on investments	2a				
b	Donated services and use of facilities		14,920	o.		
° C	Recoveries of prior year grants		1 -	_		
b b	Other (Describe in Part XIV.)					
e				2e	14.	920.
3	Add lines 2a through 2d Subtract line 2e from line 1				1,232,	529.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				_,,	<u></u>
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
a b	Other (Describe in Part XIV.)			_		
0				4c		0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	1,232,	
	rt XIII Reconciliation of Expenses per Audited Financial Stater	nents Wit	h Expenses p			525.
1	Total expenses and losses per audited financial statements				 1,172,	205.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				_/_/_/	
		2a				
a k	Donated services and use of facilities	- I I		_		
U a	Prior year adjustments			_		
C al	Other losses			_		
a	Other (Describe in Part XIV.)					0
e	Add lines 2a through 2d				1,172,	205
3	Subtract line 2e from line 1			3	х, х /2,	205.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :					
	Investment expenses not included on Form 990, Part VIII, line 7b			_		
	Other (Describe in Part XIV.)	40				0.
	Add lines 4a and 4b			4c	1,172,	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . rt XIV Supplemental Information			5	1,1/2,	205.
	••					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part					; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also con RT X,LINE 2:THE CAMP QUALIFIES AS A CHAH					
FAI	XI X, DINE Z: THE CAMP QUALIFIES AS A CHAP	AT I ADUE		AITON	AD	
DEI	FINED BY INTERNAL REVENUE CODE 501 (C)(3)	, AND,	ACCORDING	GLY, I	IT IS	
EXI	EMPT FROM FEDERAL INCOME TAXES UNDER INTER	RNAL RE	VENUE COI	DE SE	CTION 50	1
(A) AND SIMILAR PROVISIONS OF STATE LAW. TH	HE CAMP	FILES FI	EDERAI	Γ,	
					_	
IN	FORMATION RETURNS. THE STATUTES OF LIMITA	ATIONS	FOR INFO	RMATI	ON RETUR	NS
FI	LED FOR THE TAX YEARS ENDED DECEMBER 31, 2	2008 тн	ROUGH 202	10 HAY	VE NOT	
EXI	PIRED AND THEREFORE ARE SUBJECT TO EXAMINA	ATION.				

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Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 SHERWOOD FOREST CAMP, INC.	43-0653401 Page 5
Part XIV Supplemental Information (continued)	
THE FASB ISSUED ASC SECTION 740-10 (FORMERLY KNOWN AS FASB	INTERPRETATION
NO. 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AN	INTERPRETATION
OF FASB NO. 109. THIS INTERPRETATION CLARIFIES THE ACCOUNT	ING FOR INCOME
TAXES BY PRESCRIBING THE MINIMUM STANDARD A TAX POSITION IS	REQUIRED TO
MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS.	THE CAMP HAS
NOT TAKEN ANY UNCERTAIN TAX POSITION THAT SHOULD BE ACCOUNT	ED FOR UNDER
ASC SECTION 740-10.	

132055 01-23-12

SCHEDULE G	
------------	--

(Form 990 or 990-EZ)

Department of the Treasury	
Internal Revenue Service	

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047
2011
Open To Public Inspection

SHERWOO1

Name of the organization SHERWOC	D FOREST CAMP, INC				43-0653	entification number
	Complete if the organization answ		Yes" to	o Form 990, Part IV,	line 17. Form 990-E	Z filers are not
 Indicate whether the organization rais a Ail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, F b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individua Part VII) or entity in connection with p lividuals or entities (fundraisers) purs	tion of tion of fundra I (inclu profess	non-g gover aising ding o sional 1	overnment grants nment grants events fficers, directors, tru fundraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			. 🕨			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	oution	s or has been notifie	d it is exempt from ı	registration
LHA Paperwork Reduction Act Notice,	see the Instructions for Form 990	or 990)-EZ.		Schedule G (For	m 990 or 990-EZ) 2011

132081 01-23-12

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26 2011.03040 SHERWOOD FOREST CAMP, INC.

Dart II	Fundraising Events	Complete if the e	raonization on	owered "Ve	all to Form
Schedule G	(Form 990 or 990-EZ) 2011	SHERWOOD	FOREST	CAMP,	INC.

		of fundraising event contributions and g	ross income on Form 990		events with gross receip	ots greater than \$5,000.
			(a) Event #1 BLUE JEAN BALL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue			256 020			256 020
Re	1	Gross receipts	256,030.			256,030.
	2	Less: Charitable contributions	204,244.			204,244.
	3	Gross income (line 1 minus line 2)	51,786.			51,786.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				51,786.
		Direct expense summary. Add lines 4 throug	h 9 in column (d)			(51,786,
Da	11 art	Net income summary. Combine line 3, colum	nn (d), and line 10	000 Dart IV/ line 10, etc		0.
16		\$15,000 on Form 990-EZ, line 6a.	answered res toronn	1990, Fait IV, iii e 19, 01	reported more than	
Revenue		••••••••••••••••••••••••••••••••••••••	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes%	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			()
	8	Net gaming income summary. Combine line	1. column d. and line 7		▶	
	-		.,			•
		ter the state(s) in which the organization opera	· · · _			
		the organization licensed to operate gaming a No," explain:				Yes No
N	, 11					
		ere any of the organization's gaming licenses r Yes," explain:			year?	Yes No
1200		1-23-12			Sobodulo C /Co	rm 990 or 990-EZ) 2011
.020	<u> </u>					

Sche	edule G (Form 990 or 990-EZ) 2011 SHERWOOD FOREST CAMP, INC. 4	<u>3-06</u>	5340	1 Page
	Does the organization operate gaming activities with nonmembers?	L	Yes	
	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	5 🗆 M
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility		13a	
	An outside facility		I3b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address	г		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	5 🗆 N
b	If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright and the amount of gaming revenue retained by the third party \triangleright \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name 🕨			
	Gaming manager compensation \$			
	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?	L	Yes	5 L I
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t			
De	organization's own exempt activities during the tax year s	()	1()	
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform			
				detions).
3208	33 01-23-12 Schedule G (28	Form 9	90 or 9	90-EZ) 20
60)319 797287 SHERWOOD 2011.03040 SHERWOOD FOREST CAMP, I	NC.	SH	ERWOO

SCHEDULE M	
(Form 990)	

Noncash Contributions

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

-- ---- ---- ----

Employer identification number 43 - 0653401

	SHERWOOD FOR	EST CA	MP, INC.			43-06	53	401	
Pa	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1		(d) Method of dete ncash contributio		-	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles	Х	1	28,696.	FMV				
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures				_				
14	Qualified conservation contribution - Other				_				
15	Real estate - Residential				_				
16	Real estate - Commercial				_				
17	Real estate - Other				_				
18	Collectibles				_				
19	Food inventory				_				
20	Drugs and medical supplies				_				
21	Taxidermy				_				
22	Historical artifacts				_				
23	Scientific specimens				_				
24	Archeological artifacts	37	1	0 4 2 0					
25	Other \blacktriangleright (BUILDING MATE)	X		9,428.	FMV				
26	Other (PLUMBING SUPP)	Х	1	4,090.	FMV				
27	Other ()				_				
28	Other ()								
29	Number of Forms 8283 received by the organiz							0	
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement 29				Yes	
20-	During the year did the experimetion receive h	. contributio	n on corrections	ported in Dort L lines 1 00	hat it mus			res	NO
sua	During the year, did the organization receive by at least three years from the date of the initial of								
							20.0		x
h	the entire holding period?					·····	30a		
ы 31	Does the organization have a gift acceptance p	olicy that r	equires the review	of any non-standard cont	ibutions?		31	x	
	Does the organization hire or use third parties of	-	-	•		·····	51		
JLa	· · · · ·		-		1 ונ		32a		x
h	contributions? If "Yes," describe in Part II.					F	JEa		
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is	checked				
	describe in Part II.	23101111 (0) 1							

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

Schedule M (Form 990) (2011)

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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. Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Name of the organization

SHERWOOD FOREST CAMP, INC.

Employer identification number 43-0653401

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

CAMPS IN WHICH OUTDOOR EDUCATION AND WEEKEND RETREATS ARE OFFERED TO

FINANCIALLY DISADVANTAGED CHILDREN.

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.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIALS STATEMENTS

AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

 FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

 DONATED SERVICES AND USE OF FACILITIES:
 14,920.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2011)

 30

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 2011.03040 SHERWOOD FOREST CAMP, INC. SHERWOOI

Form 990-T	Exempt Organizat	ky tax under se	ction 6033(e))		2011	
Department of the Treasury Internal Revenue Service	For calendar year 2011 or other tax year beginning	-	, and ending		Open to Public Inspecti 501(c)(3) Organizations	
A Check box if	Name of organization (Checl	k box if name changed	and see instructions.)	DE	Employer identification numb Employees' trust, see	
address changed						
B Exempt under section					43-0653401	
X 501(C)(3)	Or Number, street, and room or suite		structions.		Jnrelated business activity c See instructions.)	
408(e) 220(e	2708 SUPPON BOUN	LEVARD				
408A 530(a		c > 1 / 2				
529(a)		63143				
Book value of all assets at end of year	F Group exemption number (See instruction	,			Othernsteinet	
-	G Check organization type ► X 50	I(c) corporation	501(c) trust	401(a) trust	Other trust	
1,311,834.	on's primary unrelated business activity.					
	s the corporation a subsidiary in an affiliated g	roup or a parent cubci	diany controlled group?		Yes No	
	and identifying number of the parent corporation		ulary controlled group?			
	of MARY ROGERS	.1011.	Telenh	one number 🕨 31	4-644-3322	
	ed Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1a Gross receipts or sa			()	(-)	(-)	
b Less returns and all		ce ► 1c				
	(Schedule A, line 7)					
	ct line 2 from line 1c					
•	ome (attach Schedule D)					
	m 4797, Part II, line 17) (attach Form 4797)					
	on for trusts					
	partnerships and S corporations (attach stater					
	Jule C)					
	nced income (Schedule E)					
	oyalties, and rents from controlled organizatio					
9 Investment income	of a section 501(c)(7), (9), or (17) organization	n				
	tivity income (Schedule I)					
	(Schedule J)					
2 Other income (See	nstructions; attach schedule.)	12				
	es 3 through 12		0.			
	ons Not Taken Elsewhere (See in					
(Except fo	r contributions, deductions must be direc	tly connected with t	the unrelated busines	s income.)		
	officers, directors, and trustees (Schedule K)				14	
	3				15	
	enance				16	
					17	
	nedule)				18	
9 Taxes and licenses				······ [1	19	
	itions (See instructions for limitation rules.)				20	
	h Form 4562)				a h	
	claimed on Schedule A and elsewhere on retur				2b	
					23	
	eferred compensation plans				24	
	programs				25	
	penses (Schedule I)				26	
	costs (Schedule J)				28	
	attach schedule) I s. Add lines 14 through 28				28	
	s taxable income before net operating loss ded				30	
	deduction (limited to the amount on line 30)				31	
	s taxable income before specific deduction. Su				32	
	(Generally \$1,000, but see instructions for exc				33 1,00	
	ness taxable income. Subtract line 33 from					
	less taxable income autoraci une aa uuuu	line 32. If line 33 is an				
4 Unrelated busin	less taxable income. Subtract line 35 iron	-			34	

Form 990-T (20		SHERWOOD		CAMP,	INC.
Part III	Tax	x Computation	า		

35	Organizations Taxable as Corporations. See instructions for tax computation.											
	Controlled group members (sections 1561 and 1563) check here Sections and:											
a	Enter	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):										
	(1)											
b		ter organization's share of: (1) Additional 5% tax (not more than \$11,750) $ $ \$										
		Additional 3% tax (not more th										
С]	► 35c			0.
	 Income tax on the amount on line 34 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 											
37	Tax rate schedule or Schedule D (Form 1041) Proxy tax. See instructions Image: Comparison of the second									+		
										+		
39	 38 Alternative minimum tax 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 									+		0.
		Tax and Payments	00 01 00, Which						00	1		
		gn tax credit (corporations att	ach Form 1118	trusts attach Fo	rm 1116)		40a					
		r credits (see instructions)							_			
	Gono	ral husiness credit Attach For					400		_			
d d	General business credit. Attach Form 3800 400								_			
	d Credit for prior year minimum tax (attach Form 8801 or 8827)								40.0			
	Cubt	raat line 40a from line 20	JII 400						40e 41	+		0.
41	Othor	ract line 40e from line 39 r taxes. Check if from: 🛄 Fo					~ 0000] Other ()	41			0.
42												0.
43	Tota	I tax. Add lines 41 and 42							43	-		0.
		nents: A 2010 overpayment c							_			
D	2011	estimated tax payments					44b		_			
C		leposited with Form 8868					44c		_			
		gn organizations: Tax paid or							_			
e	e Backup withholding (see instructions) 44e								~			
	f Credit for small employer health insurance premiums (Attach Form 8941) 44f 5, 239.								9.			
g												
		Form 4136		Other			► 44g				E O	20
	Tota	I payments. Add lines 44a thro	ough 44g						45		5,2	39.
46												
47	 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 										<u> </u>	20
48						unt overpaid					5,2	
49		the amount of line 48 you wa				har Infarm	otion (Refunded	▶ 49		5,2	39.
Part \		Statements Regardi									No.	
	-	ne during the 2011 calendar ye				-		-			Yes	No
		curities, or other) in a foreign (e to file Form TL	JF 90-22.1,	Report of Foreign B	ank and			v
2 Duri	ancial i na the	ccounts. If YES, enter the name of the foreign country here x year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? structions for other forms the organization may have to file.										X X
-												A
		amount of tax-exempt interest		Ū	, ,		7 / 7					
-		A - Cost of Goods S	1 1	nethod of inven						1		
		at beginning of year	1						6	-		
	chase		2 7 Cost of goods sold. Subtract line 6									
3 Cos	ost of labor 3 from line 5. Enter here and in Part I, line 2 7											
	Additional section 263A costs 4a 8 Do the rules of section 263A (with respect to								Yes	No		
	Other costs (attach schedule) 4b property produced or acquired for resale) apply to									37		
5 Tot		d lines 1 through 4b nder penalties of perjury, I declare t	5	ad this voture is also		e organization?		in and to the best of m				X
Sign	co	prrect, and complete. Declaration of	preparer (other th	an taxpayer) is base	ed on all info	ormation of which p	preparer has ar	iy knowledge.	/ KIIOwieuge	and belief, it i	s true,	
Here											nis return v	with
		Signature of officer Date EXECUTIVE DIRECTOR								rer shown bel		¬
		-				- The				ns)? X Y	es	No
		Print/Type preparer's name Preparer's signature Date Check							_ if PT	IN		
Paid		BRENT E. MCCLURE									1012	
Preparer Use Only												
		Firm's name ► KERBER, ECK & BRAECKEL LLP								13-035	1728	С
	-	ONE MEMORIAL DRIVE STE 950 Firm's address ► ST. LOUIS, MO 63102 Phone no.							21/	1 991	677	n
			TOOTS	, mu 031	.04			Phone no.	. JI4	1-231-		
123711 02	2-24-12					33				Form 9	-90-I ((2011

13360319 797287 SHERWOOD

2011.03040 SHERWOOD FOREST CAMP, INC. SHERWOO1

Page **2**

43-0653401

Form	8941
	ent of the Treasury evenue Service

Credit for Small Employer Health Insurance Premiums

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

OMB No. 1545-2198

Name(s) shown on return

2

3

4

5

6 7

9

10

11

14

15

18

19

Attach to your tax return.

Attachment Sequence No. 63 Identifying number 43-0653401 SHERWOOD FOREST CAMP, INC. 1 Enter the number of individuals you employed during the tax year who are considered employees for 13 purposes of this credit (see instructions) 1 Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 11 25 or more, skip lines 3 through 11 and enter -0- on line 12 2 Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip 36,000. lines 4 through 11 and enter -0- on line 12 3 Premiums you paid during the tax year for employees included on line 1 for health insurance coverage 42,481. under a qualifying arrangement (see instructions) 4 Premiums you would have entered on line 4 if the total premium for each employee equaled the average 44,151. premium for the small group market in which you offered health insurance coverage (see instructions) 5 42,481. Enter the smaller of line 4 or line 5 6 Multiply line 6 by the applicable percentage: Tax-exempt small employers, multiply line 6 by 25% (.25) 10,620. All other small employers, multiply line 6 by 35% (.35) 7 9,912. 8 If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions 8 5,239. If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions 9 Enter the total amount of any state premium subsidies paid and any state tax credits available to you for 10 premiums included on line 4 (see instructions) 42,481. Subtract line 10 from line 4. If zero or less, enter -0-11 5,239. 12 Enter the smaller of line 9 or line 11 12 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 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying 6 arrangement (see instructions) 13 Enter the number of full-time equivalent employees you would have entered on line 2 if you only included 5 employees included on line 13 14 Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions) 15 16 Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. 5,239. All others, stop here and report this amount on Form 3800, line 4h 16 17 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) 17 Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on 18 Form 3800, line 4h Enter the amount you paid in 2011 for taxes considered payroll taxes for purposes of this credit (see

71,168. instructions) 19 20 Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, 5,239. 20 line 44f Form 8941 (2011) LHA For Paperwork Reduction Act Notice, see separate instructions.

123001 12-21-11