

Form **990**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YMCA CAMP BELKNAP, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 1546, 172 GOVERNOR WENTWORTH H City or town, state or province, country, and ZIP or foreign postal code WOLFEBORO, NH 03894 F Name and address of principal officer: JOHN WILKINS SAME AS C ABOVE	D Employer identification number 04-3356887 E Telephone number 603-569-1732 G Gross receipts \$ 3,014,273. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CAMPBELKNAP.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1903		M State of legal domicile: NH

Part I Summary

1	Briefly describe the organization's mission or most significant activities: IT IS THE MISSION OF YMCA CAMP BELKNAP TO PRESEVE THE UNIQUE PHYSICAL AND SPIRITUAL ENVIRONMENT		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	87
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year 313,408.	Current Year 947,255.
9	Program service revenue (Part VIII, line 2g)	1,716,449.	1,790,698.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,255.	44,029.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,286.	33,933.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,077,398.	2,815,915.
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.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	809,535.	764,339.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 53,081.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,202,589.	1,149,599.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,012,124.	1,913,938.
19	Revenue less expenses. Subtract line 18 from line 12	65,274.	901,977.
20	Total assets (Part X, line 16)	Beginning of Current Year 7,637,326.	End of Year 8,448,913.
21	Total liabilities (Part X, line 26)	862,741.	701,200.
22	Net assets or fund balances. Subtract line 21 from line 20	6,774,585.	7,747,713.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JOHN WILKINS, PRESIDENT Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name JOHN J. DAIGNEAULT, CPA	Preparer's signature _____	Date 03/14/16	Check if self-employed <input type="checkbox"/>	PTIN P00433512
	Firm's name ▶ LEONE, MCDONNELL & ROBERTS, P.A.	Firm's EIN ▶ 02-0417217			
	Firm's address ▶ 645 SOUTH MAIN STREET WOLFEBORO, NH 03894		Phone no. 603-569-1953		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO PRESERVE THE UNIQUE PHYSICAL AND SPIRITUAL ENVIRONMENT WHERE YOUNG MEN MAY FOREVER BUILD STRONG CHARACTER, SELF ESTEEM, INDIVIDUAL MATURITY AND COMMUNITY RESPONSIBILITY; TO ACQUIRE FOR LIFE THE SKILL OF LEADERSHIP AND THE VALUE OF GOOD STEWARDSHIP; TO HONOR THE HISTORY

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] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 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 \$ 1,595,987. including grants of \$) (Revenue \$ 1,868,660.) SUMMER CAMP PROGRAM INCLUDING ALL RECREATIONAL EDUCATIONAL, AND SPIRITUAL PROGRAMS

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 1,595,987.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	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 similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b 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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions and numerical inputs.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (24); 1b Enter the number of voting members included in line 1a, above, who are independent (23); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NH
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 603-569-1732 PO BOX 1546, 172 GOVERNOR WENTWORTH HIGH, WOLFEBORO, NH 03894

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN WILKINS PRESIDENT	2.00	X		X			0.	0.	0.	
(2) WILLIAM D. PERKINS VICE-PRESIDENT	2.00	X		X			0.	0.	0.	
(3) KENT S. CRUGER DIRECTOR	2.00	X					0.	0.	0.	
(4) THOMAS H. WINTNER DIRECTOR	1.00	X					0.	0.	0.	
(5) SETH KASSELS CAMP DIRECTOR	40.00	X		X			95,000.	0.	0.	
(6) STEPHANIE KASSELS CAMP DIRECTOR	40.00	X		X			30,000.	0.	0.	
(7) JAKE ELWELL DIRECTOR	1.00	X					0.	0.	0.	
(8) W. ROBERT DAHL DIRECTOR	1.00	X					0.	0.	0.	
(9) ROBERT H. MILLER DIRECTOR	1.00	X					0.	0.	0.	
(10) DAVID CLARK TREASURER	2.00	X		X			0.	0.	0.	
(11) BRADFORD GERMAIN DIRECTOR	1.00	X					0.	0.	0.	
(12) CHRISTIAN VORKINK DIRECTOR	1.00	X					0.	0.	0.	
(13) JON MALINOWSKI DIRECTOR	1.00	X					0.	0.	0.	
(14) JOHN SNOW DIRECTOR	1.00	X					0.	0.	0.	
(15) DANIEL SEYLER DIRECTOR	1.00	X					0.	0.	0.	
(16) FRANK KENISON SECRETARY	2.00	X		X			0.	0.	0.	
(17) ROBERT E. HOWE DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK P. KESSLEN DIRECTOR	1.00	X						0.	0.	0.
(19) CHARLES S. MORRISON DIRECTOR	1.00	X						0.	0.	0.
(20) MELISSA ADAMS LUDWIG DIRECTOR	1.00	X						0.	0.	0.
(21) DAVID HUMPHREY DIRECTOR	1.00	X						0.	0.	0.
(22) JAKE ELWELL DIRECTOR	1.00	X						0.	0.	0.
(23) BRAD NUTTER DIRECTOR	1.00	X						0.	0.	0.
(24) ANNE SPRY DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								125,000.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								125,000.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 947,255.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		947,255.			
Program Service Revenue	2 a BOARD AND TUITION	Business Code 611600	1,790,698.	1,790,698.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,790,698.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		36,785.	36,785.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	28,812.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	28,812.			
	d Net rental income or (loss)		28,812.	28,812.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	198,602.			
		(ii) Other	7,000.			
		b Less: cost or other basis and sales expenses	198,358.	0.		
		c Gain or (loss)	244.	7,000.		
	d Net gain or (loss)		7,244.	7,244.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a OTHER	611600	5,121.	5,121.			
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		5,121.			
12 Total revenue. See instructions.		2,815,915.	1,868,660.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	635,339.	586,529.	48,810.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,307.	8,592.	715.	
9 Other employee benefits	69,899.	64,531.	5,368.	
10 Payroll taxes	49,794.	45,970.	3,824.	
11 Fees for services (non-employees):				
a Management	65,866.		34,000.	31,866.
b Legal	3,430.		3,430.	
c Accounting	13,388.		13,388.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	29,881.		29,881.	
12 Advertising and promotion	21,360.		3,112.	18,248.
13 Office expenses	16,948.		16,948.	
14 Information technology				
15 Royalties				
16 Occupancy	134,242.	134,242.		
17 Travel	8,538.		7,889.	649.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,284.		6,893.	391.
20 Interest	44,537.	44,537.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	79,172.	79,172.		
23 Insurance	73,307.	67,385.	5,922.	
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 O.)				
a FOOD AND SUPPLIES	254,844.	254,844.		
b PROGRAM SERVICES	87,124.	87,124.		
c CAMP STORE SUPPLIES	46,099.	46,099.		
d VEHICLE AND BOAT EXPENS	45,563.	42,688.	2,875.	
e All other expenses SEE SCH O	218,016.	134,274.	81,815.	1,927.
25 Total functional expenses. Add lines 1 through 24e	1,913,938.	1,595,987.	264,870.	53,081.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,360,239.	2	1,106,475.
	3 Pledges and grants receivable, net	305,357.	3	96,083.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,329,830.		
	b Less: accumulated depreciation	10b 1,351,953.	4,351,022.	10c 4,977,877.
	11 Investments - publicly traded securities	1,505,634.	11	2,176,116.
	12 Investments - other securities. See Part IV, line 11	74,841.	12	74,849.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	40,233.	15	17,513.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,637,326.	16	8,448,913.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	858,082.	23	701,200.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,659.	25	0.
	26 Total liabilities. Add lines 17 through 25	862,741.	26	701,200.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,232,228.	27	6,224,406.
	28 Temporarily restricted net assets	1,418,028.	28	751,439.
	29 Permanently restricted net assets	124,329.	29	771,868.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	6,774,585.	33	7,747,713.
	34 Total liabilities and net assets/fund balances	7,637,326.	34	8,448,913.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,815,915.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,913,938.
3	Revenue less expenses. Subtract line 2 from line 1	3	901,977.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,774,585.
5	Net unrealized gains (losses) on investments	5	71,151.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,747,713.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>SEE SCH O</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2014)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
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 VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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 organization		<input type="checkbox"/>
b 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 supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1937877.	792,930.	333,583.	313,408.	947,255.	4325053.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1462837.	1585424.	1645278.	1716449.	1790698.	8200686.
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	3400714.	2378354.	1978861.	2029857.	2737953.	12525739.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						12525739.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	3400714.	2378354.	1978861.	2029857.	2737953.	12525739.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,254.	21,832.	24,916.	24,255.	36,785.	134,042.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	26,254.	21,832.	24,916.	24,255.	36,785.	134,042.
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.)	24,022.	24,939.	20,987.	23,286.	33,933.	127,167.
13 Total support. (Add lines 9, 10c, 11, and 12.)	3450990.	2425125.	2024764.	2077398.	2808671.	12786948.

14 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) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	97.96 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	97.89 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	1.05 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	1.18 %

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c 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)? <i>If "Yes," explain in Part VI 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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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 was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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 "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section 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 Part VI 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.		
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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. 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?		
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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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 Part VI the role the organization's supported organizations played in this regard.		

Section 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 instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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? Provide details in Part VI .		
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 Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	
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)	6	
7	Other expenses (see instructions)	7	
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	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	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	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	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section 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:			
a			
b			
c			
d			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c 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 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

2014

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization YMCA CAMP BELKNAP, INC. Employer identification number 04-3356887

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checked: Preservation of land for public use, Preservation of open space). 2. Conservation contribution details table (2a-2d). 3. Number of easements modified. 4. Number of states (1). 5. Written policy (checked: No). 6. Staff and volunteer hours. 7. Expenses incurred. 8. Section 170(h)(4)(B)(i) compliance (checked: Yes). 9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with multiple sections: 1a. Footnote for public exhibition. 1b. Reporting amounts for art collections (i) Revenue, (ii) Assets. 2. Reporting amounts for financial gain (a) Revenue, (b) Assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,336,662.	1,022,797.	854,456.	876,615.	924,687.
b Contributions	673,389.	143,483.	99,130.	7,204.	
c Net investment earnings, gains, and losses	90,495.	195,618.	101,617.	-9,363.	113,999.
d Grants or scholarships					
e Other expenditures for facilities and programs	8,417.	25,236.	32,406.	20,000.	162,071.
f Administrative expenses					
g End of year balance	2,092,129.	1,336,662.	1,022,797.	854,456.	876,615.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 54.00 %
- b Permanent endowment 37.00 %
- c Temporarily restricted endowment 9.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,227,346.		3,227,346.
b Buildings		2,317,935.	693,189.	1,624,746.
c Leasehold improvements				
d Equipment				
e Other		784,549.	658,764.	125,785.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,977,877.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,887,066.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	71,151.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	71,151.	
3	Subtract line 2e from line 1	3	2,815,915.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,815,915.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,913,938.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	1,913,938.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,913,938.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 9:

DURING THE YEAR ENDED DECEMBER 31, 2000, THE CAMP DEEDED A CONSERVATION EASEMENT TO THE NH SOCIETY FOR THE PROTECTION OF FORESTS. THE SOCIETY HAS NO OVERSIGHT FUNCTION AS LONG AS THE CAMP CONTINUES TO OPERATE IN ITS CURRENT CAPACITY. IN THE EVENT THAT THE PROPERTY CEASES TO BE USED FOR YOUTH CAMPING THE SOCIETY WOULD BECOME INVOLVED AND OVERSEE THE MANAGEMENT OF THE PROPERTY.

PART III, LINE 4:

THE CAMP COMMISSIONED TWO PAINTINGS BY A WELL KNOWN LOCAL ARTIST IN CONJUNCTION WITH THE 100TH ANNIVERSARY OF THE CAMP IN 2003. THE PAINTINGS WERE COMPLETED IN 2002 AND ARE NOW ON DISPLAY AT THE CAMP.

Part XIII Supplemental Information (continued)

PART V, LINE 4:

TO FURTHER THE CAMP'S MISSION AND TO PROVIDE SCHLORSHIPS TO NEEDY CHILDREN

PART X, LINE 2:

THERE ARE NO UNCERETAIN TAX POSITIONS UNDER FIN 48.

SCHEDULE D, PART XI

UNREALIZED GAINS INCURRED BY THE INVESTMENTS FOR THE YEAR ENDED DECEMBER
31, 2014

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

YMCA CAMP BELKNAP, INC.

Employer identification number

04-3356887

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2		X
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE ORGANIZATION RUNDS A CAMP FOR BOYS - THUS THE DIRECTOR'S OF THE CAMP
ARE REQUIRED TO BE ON-SITE AT ALL TIMES WHILE THE CAMP IS IN SESSION.

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.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

YMCA CAMP BELKNAP, INC.

Employer identification number

04-3356887

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

WHERE YOUNG MEN CAN FOREVER BUILD STRONG CHARACTER, SELF ESTEEM,

INDIVIDUAL MATURITY AND COMMUNITY RESPONSIBILITY, TO ACQUIRE FOR LIFE

THE SKILL OF LEADERSHIP AND THE VALUE OF GOOD STEWARDSHIP; TO HONOR THE

HISTORY AND TRADITIONS WHICH ARE THE BELKNAP EXPERIENCE AND TO BE A

CONTRIBUTING CITIZEN IN THE COMMUNITY IT SERVES AND FROM WHICH IT

RECEIVES ITS BENEFIT.

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

AND TRADITIONS WHICH ARE THE BELKNAP EXPERIENCE; AND TO BE A

CONTRIBUTING CITIZEN IN THE COMMUNITY IT SERVES AND FROM WHICH IT

RECEIVES BENEFIT.

FORM 990, PART VI, SECTION A, LINE 2:

CAMP DIRECTOR AND HIS WIFE ARE ON THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11:

DRAFT FINANCIAL STATEMENTS AND DRAFT INCOME TAX RETURNS WERE PROVIDED TO

THE BOARD OF DIRECTORS FOR THEIR APPROVAL PRIOR TO FINAL ISSUANCE.

FORM 990, PART VI, SECTION B, LINE 12C:

AT ANNUAL MEETING, ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF

INTEREST POLICY QUESTIONNAIRE.

FORM 990, PART VI, SECTION B, LINE 15:

BOARD OF DIRECTORS ANNUALLY REVEIWS EXECUTIVE DIRECTOR, COMPARABLE SALARIES

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization YMCA CAMP BELKNAP, INC.	Employer identification number 04-3356887
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ARE REVIEWED AND DISCUSSED WITH NATIONAL ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 18:

ALL GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

UTILITIES AND FUEL:

PROGRAM SERVICE EXPENSES	28,878.
MANAGEMENT AND GENERAL EXPENSES	12,377.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	41,255.

MISCELLANEOUS:

PROGRAM SERVICE EXPENSES	33,551.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,375.
TOTAL EXPENSES	34,926.

POSTAGE AND PRINTING:

PROGRAM SERVICE EXPENSES	14,040.
MANAGEMENT AND GENERAL EXPENSES	14,590.
FUNDRAISING EXPENSES	552.
TOTAL EXPENSES	29,182.

TELEPHONE:

Name of the organization YMCA CAMP BELKNAP, INC.	Employer identification number 04-3356887
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PROGRAM SERVICE EXPENSES	12,944.
MANAGEMENT AND GENERAL EXPENSES	12,944.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	25,888.

NATIONAL YMCA DUES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	24,048.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	24,048.

MEDICAL SUPPLIES:

PROGRAM SERVICE EXPENSES	14,230.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,230.

LAUNDRY EXPENSE:

PROGRAM SERVICE EXPENSES	12,552.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,552.

BOARD APPROVED EXPENSES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	10,946.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,946.

Name of the organization YMCA CAMP BELKNAP, INC.	Employer identification number 04-3356887
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DUES AND SUBSCRIPTIONS:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	6,910.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,910.

HEARTWORKS PROGRAM:

PROGRAM SERVICE EXPENSES	6,896.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,896.

TRAINING AND EDUCATION:

PROGRAM SERVICE EXPENSES	5,739.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,739.

TOWN PAYMENT:

PROGRAM SERVICE EXPENSES	5,444.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,444.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	218,016.
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FORM 990 PART XII

MODIFIED CASH BASIS OF ACCOUNTING

432212
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization YMCA CAMP BELKNAP, INC.	Employer identification number 04-3356887
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FORM 990, PART XII

THE ORGANIZATION HAS NOT CHANGED IT'S PROCESS.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
126	IMPROVEMENTS JR. TENNIS COURTS RESURFACE	052597	SL	15.00	16	2,635.			2,635.	2,635.		0.
127	MAIN DOCK	052597	SL	15.00	16	3,688.			3,688.	3,688.		0.
128	MAIN DOCK	071197	SL	15.00	16	1,500.			1,500.	1,500.		0.
134	VARIOUS IMPROVEMENTS	VARIES	SSL	10.00	16	54,276.			54,276.	54,276.		0.
135	DOCKS	021585	SL	19.00	16	10,000.			10,000.	10,000.		0.
136	LAUNDRY DUMP	061585	SL	19.00	16	2,813.			2,813.	2,813.		0.
137	LODGE	111585	SL	19.00	16	5,771.			5,771.	5,771.		0.
138	LAGOON FOR SEWAGE IMPROVEMENTS W/	091585	SL	19.00	16	2,422.			2,422.	2,422.		0.
139	BULLDOZER	031585	SL	19.00	16	1,277.			1,277.	1,277.		0.
140	DOCK IMPROVEMENTS	061585	SL	19.00	16	6,790.			6,790.	6,448.		0.
141	WATER HEATER - LAUNDRY ROOM	091585	SL	19.00	16	1,945.			1,945.	1,945.		0.
142	LODGE	123186	SL	19.00	16	26,179.			26,179.	26,179.		0.
143	RESURACE TENNIS COURTS	061586	SL	19.00	16	3,816.			3,816.	3,816.		0.
144	LAGOON	071586	SL	19.00	16	1,615.			1,615.	1,615.		0.
145	SIDING-DIRECTORS HOUSE	061586	SL	19.00	16	4,150.			4,150.	4,047.		0.
146	LAGOON	123187	SL	31.50	16	133,299.			133,299.	112,148.		4,232.
147	ISLAND	123187	SL	31.50	16	2,577.			2,577.	2,173.		82.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
148	RIFLE RANGE	123187	SL	31.50	16	3,411.			3,411.	2,862.		108.
149	TENNIS COURTS	123187	SL	31.50	16	3,000.			3,000.	2,516.		95.
150	INTERCOM	123187	SL	31.50	16	2,190.			2,190.	1,855.		70.
151	BACKSTOP	123187	SL	31.50	16	4,095.			4,095.	3,445.		130.
152	IMPROVE LIVING QUARTERS	123187	SL	31.50	16	3,421.			3,421.	2,888.		109.
153	DIRECTOR'S HOUSE	063088	SL	31.50	16	140,569.			140,569.	113,992.		4,463.
154	LAGOON	063088	SL	31.50	16	50,056.			50,056.	40,586.		1,589.
155	RESURFACE TENNIS COURTS	063088	SL	31.50	16	4,982.			4,982.	4,037.		158.
156	NEW WELL	063088	SL	31.50	16	3,659.			3,659.	2,963.		116.
157	MEMORIAL PLAQUE	063088	SL	31.50	16	337.			337.	281.		11.
158	REPAIR DOCKS	063088	SL	31.50	16	3,000.			3,000.	2,427.		95.
159	WELL PUMP	073188	SL	31.50	16	2,017.			2,017.	1,629.		64.
160	REPAIR DOCKS	093088	SL	31.50	16	7,400.			7,400.	5,944.		235.
161	LAGOON IMPROVEMENTS	063089	SL	31.50	16	58,617.			58,617.	45,672.		1,861.
162	DIRECTOR'S HOUSE IMPROVEMENTS	063089	SL	31.50	16	17,621.			17,621.	13,719.		559.
163	IMPROVE TENNIS COURTS	060190	SL	31.50	16	5,818.			5,818.	4,355.		185.
164	LAUNDRY ROOF	050990	SL	31.50	16	2,950.			2,950.	2,269.		94.
165	LODGE IMPROVEMENTS	060190	SL	31.50	16	2,805.			2,805.	2,095.		89.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
166	SHED	060190	SL	31.50	16	3,890.			3,890.	2,896.		123.
167	BASKETBALL COURT IMPROVEMENTS DINING	060190	SL	31.50	16	2,165.			2,165.	1,624.		69.
168	HALL ROOF	070191	SL	31.50	16	4,993.			4,993.	3,571.		159.
169	PAINT BUILDING	070191	SL	31.50	16	4,990.			4,990.	3,550.		158.
170	RESURFACE TENNIS COURTS	070191	SL	15.00	16	4,198.			4,198.	4,198.		0.
171	IMPROVE KITCHEN	070191	SL	31.50	16	4,300.			4,300.	3,077.		137.
172	IMPROVE BATHROOMS	070191	SL	31.50	16	1,306.			1,306.	921.		41.
173	IMPROVE CABINS	070191	SL	31.50	16	1,200.			1,200.	854.		38.
174	BUILDING IMPROVEMENTS	070191	SL	31.50	16	13,196.			13,196.	9,410.		419.
175	RESURFACE TENNIS COURTS	070191	SL	15.00	16	1,500.			1,500.	1,500.		0.
177	TENNIS COURTS/BACKBOARD	063092	SL	31.50	16	7,873.			7,873.	5,385.		250.
178	PAINTING	053192	SL	31.50	16	6,680.			6,680.	4,585.		212.
179	IMPROVE KITCHEN FLOORING DINING RM	063092	SL	31.50	16	18,427.			18,427.	12,602.		585.
180	PORCH	012792	SL	31.50	16	7,900.			7,900.	5,511.		251.
181	PLUMBING AND HEATING WORK	063092	SL	31.50	16	3,998.			3,998.	2,736.		127.
182	ROOFS, DOCKS, ETC	063093	SL	40.00	16	10,990.			10,990.	5,649.		275.
183	TENNIS COURTS	060893	SL	40.00	16	5,370.			5,370.	2,754.		134.
184	PAINTING	060393	SL	40.00	16	6,930.			6,930.	3,554.		173.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
185	IMPROVEMENTS-KITCHEN	060393	SL	40.00	16	1,990.			1,990.	1,028.		50.
186	TELEPHONE SYSTEM	071293	SL	7.00	16	1,679.			1,679.	1,679.		0.
187	DOCK IMPROVEMENTS	061993	SL	40.00	16	1,973.			1,973.	1,007.		49.
188	ATHLETIC FIELDS	050593	SL	15.00	16	4,950.			4,950.	4,895.		0.
189	ROOF, BASKETBALL COURTS	061993	SL	40.00	16	48,981.			48,981.	25,163.		1,225.
190	NEW ROPES COURSE WATERFRONT	060193	SL	7.00	16	4,829.			4,829.	4,542.		0.
191	IMPROVMENTS	101294	SL	15.00	16	9,750.			9,750.	9,750.		0.
192	RESURFACE TENNIS COURTS	060794	SL	15.00	16	6,940.			6,940.	6,940.		0.
193	RESURFACE TENNIS COURTS	062495	SL	15.00	16	29,763.			29,763.	29,760.		0.
195	RESURFACE TENNIS COURTS	062495	SL	15.00	16	4,117.			4,117.	4,110.		0.
196	SEPTIC IMPROVEMENTS	051096	SL	39.00	16	620.			620.	282.		16.
197	PUMPS	051396	SL	31.50	16	5,000.			5,000.	2,802.		159.
198	SEPTIC IMPROVEMENTS	051596	SL	39.00	16	1,000.			1,000.	458.		26.
199	RESURFACE TENNIS COURTS	052896	SL	15.00	16	6,280.			6,280.	6,280.		0.
200	TILE FLOOR	060196	SL	31.50	16	1,715.			1,715.	987.		54.
201	LAGOON PUMP	061596	SL	31.50	16	1,450.			1,450.	807.		46.
206	RESURFACING- TENNIS COURT	052598	SL	15.00	16	3,995.			3,995.	3,990.		0.
209	CARPETING	060199	SL	10.00	16	1,965.			1,965.	1,965.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
211	RESURFACING TENNIS & BASKETBALL COURTS	052399	SL	15.00	16	7,400.			7,400.	7,190.		206.
218	PAVILION	063099	SL	39.00	16	11,000.			11,000.	3,948.		282.
236	COURT RESURFACING	061801	SL	3.00	16	5,985.			5,985.	5,985.		0.
238	CABIN FLOORING	052102	SL	7.00	16	3,124.			3,124.	3,124.		0.
248	COURT SURFACING	052902	SL	3.00	16	8,300.			8,300.	8,300.		0.
274	LAND IMPROVEMENTS	070807	SL	39.00	16	15,601.			15,601.	2,600.		400.
275	WATER AND SEWER IMPROVEMENTS	072008	SL	15.00	16	19,131.			19,131.	6,906.		1,275.
301	LAND IMPROVEMENTS - ARTESIAN WELL	071511	SL	15.00	16	8,813.			8,813.	1,470.		588.
318	TITLE WORK - DEVINE MILLIMET	063014	L			15,000.			15,000.			0.
319	SURVEYING WORK	063014	L			5,738.			5,738.			0.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS					927,696.		0.	927,696.	716,633.	0.	21,872.
	LAND REAL ESTATE											
124	ACQUIRED PRIOR TO 16 ACRES - SE	1123179	L			377,100.			377,100.			0.
129	CORNER OF CM	101581	L			27,000.			27,000.			0.
130	LAND SURVEY	062992	L			19,800.			19,800.			0.
208	LAND	093098	L			1287500.			1287500.			0.
226	LEGAL COSTS ADAMS LAND SWAP	090700	L			2,045.			2,045.			0.
237	LAND USE PLAN	063001	L			19,897.			19,897.			0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
285	FARM ISLAND - SURVEY WORK	121509	L			9,478.			9,478.			0.
286	FARM ISLAND - LEGAL FEES	121509	L			6,334.			6,334.			0.
287	FARM ISLAND - PORTER CAESAR	121509	L			7,282.			7,282.			0.
289	LAND - FARM ISLAND	062110	L			1268630.			1268630.			0.
297	LAND - DOUCET SURVEY	061511	L			8,079.			8,079.			0.
298	LAND - NUNNGESSER & HILL	061511	L			9,108.			9,108.			0.
307	LAND - DOUCET SURVEY	061512	L			6,451.			6,451.			0.
314	LAND - ONE CHASE POINT	082814	L			61,654.			61,654.			0.
	* 990 PAGE 10 TOTAL - LAND					3110358.		0.	3110358.	0.	0.	0.
	FURNITURE AND EQUIPMENT											
74	MATTRESSES	070191	SL	7.00	16	583.			583.	583.		0.
75	2 FREEZERS	070191	SL	7.00	16	794.			794.	794.		0.
76	VACUUM CLEANER	070191	SL	7.00	16	679.			679.	679.		0.
77	CABINETS	070191	SL	7.00	16	750.			750.	750.		0.
78	2 RIFLES	070191	SL	7.00	16	770.			770.	770.		0.
79	VCR, 4 TAPE DECKS	070191	SL	7.00	16	1,189.			1,189.	1,189.		0.
80	2 BEDS	041192	SL	7.00	16	769.			769.	769.		0.
81	15 MATTRESSES, ETC	060892	SL	7.00	16	1,913.			1,913.	1,913.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
82	COFFEE/TEA STATION	030892	SL	7.00	16	574.			574.	574.		0.
83	POSTAGE METER	030392	SL	7.00	16	174.			174.	174.		0.
85	8 CAMERAS	040292	SL	7.00	16	400.			400.	400.		0.
86	CARPETING IMPROVEMENTS MINI	052892	SL	7.00	16	290.			290.	290.		0.
87	GOLF COURSE	030392	SL	7.00	16	120.			120.	120.		0.
89	4 SAILBOATS	052892	SL	7.00	16	4,000.			4,000.	4,000.		0.
91	MISC. KITCHEN, SHOWERS	063092	SL	7.00	16	1,351.			1,351.	1,351.		0.
92	COMPUTER SOFTWARE	063092	SL	5.00	16	1,328.			1,328.	1,463.		0.
93	SNOW BLOWER	011592	SL	7.00	16	500.			500.	462.		0.
94	PROJECTOR	021092	SL	7.00	16	861.			861.	799.		0.
95	CABINET	030193	SL	7.00	16	195.			195.	195.		0.
96	TELEVISION	031193	SL	7.00	16	415.			415.	415.		0.
97	MATTRESS AND BOXSPRING	050493	SL	7.00	16	445.			445.	445.		0.
98	SMOKE DETECTORS AND INSTALL	052393	SL	7.00	16	1,391.			1,391.	1,391.		0.
99	LAPTOP COMPUTER	071493	SL	5.00	16	994.			994.	994.		0.
100	SAW	091093	SL	7.00	16	400.			400.	400.		0.
101	5 NEW RIFLES	012594	SL	7.00	16	3,895.			3,895.	3,895.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
102	1988 MOTORBOAT	022194	SL	7.00	16	7,000.			7,000.	7,000.		0.
103	COMPUTER SYSTEM	010495	SL	5.00	16	1,801.			1,801.	1,801.		0.
104	2 VCR'S	042696	SL	5.00	16	1,118.			1,118.	1,118.		0.
105	SAILBOAT	011796	SL	7.00	16	1,574.			1,574.	1,574.		0.
106	RAFT-KIDS BEACH	032696	SL	7.00	16	784.			784.	784.		0.
107	2 CAMCORDERS	040196	SL	5.00	16	1,250.			1,250.	1,250.		0.
108	COMMERICAL MICROWAVE	042096	SL	5.00	16	1,257.			1,257.	1,257.		0.
109	SAILBOAT	011796	SL	7.00	16	5,800.			5,800.	5,800.		0.
110	COTS/MATTRESSES	062096	SL	7.00	16	1,663.			1,663.	1,663.		0.
111	CHIPPER/SHREDDER	040696	SL	5.00	16	857.			857.	857.		0.
112	2 PHOTOCOPIERS	011196	SL	5.00	16	3,495.			3,495.	3,495.		0.
113	2 DAY SAILORS (BOATS)	063092	SL	7.00	16	5,600.			5,600.	5,600.		0.
114	ICE MACHINE	063094	SL	7.00	16	3,400.			3,400.	3,400.		0.
115	GENERATOR	063094	SL	7.00	16	1,650.			1,650.	1,650.		0.
116	LAPTOP COMPUTER	063095	SL	5.00	16	1,200.			1,200.	1,200.		0.
117	TELEPHONE SYSTEM	063095	SL	5.00	16	3,100.			3,100.	3,100.		0.
118	FRYOLATER	063096	SL	5.00	16	1,000.			1,000.	1,000.		0.
119	2 VIDEO CAMERAS	063096	SL	5.00	16	1,180.			1,180.	1,180.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
120	MAYTAG WASHER/DRYER	051997	SL	5.00	16	1,150.			1,150.	1,131.		0.
121	COMPUTER	060397	SL	5.00	16	1,404.			1,404.	1,381.		0.
122	2 15' GRUMMEN CANOES	060497	SL	5.00	16	1,198.			1,198.	1,180.		0.
123	1451R TARGET RIFLES	052597	SL	5.00	16	1,004.			1,004.	988.		0.
133	VARIOUS FURNITURES AND FIXTURES	VARIES	SSL	5.00	16	57,083.			57,083.	57,083.		0.
203	MODEL RIFLES	033098	SL	7.00	16	2,721.			2,721.	2,721.		0.
204	LAUNDRY PUMP	033098	SL	7.00	16	1,395.			1,395.	1,395.		0.
207	UNDERGROUND WATER TANK	052598	SL	15.00	16	16,950.			16,950.	16,950.		0.
212	KUBOTA RC 60 MOWER	032499	SL	5.00	16	1,852.			1,852.	1,852.		0.
213	COMPUTER SYSTEM	032999	SL	5.00	16	1,271.			1,271.	1,271.		0.
214	WOOD CHIPPER	060199	SL	5.00	16	5,000.			5,000.	5,000.		0.
215	PRESSURE TANK	052399	SL	15.00	16	4,440.			4,440.	4,317.		123.
216	BOAT MOTOR	063099	SL	5.00	16	3,013.			3,013.	3,013.		0.
219	COMPUTER	010200	SL	5.00	16	1,056.			1,056.	1,056.		0.
220	CARPET-MAIN HOUSE	040500	SL	10.00	16	2,739.			2,739.	2,739.		0.
221	TV'S & VCR'S	042400	SL	5.00	16	1,061.			1,061.	1,061.		0.
222	FIRE EXTINGUISHING SYSTEM - BOAT	060600	SL	5.00	16	1,800.			1,800.	1,800.		0.
223	BASKETBALL COURT RESURFACE	062100	SL	10.00	16	3,405.			3,405.	3,405.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
224	NEW ROPES PAVILION COURSE	073100	SL	7.00	16	18,518.			18,518.	18,515.		0.
225	STAFF QUARTERS FURNISHINGS	123000	SL	7.00	16	2,429.			2,429.	2,429.		0.
230	CLIMBING TOWER	061501	SL	15.00	16	10,951.			10,951.	9,186.		730.
231	CABIN FURNITURE	040101	SL	7.00	16	312.			312.	312.		0.
232	COMPUTER	060501	SL	5.00	16	536.			536.	536.		0.
233	PUMP	052901	SL	10.00	16	3,139.			3,139.	3,139.		0.
235	4 SAILBOATS	053101	SL	5.00	16	8,585.			8,585.	8,585.		0.
242	SCANNER	013102	SL	5.00	16	807.			807.	807.		0.
243	NIKON DIGITAL CAMERA	031102	SL	5.00	16	620.			620.	620.		0.
244	COMPUTER	042902	SL	5.00	16	769.			769.	769.		0.
245	TARGET RIFLES	043002	SL	5.00	16	1,028.			1,028.	1,028.		0.
246	2 MAYTAG WASHERS	043002	SL	5.00	16	1,110.			1,110.	1,110.		0.
247	4 SAILBOATS	053102	SL	5.00	16	8,472.			8,472.	8,472.		0.
249	FURNITURE	052703	SL	5.00	16	399.			399.	399.		0.
250	4 SAILBOATS	052703	SL	5.00	16	8,472.			8,472.	8,472.		0.
251	HOT WATER TANK	072403	SL	15.00	16	6,489.			6,489.	4,510.		433.
264	LAUNDRY APPLIANCE	012005	SL	5.00	16	1,849.			1,849.	1,849.		0.
265	DELL COMPUTER	031005	SL	3.00	16	1,221.			1,221.	1,221.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
266	3 TELEVISIONS	041805	SL	3.00	16	1,134.			1,134.	1,134.		0.
267	RESURFACE TENNIS COURTS	061405	SL	3.00	16	9,685.			9,685.	9,685.		0.
269	KUBOTA TRACTOR	031506	SL	7.00	16	15,400.			15,400.	15,400.		0.
271	2007 WATERSKI BOAT	063007	SL	5.00	16	21,000.			21,000.	21,000.		0.
276	25HP BOAT MOTOR	010908	SL	5.00	16	4,045.			4,045.	4,045.		0.
277	BUCKETE LOADER FOR TRACTOR	010708	SL	5.00	16	3,950.			3,950.	3,950.		0.
278	631LBS ICE MAKER	041608	SL	5.00	16	3,894.			3,894.	3,894.		0.
279	POTABLE DOCK SYSTEM	051708	SL	15.00	16	7,307.			7,307.	2,719.		487.
280	GAS DRYER	042108	SL	5.00	16	5,275.			5,275.	5,275.		0.
281	DISHWASHER	042009	SL	5.00	16	799.			799.	747.		52.
282	GAS DRYER	042009	SL	5.00	16	4,405.			4,405.	4,111.		294.
283	PORTABLE FISHING DOCK	061509	SL	15.00	16	4,924.			4,924.	1,503.		328.
284	KITCHEN HOT WATER TANK	061509	SL	5.00	16	13,783.			13,783.	12,636.		1,147.
292	BOAT OVERHAUL	032910	SL	7.00	16	5,340.			5,340.	2,861.		763.
293	GAS DRYER	042710	SL	7.00	16	4,405.			4,405.	2,307.		629.
295	BANDIT WOOD CHIPPER	030411	SL	7.00	16	4,000.			4,000.	1,618.		571.
309	APPLE COMPUTER EQUIPMENT	061513	SL	5.00	16	7,434.			7,434.	867.		1,487.
312	HEADQUARTERS FURNITURE AND FURNI	081513	SL	7.00	16	29,965.			29,965.	1,784.		4,281.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
320	RADIO SYSTEM	070114	SL	5.00	16	6,404.			6,404.			640.
321	MACBOOK AIR	011514	SL	5.00	16	1,703.			1,703.			341.
322	MICROSOFT EXCHANGE	040214	SL	3.00	16	905.			905.			226.
323	(2) MACBOOK AIR	040214	SL	5.00	16	4,086.			4,086.			613.
324	MACBOOK PRO	062214	SL	5.00	16	1,248.			1,248.			125.
325	EMR SOFTWARE	082514	SL	3.00	16	4,844.			4,844.			538.
326	OFFICE FURNITURE	051614	SL	5.00	16	1,890.			1,890.			221.
	* 990 PAGE 10 TOTAL - FURNITURE AND EQ					420,582.		0.	420,582.	344,382.	0.	14,029.
	VEHICLES											
255	2002 CHEVROLET 1500	041110	SL	5.00	16	13,780.			13,780.	13,780.		0.
256	CAPITALIZED COST REDUCTION - JEEP	042505	SL	4.00	16	1,899.			1,899.	1,899.		0.
288	(D)2008 DODGE NITRO	021509	SL	5.00	16	19,701.			19,701.	19,372.		329.
313	2006 GMC SIERRA DUMP TRUCK	050714	SL	5.00	16	23,000.			23,000.			3,067.
	* 990 PAGE 10 TOTAL - VEHICLES					58,380.		0.	58,380.	35,051.	0.	3,396.
260	ALUMNI CENTER ALUMNI CENTER CONSTRUCTION	061506	SL	39.00	16	12,427.			12,427.	2,419.		319.
268	ALUMNI CENTER	061506	SL	39.00	16	198,268.			198,268.	38,577.		5,084.
	* 990 PAGE 10 TOTAL - ALUMNI CENTER					210,695.		0.	210,695.	40,996.	0.	5,403.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDING IMPROVEMENTS											
176	BUILDING IMPROVEMENTS	070191	SL	31.50	16	4,963.			4,963.	3,548.		158.
194	CABIN IMPROVEMENTS	061995	SL	39.00	16	4,000.			4,000.	1,902.		103.
202	KITCHEN FLOOR	051596	SL	31.50	16	6,960.			6,960.	3,895.		221.
205	SHOWER CENTER	061998	SL	39.00	16	17,810.			17,810.	7,083.		457.
210	NEW STAFF QUARTERS	062599	SL	39.00	16	42,551.			42,551.	15,820.		1,091.
217	NEW MARRIED STAFF QUARTERS	063099	SL	39.00	16	50,007.			50,007.	17,948.		1,282.
227	SENIOR CABIN IMPROVEMENTS	061501	SL	39.00	16	40,572.			40,572.	13,087.		1,040.
228	CABIN IMPROVEMENTS-PLUMBING	011501	SL	15.00	16	3,149.			3,149.	2,730.		210.
229	VINYL FLOORING - 2 CABINS	063001	SL	7.00	16	1,580.			1,580.	1,580.		0.
239	BESSERER CABIN EXTENSION	063002	SL	39.00	16	31,384.			31,384.	9,257.		805.
240	ROOFING SIX CABINS	063002	SL	15.00	16	12,000.			12,000.	9,200.		800.
241	LC CABIN PORCH ADDITION	063002	SL	39.00	16	1,500.			1,500.	437.		38.
252	MIDLER CABIN EXTENSIONS	063003	SL	39.00	16	36,284.			36,284.	9,765.		930.
253	5 SAILBOATS	041504	SL	5.00	16	13,446.			13,446.	13,446.		0.
254	JUNIOR CABIN EXTENSIONS	041504	SL	39.00	16	48,329.			48,329.	12,080.		1,239.
262	CADET CABIN EXTENSIONS	061505	SL	39.00	16	44,800.			44,800.	9,862.		1,149.
272	BATHROOM IMPROVEMENTS	081007	SL	39.00	16	3,276.			3,276.	539.		84.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
273	ELECTRICAL IMPROVEMENTS	060107	SL	39.00	16	8,811.			8,811.	1,488.		226.
290	DINING HALL DORMER PROJECT	091510	SL	39.00	16	49,158.			49,158.	4,200.		1,260.
291	ELECTRICAL IMPROVEMENTS	061510	SL	15.00	16	9,588.			9,588.	2,290.		639.
294	ENVIRONMENTAL CENTER	061511	SL	39.00	16	73,810.			73,810.	4,890.		1,893.
296	GAS DRYER	042511	SL	7.00	16	4,485.			4,485.	1,709.		641.
303	COMMERCIAL GAS DRYER	032912	SL	7.00	16	4,485.			4,485.	1,122.		641.
304	DAY BEDS	051712	SL	7.00	16	1,369.			1,369.	310.		196.
305	3 DELL OPTIPLEX 790	042712	SL	3.00	16	1,857.			1,857.	1,032.		619.
306	WOOD SPLITTER	020212	SL	7.00	16	2,459.			2,459.	673.		351.
310	DIRECTOR HOUSE REMODEL	111513	SL	39.00	16	10,491.			10,491.	45.		269.
311	NEW HEADQUATERS BUILDING	081513	SL	39.00	16	513,141.			513,141.	5,482.		13,157.
315	BUILDING - ONE CHASE POINT	082814	SL	39.00	16	402,688.			402,688.			3,442.
317	HALL LODGE SUNDECK	051514	SL	39.00	16	29,605.			29,605.			506.
327	HALL LODGE SEPTIC SYSTEM	053014	SL	15.00	16	6,769.			6,769.			263.
328	DIRECTORS OFFICE IMPROVEMENTS	042514	SL	39.00	16	8,856.			8,856.			151.
329	WOLFE REMODEL PROJECT	051114	SL	39.00	16	22,885.			22,885.			391.
330	WATER SKI AND GAS DOCK	080114	SL	15.00	16	2,505.			2,505.			70.
331	KITCHEN IMPROVEMENTS	053114	SL	39.00	16	9,997.			9,997.			150.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL - BUILDING IMPROVE CONSTRUCTION IN PROGRESS					1525570.		0.	1525570.	155,420.	0.	34,472.
316	CIP - MAIN DOCK REPLACEMENT	12/31/14	L			96,250.			96,250.			0.
	* 990 PAGE 10 TOTAL - CONSTRUCTION IN					96,250.		0.	96,250.	0.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					6349531.		0.	6349531.	1292482.	0.	79,172.