# Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2014

pon to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

ΑI	or the	2014 calend	ar year, or tax year beginning , 2014, and ending		, 20			
В	Check if ap	oplicable:	ployer i	dentification number				
	Address c	change	4	47-2125590				
	Name cha	ange	lephone r	number				
=	Initial retu	323-45-22726						
=	Finai retur Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	oup Exe	emption			
=		n pending	Brookline, MA 02446	umber	<b>&gt;</b>			
G	Account	ting Method:	✓ Cash Accrual Other (specify) ► H Chec	< ▶ □	if the organization is <b>not</b>			
1.1	Vebsite	www.			tach Schedule B			
JΤ	ax-exen	npt status (che	eck only one) —   501(c)(3) □ 501(c) ( )   (insert no.) □ 4947(a)(1) or □ 527 (Form	990, 99	90-EZ, or 990-PF).			
			Corporation Trust Association Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse	S				
(Pa	rt II, col	umn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ 5	\$			
Ρ	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uction	s for Part I)			
			the organization used Schedule O to respond to any question in this Part I		•			
	1		ons, gifts, grants, and similar amounts received		6565			
	2		ervice revenue including government fees and contracts	2	0			
	3	_	ip dues and assessments	3	0			
	4	Investmen	t income	4	3			
	5a	Gross amo	ount from sale of assets other than inventory   5a	0				
	b	Less: cost	or other basis and sales expenses	0				
	с 6	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0			
O)	а	Gross income from gaming (attach Schedule G if greater than \$15,000)						
'n	h			4				
Revenue	b		ome from fundraising events (not including \$of contributions raising events reported on line 1) (attach Schedule G if the					
Œ			ch gross income and contributions exceeds \$15,000)   6b	24				
			ot expenses from gaming and fundraising events 6c	0				
	d		e or (loss) from gaming and fundraising events e or and 6b and subtractions are subtractions.					
		line 6c)		6d	6204			
	7a		s of inventory, less returns and allowances	0				
	b		of goods sold	0 _				
	C	-	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0			
	8		nue (describe in Schedule O)	8	0			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	12772			
	10		d similar amounts paid (list in Schedule O)	10	0			
	11		aid to or for members	11	0 0			
Expenses	12		ther compensation, and employee benefits	12				
en	13		al fees and other payments to independent contractors	13	100			
×	14		y, rent, utilities, and maintenance	14	2588			
ш	15		ublications, postage, and shipping	15	0			
	16		enses (describe in Schedule O)	16	1196			
	17		enses. Add lines 10 through 16	17	3884			
ţţ	18		(deficit) for the year (Subtract line 17 from line 9)	18	8888			
SSE	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with ar figure reported on prior year's return)		_			
Net Assets	00			19	0			
Z	20		nges in net assets or fund balances (explain in Schedule O)	20	0			
_	21	ivet assets	or fund balances at end of year. Combine lines 18 through 20 ▶	21	8888			

Form 990-EZ (2014) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II . . . . (A) Beginning of year (B) End of year 8888 22 Cash, savings, and investments 0 22 0 23 23 Land and buildings . . . . . 0 24 Other assets (describe in Schedule O) 0 24 0 0 25 8888 25 Total assets . . . . . . . Total liabilities (describe in Schedule O) 26 0 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0 27 8888 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any guestion in this Part III (Required for section Free summer camp for children with cancer & survivors What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. We have paid the down-payment for rental of the 100% accessible YMCA Berkshire Outdoor Center in Becket, MA, for our inaugural session of camp, to be held August 24-28, 2015. 2588 ) If this amount includes foreign grants, check here 28a (Grants \$ We have gotten 501(c)(3) status, incorporated in the state of Massachusetts, registered as a charity, and received permission to solicit funds. 29a 1100 (Grants \$ ) If this amount includes foreign grants, check here . We have built a website to spread awareness of our cause, to inform potential campers and their parents of our mission and of our team members, and to continue to fund-raise through online donations. (Grants \$ ) If this amount includes foreign grants, check here 30a 96 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here 31a 0 3784 32 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation 30 Erin Fletcher Chief Executive Offier 0 10 Whitney Silkworth **Chief Operating Officer** 0 Yi-Jang Lin Chief Financial Officer 0 Michael Goldberg Clerk 0 Part V

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . . . 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . . . . . . . . . . . . . . 36 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ | 37a | 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . 39 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 . . . . . . . . . . . . . . . . . 39a Gross receipts, included on line 9, for public use of club facilities . . . . . . . . . Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ► 0 ; section 4955 ► Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . . . . . . . . . . . . . ▶ 0 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e List the states with which a copy of this return is filed ► Massachusetts 41 **42a** The organization's books are in care of ▶ Erin Fletcher 323-45-22726 Telephone no. ▶ 02446 Located at ► PO Box 153, Brookline MA ZIP + 4 ▶ **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . . Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . 45a 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," Form 990 and Schedule R may need to be completed instead of 45b

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Page 3

orm 990	J-EZ (20	114)								P	age 🖣
										Yes	No
46	Did th	ne organization engage, directly or ir	ndirectly, in political c	ampaign activities	on behalf	of or i	n opposit	tion [			
		ndidates for public office? If "Yes," o							46		/
Part \		Section 501(c)(3) organizations	·								
		All section 501(c)(3) organization		stions 47_49h an	nd 52 and	d com	nolete th	e tahl	as fo	or line	20
		50 and 51.	o maoi anower que	5110115 47 405 ai	ia 02, am	u 0011	ipicto tin	C tabl	00 10	) III IC	
			ll - O +			L \ /I					
		Check if the organization used Sch	neaule O to respond	to any question i	n this Par	t VI			• •		ᆜᆜ
								_		Yes	No
		ne organization engage in lobbying		section 501(h) elec	ction in eff	ect du	uring the	tax			
	year?	If "Yes," complete Schedule C, Part	tll					.	47		1
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization?							48		1		
						. [4	49a		1		
							49b				
		plete this table for the organization's								es and	d kev
		byees) who each received more than									u 110)
	J		<del>-</del>			lealth b		-, -, -, -, -, -, -, -, -, -, -, -, -, -			
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable			employee	(e) Est	imate	d amou	ınt of
	(a)	Name and title of each employee	devoted to position	compensation (Forms W-2/1099-MIS			nd deferred	othe	r com	pensati	ion
			<u>'</u>	`	, co	ompens	ation				
None											
51	Comp	number of other employees paid over	s five highest compe	ensated independe	ent contra	 ctors v	who each	ı recei	ved	more	than
	\$100,	000 of compensation from the orga	nization. If there is no	ne, enter inone.							
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	service		(c)	Compe	nsatio	on	
None											
None											
				1							
d	Total	number of other independent contra	actors each receiving	over \$100.000 .	. ▶						
		he organization complete Schedu	•		nanization	ne mu	et attack	າ ຈ			
		I a taral O a la a alcela A			_			.▶	Vec		No
	<u> </u>										
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than						iowieag	e and	bellet,	IT IS
, 50.1		, and the second	,		, 10	T	•				
Oi		Oleman of ""				<u> </u>					
Sign		Signature of officer				Date					
Here		Erin Fletcher, Chief Executive Officer	•								
		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if P	TIN		
	arar l						self-emplo				
Prepa		Firm's name ▶	-			Firm's	EIN ▶				
Use C	חוא	Firm's address ►				Phone					
Mav th	e IRS	discuss this return with the preparer	shown above? See i	nstructions		_ PHONE	. IIU.	ightharpoonup	Yes		No.
	J 11 10	allegate the retain with the proparer	5.15 mm above 1					-	. 62	1 1 1	10

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

# **Public Charity Status and Public Support**

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

OMB No. 1545-0047

	O see a les					Employer identification	
	Casco, Inc.	rity Ctatus (All	ergenizations must	- comple	to thin n	47-21:	
Par						<u> </u>	ons.
1 ne c	organization is not a private founda				_	•	
2							
3	☐ A hospital or a cooperative ho			n <b>sectio</b> i	170(b)(	1)(Δ)(iii)	
4	A medical research organization hospital's name, city, and stat	on operated in co					(iii). Enter the
5	☐ An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local gover  ✓ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described i	n <b>section 170(b</b> )	)(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exceptio ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10 11	<ul> <li>☐ An organization organized and</li> <li>☐ An organization organized and</li> <li>one or more publicly supported</li> <li>the box in lines 11a through 11</li> </ul>	operated exclusi	ively for the benefit of, lescribed in <b>section 5</b>	to perfor <b>09(a)(1)</b> c	m the fur	actions of, or to carry 509(a)(2). See secti	i <b>on 509(a)(3).</b> Checl
а	☐ Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to re	egularly appoint or ele				
b	<b>Type II</b> . A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). <b>You must complete Part IV, Sections A and C</b> .						
С	Type III functionally integra its supported organization(s)						y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distribut	on requirement and	
е	Check this box if the organiz functionally integrated, or Ty						I, Type III
f	Enter the number of supported	organizations .					
g	Provide the following information	n about the supp	orted organization(s).	•			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(see ilistructions))	Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	ı						

18

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 12772 12772 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 12772 4 12772 The portion of total contributions by 5 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) . . . . 600 **Public support.** Subtract line 5 from line 4. 12172 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 . . . . . . 0 12772 12772 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . . 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . **Total support.** Add lines 7 through 10 12772 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) . . . . . 14 % Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

# 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.)

<u> </u>	in the organization rails to quality	under the te	sts listed bei	ow, piease co	implete Fart	11.)	
	on A. Public Support		T				
	dar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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 businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	•	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he	re					▶ □
Secti	on C. Computation of Public Suppor				_		
15	Public support percentage for 2014 (line 8					15	%
16	Public support percentage from 2013 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2014 (			-			%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box		=	-		_	_
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this I	_	=		-		
20	<b>Private foundation.</b> If the organization di	d not check a	box on line 14	19a or 19h	check this hox	and see instru	ctions

# Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
h	was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</i> "Yes," <i>provide detail in Part VI.</i>			
7		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	1		
Ū	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	 s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructi	ons).
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that those activities constituted substantially all of its activities.			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	,		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Page **6** 

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization or the containing or the containing organization organization or the containing organization or the c			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
<ul> <li>6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</li> <li>7 Other expenses (see instructions)</li> </ul>	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount</b> . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-in	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions		, ,	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	<b>Excess distributions carryover to 2015</b> . Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Part VI	Form 990 or 990-EZ) 2014  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and
art vi	Part III, line 12. Also complete this part for any additional information. (See instructions.)
	Tartin, line 12. Also complete this part for any additional information. (See instructions.)

## Schedule B

(Form 990, 990-EZ. or 990-PF)

**Schedule of Contributors** 

**Employer identification number** 47 0405500

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Camp Ca	asco, inc.		47-2120090			
Organiz	zation type (check o	ne):				
Filers o	of:	Section:				
Form 99	90 or 990-EZ					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for	undation			
		☐ 527 political organization				
Form 99	90-PF	☐ 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundate	ation			
		☐ 501(c)(3) taxable private foundation				
Note. Construct	ions.	7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule. See			
Genera ☑	For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, con or property) from any one contributor. Complete Parts I and II. See inst				
Special						
оросіа						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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.					
	contributor, during	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, total contributions of more than \$1,000 exclusively for religious hal purposes, or for the prevention of cruelty to children or animals. Con	s, charitable, scientific,			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organizationEmployer identification numberCamp Casco, Inc.47-2125590

Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6204	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organizationEmployer identification numberCamp Casco, Inc.47-2125590

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) None (a) No. (c) (b) (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given **Date received** (see instructions) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions)

Name of organization

Employer identification number

Camp Case	co, Inc.			47-2125590					
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the y the following line entry. For organizations contributions of \$1,000 or less for the year	rear from any one completing Part III, r. (Enter this inform	contributor. Complete enter the total of exclusionation once. See instruc	e columns (a) through (e) and sively religious, charitable, etc.,					
(-) N -	Use duplicate copies of Part III if additiona	l space is needed.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft (d) De	escription of how gift is held					
	T	(e) Transfer o							
	Transferee's name, address, and ZIP	+ 4	Helationship of tr	ansferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft (d) De	escription 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 o		ft (d) De	escription of how gift is held					
		(e) Transfer of gift							
	Transferee's name, address, and ZIP			ansferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft (d) De	escription of how gift is held					
-	(e) Transfer of gift								
	Transferee's name, address, and ZIP	+ 4	Relationship of transferor to transferee						

## **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Schedule B (Form 990, 990-EZ, or 990-PF), such as legislation enacted after the schedule and its instructions were published, go to <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

**Note.** Terms in **bold** are defined in the *Glossary* of the Instructions for Form 990.

# **Purpose of Schedule**

Schedule B (Form 990, 990-EZ, or 990-PF) is used to provide information on contributions the organization reported on:

- Form 990, Return of Organization Exempt from Income Tax, Part VIII, Statement of Revenue, line 1;
- Form 990-EZ, Short Form Return of Organization Exempt from Income Tax, Part I, line 1; or
- Form 990-PF, Return of Private Foundation, Part I, line 1.

#### Who Must File

Every organization must complete and attach Schedule B to its Form 990, 990-EZ, or 990-PF, unless it certifies that it does not meet the filing requirements of this schedule by taking the following action:

- Answering "No" on Form 990, Part IV, Checklist of Required Schedules, line 2, or
- Checking the box on
  - Form 990-EZ, line H, or
  - Form 990-PF, Part I, Analysis of Revenue and Expenses, line 2.

See the separate instructions for these lines on those forms.

If an organization is not required to file Form 990, 990-EZ, or 990-PF but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

#### **Accounting Method**

When completing Schedule B (Form 990, 990-EZ, or 990-PF), the organization must use the same accounting method it checked on Form 990, Part XII, *Financial Statements and Reporting*, line 1; Form 990-EZ, line G; or Form 990-PF, line J.

## **Public Inspection**

**Note.** Do not include social security numbers of contributors as this information may be made public.

- Schedule B is open to public inspection for an organization that files Form 990-PF.
- Schedule B is open to public inspection for a section 527 political organization that files Form 990 or 990-EZ.
- For all other organizations that file Form 990 or 990-EZ, the names and addresses of contributors are not required to be made available for public inspection. All other information, including the amount of contributions, the description of noncash contributions, and any other information, is required to be made available for public inspection unless it clearly identifies the contributor.

If an organization files a copy of Form 990 or 990-EZ, and attachments, with any state, it should not include its Schedule B (Form 990, 990-EZ, or 990-PF) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might inadvertently make the schedule available for public inspection along with the rest of the Form 990 or 990-EZ.

See the Instructions for Form 990, 990-EZ, or 990-PF for information on telephone assistance and the public inspection rules for these forms and their attachments.

# Contributors to be Listed on Part I

A contributor (person) includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations. In addition, section 509(a)(2), 170(b)(1)(A)(iv), and 170(b)(1)(A)(vi) organizations must also report **governmental units** as contributors.

#### Contributions

Contributions reportable on Schedule B (Form 990, 990-EZ, or 990-PF) are contributions, grants, bequests, devises, and gifts of money or property, whether or not for charitable purposes. For example, political contributions to section 527 political organizations are included. Contributions do not include fees for the performance of services. See the Instructions for Form 990, Part VIII, line 1, for more detailed information on contributions.

#### **General Rule**

Unless the organization is covered by one of the *Special Rules* below, it must list in Part I every contributor who, during the year, gave the organization, directly or indirectly, money, **securities**, or any other type of property that total \$5,000 or more for the organization's **tax year**. In determining the total amount,

separate and independent gifts of less than \$1,000 can be disregarded.

Include each contribution included on Form 990, Part VIII, line 1, in calculating a contributor's total contributions and determining whether that contributor must be reported on Schedule B under this General Rule (or one of the following Special Rules, if applicable). For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property in Part VIII, line 1, it must include the value of that contribution in calculating whether the contributor meets the General Rule (or one of the Special Rules, if applicable), even if the organization did not receive the property during the tax year.

## Special Rules

Section 501(c)(3) organizations that file Form 990 or 990-EZ. For an organization described in section 501(c)(3) that meets the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and not just the 10% support test (whether or not the organization is otherwise described in section 170(b)(1)(A)), list in Part I only those contributors whose contribution of \$5,000 or more during the tax year is greater than 2% of the amount reported on Form 990, Part VIII, line 1h(A), or Form 990-EZ, line 1. An organization that claims the benefit of this special rule must either (1) establish on Schedule A (Form 990 or 990-EZ), Part II, that it met the 331/3% support test for the current year or prior year, or (2) check the box on Schedule A (Form 990 or 990-EZ), Part I, line 7 or 8, and the box on Schedule A, Part II, line 13, as a section 170(b)(1)(A) (vi) organization in its first five years.

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on Form 990, Part VIII, line 1h. The organization is only required to list in Parts I and II of its Schedule B each person who contributed more than the greater of \$5,000 or 2% of \$700,000 (\$14,000) during the tax year. Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization was greater than \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For contributions to these social and recreational clubs, fraternal beneficiary and domestic fraternal societies, orders, or associations that were not for an exclusively religious, charitable, etc., purpose, list in Part I each contributor who contributed \$5,000 or more during the tax year, as described under *General Rule*, earlier.

For contributions to a section 501(c)(7), (8), or (10) organization received for use exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)), list in Part I each contributor whose aggregate contributions for an exclusively religious, charitable, etc., purpose were more than \$1,000 during the tax year. To determine the more-than-\$1,000 amount, total all of a contributor's gifts for the tax year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that listed an exclusively religious, charitable, etc., contribution in Part I or II must also complete Part III to provide further information on such contributions of more than \$1,000 during the tax year and show the total amount received from such contributions that were for \$1,000 or less during the tax year.

However, if a section 501(c)(7), (8), or (10) organization did not receive total contributions of more than \$1,000 from a single contributor during the tax year for exclusively religious, charitable, etc., purposes and consequently was not required to complete Parts I through III with respect to these contributions, it need only check the third *Special Rules* box on the front of Schedule B and enter, in the space provided, the total contributions it received during the tax year for an exclusively religious, charitable, etc., purpose.

# **Specific Instructions**



Do not attach substitutes for Schedule B or attachments to Schedule B with information on contributors. Parts I, II,

and III of Schedule B may be duplicated as needed to provide adequate space for listing all contributors. Number each page of each part (for example, Page 2 of 5, Part II).

Part I. In column (a), identify the first contributor listed as No. 1 and the second contributor as No. 2, etc. Number consecutively. In column (b), enter the contributor's name, address, and ZIP code. Identify a donor as "anonymous" only if the organization does not know the donor's identity. In column (c), enter the amount of total contributions for the tax year for the contributor listed.

In column (d), check the type of contribution. Check all that apply for the contributor listed. If a *cash contribution* came directly from a contributor (other than through payroll deduction), check the "Person" box. A cash contribution

includes contributions paid by cash, credit card, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

If an **employee's** cash contribution was forwarded by an employer (indirect contribution), check the "Payroll" box. If an employer withholds contributions from employees' pay and periodically gives them to the organization, report only the employer's name and address and the total amount given unless you know that a particular employee gave enough to be listed separately.

Check the "Noncash" box in column (d) for any contribution of property other than cash during the tax year, and complete Part II of this schedule. For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property on Form 990, Part VIII, line 1g, it must check the "Noncash" box and complete Part II even if the organization did not receive the property during the tax year.

For a section 527 organization that files a Form 8871, Political Organization Notice of Section 527 Status, the names and addresses of contributors that are not reported on Form 8872, Political Organization Report of Contributions and Expenditures, do not need to be reported in Part I if the organization paid the amount specified by section 527(j)(1). In this case, enter "Pd. 527(j)(1)" in column (b) instead of a name, address, and ZIP code; but you must enter the amount of contributions in column (c).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. In column (b), describe the **noncash contribution** received by the organization during the tax year, regardless of the value of that noncash contribution. Note the public inspection rules discussed earlier.

In columns (c) and (d), report property with readily determinable market value (for example, marked quotations for securities) by listing its fair market value (FMV). If the organization immediately sells securities contributed to the organization (including through a broker or agent), the contribution still must be reported as a gift of property (rather than cash) in the amount of the net proceeds plus the broker's fees and expenses. See the Instructions for Form 990, Part VIII, line 1g, which provide an example to illustrate this point. If the property is not immediately sold, measure market value of marketable securities registered and listed on a recognized securities exchange by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and

asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When FMV cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution subject to an outstanding debt, subtract the debt from the property's FMV. Enter the date the property was received by the organization, but only if the donor has fully given up use and enjoyment of the property at that time.

The organization must report the value of any qualified conservation contributions and contributions of conservation easements listed in Part II consistently with how it reports revenue from such contributions in its books, records, and financial statements and in Form 990, Part VIII, Statement of Revenue.

For more information on noncash contributions, see the instructions for Schedule M (Form 990), Noncash Contributions.

If the organization received a partially completed Form 8283, Noncash Charitable Contributions, from a donor, complete it and return it so the donor can get a charitable contribution deduction. Keep a copy for your records.

Original (first) and successor donee (recipient) organizations must file Form 8282, Donee Information Return, if they sell, exchange, consume, or otherwise dispose of (with or without consideration) charitable deduction property (property other than money or certain publicly traded securities) within 3 years after the date the original donee received the property.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions for use exclusively for religious, charitable, etc., purposes during the tax year must complete Parts I through III for each person whose gifts totaled more than \$1,000 during the tax year. Show also, in the heading of Part III, the total of gifts to these organizations that were \$1,000 or less for the tax year and were for exclusively religious, charitable, etc., purposes. Complete this information only on the first Part III page if you use duplicate copies of Part III.

If an amount is set aside for an exclusively religious, charitable, etc., purpose, show in column (d) how the amount is held (for example, whether it is commingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

## **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Part I, line 16 - Other expenses are broken down as follows.	
\$96 - Squarespace website fee	
\$100 - P.O. Box rental	
\$100 - Charity registration fee	
\$50 - Solicitation fee	
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323-45-22726	
www.campcasco.org	
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