Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

OMB No. 1545-0047

Α	For the	2012 calendar year, or tax year beginning APR 1, $2012$ and	ending M	AR 31, 2013	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	HENRY KAUFMANN CAMPGROUNDS, INC.			
L	Name change	Doing Business As		13-5	633239
	Initial return Termin	,	Room/suite	E Telephone number (845	
	ated Ameno			G Gross receipts \$	5,544,386.
F	—lreturn ⊟Applica				
	⊥ltiòn pendin	F Name and address of principal officer: LEONARD SILBERMAN		H(a) Is this a group re	Yes X No
			065	for affiliates?	
_		<u> </u>	965	H(b) Are all affiliates inc	
_		mpt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	,	list. (see instructions)
		e: ► N/A		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1953 N	Natate of legal domicile: NY
Р		Summary			
Governance	1	Briefly describe the organization's mission or most significant activities: THE CAMPGROUNDS FOR CHARITABLE AGENCIES.	ORGANI	ZATION OPER	ATES THREE
ű	2	Check this box   if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	ssets.
ove.	3			3	0
Ğ	4	Number of independent voting members of the governing body (Part VI, fine 1b)		4	0
တ္		Fotal number of individuals employed in calendar year 2012 (Part V, line 2a)			219
iţie		Total number of volunteers (estimate if necessary)			0
Activities &	72.	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ		Net unrelated business taxable income from Form 990-T, line 34			0.
_	-	vet differenced business taxable income from 1 offi 990-1, life 94		Prior Year	Current Year
ne	8	Contributions and grants (Part VIII. line 1h)		1,964,368.	2,293,505.
		Contributions and grants (Part VIII, line 1h)		3,234,900.	3,041,028.
Revenue	9	Program service revenue (Part VIII, line 2g)		333.	209,853.
Be	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	209,033.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,199,601.	5,544,386.
_		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		84,000.	33,700.
		Benefits paid to or for members (Part IX, column (A), line 4)		• •	2 205 050
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,084,512.	2,205,059.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	14,901.	46,636.
X	b	Fotal fundraising expenses (Part IX, column (D), line 25)		2 011 015	4 062 065
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,211,815.	
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,395,228.	6,548,662.
_	19	Revenue less expenses. Subtract line 18 from line 12		-195,627.	-1,004,276.
t Assets or	3		Ве	ginning of Current Year	End of Year
Sets	<b>20</b>	Fotal assets (Part X, line 16)		4,504,978.	4,483,659.
t As	21	Fotal liabilities (Part X, line 26)		544,369.	1,419,977.
Net		Net assets or fund balances. Subtract line 21 from line 20		3,960,609.	3,063,682.
P	art II	Signature Block			
Und	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	e, correc	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He		LEONARD SILBERMAN, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	LAWRENCE BROWN	1	1/21/13 if self-employed	P00680847
	parer	Firm's name LAWRENCE BROWN & CO.		Firm's EIN	13-3093411
	Only	Firm's address 180 PHILLIPS HILL ROAD - STE #32	A		
		NEW CITY, NY 10956		Phone no. (	845) 638-1001
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)		1	X Yes No
1710	,				<u> 100 110 </u>

1	Briefly describe the organization's mission: NONE								
2	Did the organization undertake any significant program services during the year which were not listed on								
	the prior Form 990 or 990-EZ?								
	If "Yes," describe these new services on Schedule O.								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No								
	If "Yes," describe these changes on Schedule O.								
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.								
	Section 501(c)(3) and 501(c)(4) organizations 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 \$33,700 • including grants of \$33,700 • ) (Revenue \$)								
	PROVIDED LOW COST CAMPING FOR INNER CITY YOUTH.								
4b	(Code: ) (Expenses \$ 36,552 • including grants of \$ ) (Revenue \$								
	INITIATED THE TEVA GREENING PROJECT IN WHICH CAMPERS ARE TAUGHT THE								
	IMPORTANCE OF ENERGY CONSERVATION AND THE RELATIONSHIP OF THE								
	ENVIRONMENT.								
4c	(Code: ) (Expenses \$ 43,458 • including grants of \$ ) (Revenue \$ )								
	CONTINUED THE DEVELOPMENT OF THE LENNY KRAYZELBUGH SWIM ACADEMY TO								
	TEACH CAMPERS HOW TO SWIM.								
4.*	Otherways and in a (Describe in Orbertale O.)								
4d	Other program services (Describe in Schedule O.)								
	(Expenses \$ 5,059,251 • including grants of \$ ) (Revenue \$ )								
4e	Total program service expenses ► 5,172,961.								

## Form 990 (2012) HENRY KAUFMA 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)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		37	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	112		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	46:		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>1</del> d		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 22
Ŋ	ii 165 to iii 6 20a, did tile organization attaon a copy of its addited iirianolai statements to tilis retum?	ZUD		

## Form 990 (2012) HENRY KAUFMANN CAMPART IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7.7
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		х
24	contributions? If "Yes," complete Schedule M	30		-21
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
<b>0</b> _	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05:		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		Х
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		-22
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	38	Х	

Form **990** (2012)

## Form 990 (2012) HENRY KAUFMANN CAMPGROUNDS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	able gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	219			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A					77
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			0-		Х
<b>L</b>	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a		21
b			•	6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices i	provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Formation and the organization of the organization file Formation (Intellectual property), and the organization file Formation (Intellectual property).	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9a_		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	ı			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
ь 11	Section 501(c)(12) organizations. Enter:	מטו	l			
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
~	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b	000	(00.40)

Form 990 (2012)

Part VI Governance

ı uı	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	NO I	espon	SE
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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?	2		Х
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		Х
ıza L	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		21
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	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?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
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)	availab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)	ساع ام	_:-!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	id finar	icial	
20	statements available to the public during the tax year.	tion: ►		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizaTHE ORGANIZATION - (845) 735-2718	uon: 🟴	_	

667 BLAUVELT ROAD, PEARL RIVER, NY

10965

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	or any related (B)							(D)	(E)	(F)
Name and Title	Average hours per week	offi	Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organization and related organizations
(1) LEONARD SILBERMAN CEO	40.00	X		4	4			230,000.	0.	(
(2) JEFFREY COOPERSMITH	40.00	х						201,907.	0.	(
										·

	KAUFMANN (								13-56	<u>33</u>	<u> 239</u>	Pa	age 8
Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)			(C Posi	C)			(D)	(E)			(F)	
Name and title	Average hours per		not c	heck i	more	than		Reportable	Reportable			timate nount	
	week			ss per id a di				compensation from	compensation from related			other	OI
	(list any	ector						the	organizations			pensa	tion
	hours for related	or dir	98			ated		organization	(W-2/1099-MISC	;)		om th	
	organizations	rustee	truste		ee	npens		(W-2/1099-MISC)			•	anizat d relat	
	below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	est cor	e.					nizati	
	line)	Indivi	Instit	Officer	Key er	High est compensated employee	Former			$\dashv$			
		$\square$											
		${}$								+			
		$\vdash$								$\dashv$			
		$\square$								$\dashv$			
		-											
		$\square$			A								
		H					K			_			
1b Sub-total		Ш						431,907.		0.			0
c Total from continuation sheets to Pa	rt VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)						<u> </u>		431,907.		0.			0 .
2 Total number of individuals (including becompensation from the organization		iose	liste	ed at	oove	e) wh	ho r	eceived more than \$100	0,000 of reportable				
<b>6</b> 5:111										Г		Yes	No
3 Did the organization list any <b>former</b> off line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> :											3		Х
4 For any individual listed on line 1a, is the								her compensation from			3		21
and related organizations greater than									ino organization		4	Х	
5 Did any person listed on line 1a receive									idual for services				
rendered to the organization? If "Yes,"	complete Schedu	e J f	or su	uch į	pers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highes the organization. Report compensation										ensa	ation f	rom	
(A)		<del>our</del> c	orian	ng v	VICIT	01 11		(B)	your.		(C	;)	
Name and busir	ness address	NC	ONE	3				Description of s	services	C	omper	nsatio	n
O Takal musek an affirm dan	and the about the		!1	٠ اــ	<b>1</b> 1-	- c !"		المام	and the sec				
2 Total number of independent contractor \$100,000 of compensation from the or		iot lir	nite	a to	tho:	_	stec	above) who received r	nore tnan				
											Earm (	$\alpha \alpha \overline{\alpha}$	2040

	rt VII		nue		, , , , ,	-		_ : : : : : : : : : : : : : : : : : : :
		Check if Schedule O con	tains a response	to any question	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grants similar amounts not included about the contributions included in lines Total. Add lines 1a-1f	1b	988,305. 305,200.	2,293,505.			
Program Service Revenue	b c d e f	All other program service revo	enue		3,041,028.	3,041,028.		
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including			5,041,020.			
	4 5	other similar amounts)	ax-exempt bond p	proceeds	9,326.			9,326.
	b b	Gross rents  Less: rental expenses  Rental income or (loss)  Net rental income or (loss)	V	(ii) Personal				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 200,527.					
	Q C	Net gain or (loss)	200,527.		200,527.	200,527.		
Other Revenue	8 a	Gross income from fundraising including \$ contributions reported on line Part IV, line 18	ng events (not of e 1c). See a		20070270	20070270		
O <del>t</del>		Less: direct expenses						
		Net income or (loss) from fun Gross income from gaming a Part IV, line 19	ctivities. See	<b>&gt;</b>				
	b	Less: direct expenses	b					
	10 a	Net income or (loss) from gar Gross sales of inventory, less and allowances Less: cost of goods sold	returns a					
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a b c							
	d							
	e 12	<b>Total.</b> Add lines 11a-11d <b>Total revenue</b> . See instructions.		<b>_</b>	5,544,386.	3,241,555.	0.	9,326.

## 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 to any question in this Part IX											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses						
1	Grants and other assistance to governments and		·		·						
	organizations in the United States. See Part IV, line 21										
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22	33,700.	33,700.								
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
	United States. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	431,907.		431,907.							
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	1,372,263.	1,037,367.	334,896.							
8	Pension plan accruals and contributions (include		<b>A</b>								
	section 401(k) and 403(b) employer contributions)	83,278. 213,329.	22,194.	61,084.							
9	Other employee benefits	213,329.	73,242.	140,087.							
10	Payroll taxes	104,282.	64,709.	39,573.							
11	Fees for services (non-employees):										
а	Management										
	Legal	F 450									
С	Accounting	7,150.		7,150.							
d	Lobbying	16 626			16.626						
е	Professional fundraising services. See Part IV, line 17	46,636.		4 150	46,636.						
f	Investment management fees	4,172.		4,172.							
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	5,084.		5,084.							
12	Advertising and promotion	0.4.050		0.4.050							
13	Office expenses	24,250.		24,250.							
14	Information technology	28,257.		28,257.							
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	26 256		26 256							
19	Conferences, conventions, and meetings	26,256.		26,256.							
20	Interest  Payments to affiliates										
21	Payments to affiliates	25,369.	25,369.								
22 23	,	207,901.	207,901.								
23 24	Other expenses. Itemize expenses not covered	201,501	207,301								
<b>4</b>	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а	REPAIRS & MAINTENANCE	2,808,104.	2,808,104.								
a b	UTILITIES UTILITIES	214,376.	214,376.								
C	POOL SUPPLIES	211,643.	211,643.								
d	PEARL RIVER MASTER PLAN	126,683.	,	126,683.							
	All other expenses	574,022.	474,356.	99,666.							
25	Total functional expenses. Add lines 1 through 24e	6,548,662.	5,172,961.	1,329,065.	46,636.						
26	<b>Joint costs.</b> Complete this line only if the organization	. ,	, , , , , , , ,	, , , , , , ,							
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
	<u> </u>		·		- 000 (22.12)						

## Form 990 (2012) Part X Balance Sheet

Pai	rt X	Balance Sheet						
		Check if Schedule O contains a response to any	y question in	this Part X				
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
	1	Cash - non-interest-bearing	250.	1	1,750.			
	2	Savings and temporary cash investments			552,951.	2	863,414	
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net				4		
	5	Loans and other receivables from current and for						
		trustees, key employees, and highest compensation						
		Part II of Schedule L		5				
	6	Loans and other receivables from other disquali						
		section 4958(f)(1)), persons described in section						
		employers and sponsoring organizations of sec						
'n		employees' beneficiary organizations (see instr).	. Complete P	art II of Sch L		6		
Assets	7	Notes and loans receivable, net		48,305.	7	2,500		
As	8	Inventories for sale or use			2,170.	8	2,170	
	9	Prepaid expenses and deferred charges			10,151.	9	11,870	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	496,602.	4			
	b	Less: accumulated depreciation		391,041.	105,565. 3,785,586.	10c	105,561 3,496,394	
	11		Investments - publicly traded securities					
	12	Investments - other securities. See Part IV, line				12		
	13	Investments - program-related. See Part IV, line		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11			4 504 050	15	4 400 650	
	16	Total assets. Add lines 1 through 15 (must equ			4,504,978.	16	4,483,659	
	17	Accounts payable and accrued expenses			295,043.	17	853,284	
	18	Grants payable			200 050	18	200 (40	
	19	Deferred revenue			209,058.	19	322,649	
	20	Tax-exempt bond liabilities				20		
es	21	Escrow or custodial account liability. Complete				21		
Ĭ	22	Loans and other payables to current and former						
Liabilities		key employees, highest compensated employee						
					40 269	22	244 044	
	23	Secured mortgages and notes payable to unrela			40,268.	23	244,044	
	24	Unsecured notes and loans payable to unrelate		Г		24		
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on lines	•	-				
		Schedule D			544,369.	25	1,419,977	
	26	Total liabilities. Add lines 17 through 25			344,309.	26	1,413,311	
"		Organizations that follow SFAS 117 (ASC 958		e ► Last and				
če	07	complete lines 27 through 29, and lines 33 and			69,762.	27	-540,055	
<u>la</u>	27	Unrestricted net assets			112,112.	28	113,308	
<u>B</u>	28	Temporarily restricted net assets  Permanently restricted net assets			3,778,735.	29	3,490,429	
Ĕ	29	Organizations that do not follow SFAS 117 (A		ack here	3,110,133.	29	3, 400, 440	
F T		and complete lines 30 through 34.	oo sooj, che	SON HEIG F				
S	30	Capital stock or trust principal, or current funds			30			
sse	31	Paid-in or capital surplus, or land, building, or ed			31			
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32		
Š	33	Total net assets or fund balances			3,960,609.	33	3,063,682	
	l OO	TOTAL HEL ASSETS OF THIRD DAIAHILES		L	4,504,978.	55	4,483,659	

Form **990** (2012)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,54		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,54		
3	Revenue less expenses. Subtract line 2 from line 1		-1,00		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,96		
5	Net unrealized gains (losses) on investments	5	12	0,9	56.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-1	3,6	07.
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	3,06	3,6	82.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		.   3b		

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HENRY KAUFMANN CAMPGROUNDS, INC.

Employer identification number 13-5633239

Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	te this par	:.) See inst	tructions.				
he orgar	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in <b>se</b>	ection 170	(b)(1)(A)(i)	).				
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗌			tal service organization			170(b)(1)	(A)(iii).					
4	•		operated in conjunction					(b)(1)(A)(ii	i). Enter t	he hospi	tal's na	me.
	city, and stat								•	•		,
5	•		benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	t describe	ed in		
• —	_	(b)(1)(A)(iv). (Comple	_	,		· - · · · · ,	3					
6			ent or governmental uni	t describe	d in <b>sectio</b>	n 170/h)/-	IV A V(v)					
7 X			eives a substantial part					or from the	gonoral	oublic de	secriboo	lin
,	-	•	· ·	oi its supp	on nom a	governine	illai uliil C	יו ווטווו נוופ	generar	public de	SCHDEC	. 11 1
• 🗀		<b>b)(1)(A)(vi).</b> (Comple		(O = === l = t =	Dest II \							
8 📙			section 170(b)(1)(A)(vi).									
9 📖	-	•	eives: (1) more than 33						•	-	-	
			nctions - subject to certa									
			axable income (less sect	tion 511 ta	ix) from bu	isinesses a	acquired b	y the orga	ınızatıon a	after Jun	e 30, 19	1/5.
		<b>509(a)(2).</b> (Complete	•									
10	-	-	perated exclusively to te	-				-				
11 📖			perated exclusively for the									or
			ations described in secti				2). See <b>se</b> o	ction 509(	<b>a)(3).</b> Che	eck the b	ox that	
			organization and compl									
	a	•	•	ype III - Fu	_	-			e III - Nor		-	-
e 📖	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified <sub>l</sub>	persons	other th	an
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 5	09(a)(2	).
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check th	nis box									Ш
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontributior	n from any	of the foll	owing per	sons?			
	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed	in (ii) and (	iii) below,		Yes	No
	the gove	erning body of the s	upported organization?							11g	(i)	
	(ii) A family	member of a persor	n described in (i) above?							11g(	ii)	
			person described in (i) o								iii)	
h			about the supported or									
(i) Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did you	ı notify the	(yi) ls	the	(vii) Amo	unt of m	onetary
. ,	anization	(,	(described on lines 1-9		sted in your			organizátio		. ,	support	Jiiotai y
· ·			above or IRC section	governing	document?	(i) of you	support?	(i) organiz U.S	.?		• •	
			(see instructions))	Yes	No	Yes	No	Yes	No			
					<del>                                     </del>	<del>                                     </del>		<del>                                     </del>	<del>                                     </del>			
					<del>                                     </del>	<del>                                     </del>		<del>                                     </del>	+ +			
								-	-			

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

Schedule A (Form 990 or 990-EZ) 2012

#### 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.)

Galendar year (or fiscal year beginning in)   Gilbs, grants, contributions, and membership fees received. (IDs not include any "unusual grants.")   1512011. 1042200. 977, 021. 1964368. 2293505. 7789105.   2 Tax revenues levide for the organization is benefit and either paid to or expended on its behalf with the organization without charge   1512011. 1042200. 977, 021. 1964368. 2293505. 7789105.   3 The portion of total contributions by each person (other than a governmental unit to the organization without charge   1512011. 1042200. 977, 021. 1964368. 2293505. 7789105.   3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11.   1042200. 977, 021. 1964368. 2293505. 7789105.   3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11.   1042200. 977, 021. 1964368. 2293505. 7789105.   1512011. 1042200. 977, 021. 1964368. 2293505. 7789105.   1512011. 1042200. 977, 021. 1964368. 2293505. 7789105.   1512011. 1042200. 977, 021. 1964368. 2293505.   1789105.   1512011. 1042200. 977, 021. 1964368. 2293505.   1789105.   1512011. 1042200. 977, 021. 1964368. 2293505.   1789105.   1512011. 1042200. 977, 021. 1964368.   1512011. 1042200. 977, 021. 1964368.   1512011. 1042200. 977, 021. 1964368.   1512011. 1042200. 977, 021. 1964368.   1512011. 1042200. 977, 021. 1964368.   1512011. 1042200. 977, 021. 1964368.   1512011. 1042200. 977, 021. 1964368.   1512011. 1042200. 977, 021. 1964368.   1512011. 1042200. 977, 021. 1964368.   1512011. 1042200. 977, 021. 1964368.   1512011. 1042200. 977, 021. 1964368.   1512011. 1042200. 977, 021. 1964368.   1512011. 1042200. 977, 021. 1964368.   1512011. 1042200. 977, 021. 1964368.   1512011. 1042200. 977, 021. 1964368.   1512011. 1042200. 977, 021. 1964368.   1512011. 1042200. 977, 021. 1964368.   1512011. 1042200. 977, 021. 1964368.	Sec	ction A. Public Support						
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 public) supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Sobraci less from line 4  8 Cross 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 business activities, whether or not the business is regularly carried on business activities, whether or not the business is regularly carried on Public Support Percentage  14 Public support Add lines 7 through 10  15 Total support. Add lines 7 through 10  17 Total support devices and activities, occ. (see instructions)  18 First five years. If the Form 990 is for the organization of here. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization meets the "facts and circumstances" test. Check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization meets the "facts and circumstances" test. The organization of under the organization meets the "facts and circumstances" test. The organization of under the organization meets the "facts and circumstances" test. The organization of under the organization meets the "facts and circumstances" test. The organization of under the organization meets the "facts and circumstances" test. The organization of under the organization meets the "facts and circumstances" test. The organization of under the organization meets the "facts and circumstances" test. The o	Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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17a 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b	33 1/3% support test - 2011. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a	10% -facts-and-circumstances tes	<b>t - 2012.</b> If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
b 10% -facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	i <b>ere.</b> Explain in Pai	t IV how the orgar	nization
more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b	10% -facts-and-circumstances tes	<b>t - 2011.</b> If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
		more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	<b>stop here.</b> Explain	in Part IV how the	<u> </u>
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		organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
	18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s

#### 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	ow, picase com	pioto i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and			, ,	, ,	` ,	,,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities			A			
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest,						
dividends, payments received on securities loans, rents, royalties	\					
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for t	he organization'	e firet second thir	d fourth or fifth t	I av vear as a sectio	n 501(c)(3) organia	zation
check this box and <b>stop here</b>	•		•	•	. , . ,	·
Section C. Computation of Public						
15 Public support percentage for 2012 (lin			column (fl)		15	%
<b>16</b> Public support percentage from 2011 S					16	%
Section D. Computation of Invest					!	
17 Investment income percentage for 201			ne 13, column (f))		17	%
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2012. If the o						
• •	· ·		•		*	
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2011. If the c	· ·			·	•	
line 18 is not more than 33 1/3%, chec			•		ŭ	
20 Private foundation. If the organization	uid not check a	. Dox on line 14, 19	a, or 19b, check th	nis box and see in	structions	<b>P</b>

#### Schedule B (Form 990, 990-EZ, or 990-PF)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

Employer identification number

	HENRY KAUFMANN CAMPGROUNDS, INC.	13-5633239
Organization type (cl	heck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundat	tion
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section  General Rule	501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See instructions.
	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or n	more (in money or property) from any one
•	Complete Parts I and II.	
Special Rules		
509(a)(1) and	n 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test d 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and I	on of the greater of (1) \$5,000 or (2) 2%
total contrib	n 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any outions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, liter on of cruelty to children or animals. Complete Parts I, II, and III.	
contribution: If this box is purpose. Do	n 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any organization filing Form 990 or 990-EZ that received from any organization state exclusively for religious, charitable, etc., purposes, but these contributions of checked, enter here the total contributions that were received during the year for any or organization or organization organization organization organization.	did not total to more than \$1,000. n exclusively religious, charitable, etc., because it received nonexclusively
Caution. An organiza	ation that is not covered by the General Rule and/or the Special Rules does not file S	Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

#### HENRY KAUFMANN CAMPGROUNDS, INC.

13-5633239

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SCOTT A. JAFFE  15 W 39TH ST  NEW YORK, NY 10018	\$ 73,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization **Employer identification number** 

#### HENRY KAUFMANN CAMPGROUNDS, INC.

13-5633239

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. From Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Name of organization Employer identification number HENRY KAUFMANN CAMPGROUNDS, INC. 13-5633239 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

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

Name of the organization

HENRY KAUFMANN CAMPGROUNDS, INC.

Employer identification number 13-5633239

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	8.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or of		
Par			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of an hi	storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	<b>+</b> • • • • • • • • • • • • • • • • • • •		
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year ▶		
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, ar	nd enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during	g the year <b>&gt;</b> \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of A		Other Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemen	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 116		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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

Part VI Land, Buildings, and Equipment. 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										
<b>b</b> Buildings										
c Leasehold improvements										
d Equipment										
e Other		496,602.	391,041.	105,561.						
otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)										

Schedule D (Form 990) 2012

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. FIN 48 (ASC 740) Footnote. 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

(11)

Schedule D (Form 990) 2012

#### **SCHEDULE G**

(Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

**Open To Public** Inspection

name of the organization <b>HENRY K</b>	AUFMANN CAMPGROUND	s,	INC	•	13-5633	239
Part I Fundraising Activities required to complete this par	- Complete if the organization answert.	ered "\	es" to	Form 990, Part IV, li	ne 17. Form 990-EZ	filers are not
Indicate whether the organization raise     A	sed funds through any of the following solicitates of Solicitates or oral agreement with any individual Part VII) or entity in connection with pulsividuals or entities (fundraisers) purs	tion of tion of fundra (inclu- profess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fund have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
FELICIA SOLOMON - 269 BLACKHEATH ROAD, LIDO BEACH,	CONSULTING	Yes	No X	99,899.	38,802.	0.
DIACKHEATH KOAD, DIDO BEACH,	CONSULTING			33,033.	30,002.	0.
		7				
Fotal			<b>•</b>	99,899.	38,802.	
<b>3</b> List all states in which the organization or licensing.		contrik	utions		d it is exempt from re	egistration

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) Revenue 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment Other direct expenses ..... 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses \_\_\_\_\_ Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2012 HENRY KAUFMANN CAMPGROUNDS, INC. 13-5	0633	<u> </u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	\	Yes	└── No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	,	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		
17	The the hame and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 🕽	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
-	of gaming revenue retained by the third party > \$			
,	: If "Yes," enter name and address of the third party:			
٠	on Tes, entername and address of the tilld party.			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatan, diatributiona			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	П,		□ Na
	retain the state gaming license?	'' '	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)			-
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see ir	nstruc	tions).
~~				
<u>SC</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	<u> </u>		
<u>(I</u>	) NAME OF FUNDRAISER: FELICIA SOLOMON			
(I	) ADDRESS OF FUNDRAISER: 269 BLACKHEATH ROAD, LIDO BEACH, NY	115	61	

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HENRY KA	UFMANN CAN	IPGROUNDS,	INC.				13-5633239
Part I General Information on Grants	s and Assistance						
1 Does the organization maintain record				-	•		
criteria used to award the grants or as	ssistance?						X Yes N
2 Describe in Part IV the organization's							
Part II Grants and Other Assistance		-			anization answered "	Yes" to Form 990, Part IV,	line 21, for any
recipient that received more that				(e) Amount of	(f) Method of	(a) December of	(le) Divine and of avoid
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3	) and government o	rganizations listed in t	he line 1 table			· · · · · · · · · · · · · · · · · · ·	<b>&gt;</b>
3 Enter total number of other organization							<b>&gt;</b>
LHA For Paperwork Reduction Act Noti	ce, see the Instruc	tions for Form 990.					Schedule I (Form 990) (201

Schedule I (Fo	orm 990) (2012) HENRY KAUFMANN	CAMPGROU	NDS, INC.			13-5633239	Page 2
Part III G	irants and Other Assistance to Individuals in the Ur art III can be duplicated if additional space is needed.	<b>nited States.</b> Con	nplete if the organiz	ation answered "Yes	to Form 990, Part IV, line 22.		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash	assistance
Part IV S	supplemental Information. Complete this part to prov	ide the informatio	n required in Part I,	line 2, Part III, colum	nn (b), and any other additional in	nformation.	

## SCHEDULE J (Form 990)

#### **Compensation Information**

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

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

► Attach to Form 990. See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

HENRY KAUFMANN CAMPGROUNDS, INC.

Employer identification number 13-5633239

			Yes	No
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.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		X
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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) and 501(c)(4) 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:	_		37
	The organization?	5a		X
b	Any related organization?	5b		
	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:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	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	_		Х
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	۵		
	Benulations section 53 4958-6107			

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

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(13)(1)-(13)		
(1) LEONARD SILBERMAN	(i)	230,000.	0.	0.	0.	0.	230,000.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JEFFREY COOPERSMITH	(i)	201,907.	0.	0.	0.	0.			
EXEC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)				*				
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Attach to Form 990 or 990-EZ. Internal Revenue Service Inspection Name of the organization **Employer identification number** 13-5633239 HENRY KAUFMANN CAMPGROUNDS, INC. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY DIRECTORS IN BOARD MEETINGS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE ORGANIZATION HAS CHANGED NEITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

#### FORM 990 PAGE 10

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
	PROGRAM SERVICES											
1	WOOD MOVER	VARIES	SL	5.00	16	5,575.			5,575.	5,575.		0.
2	UTILITY TRACTOR	VARIES	SL	5.00	16	786.			786.	786.		0.
3	PICKUP - GMC K 350	VARIES	SL	5.00	16	17,999.			17,999.	17,999.		0.
4	CHEVY BLAZER	VARIES	SL	5.00	16	1,300.			1,300.	1,300.		0.
5	GMC S - 15 PICKUP	VARIES	SL	5.00	16	6,825.			6,825.	6,825.		0.
6	POOL VACUUM	VARIES	SL	5.00	16	1,451.			1,451.	1,451.		0.
7	COOLER	VARIES	SL	5.00	16	3,325.			3,325.	3,325.		0.
8	REFRIDGERATOR	VARIES	SL	5.00	16	1,414.			1,414.	1,414.		0.
9	VACUUM	VARIES	SL	5.00	16	519.			519.	519.		0.
10	LOW BOY TRAILER	VARIES	SL	5.00	16	1,500.			1,500.	1,500.		0.
11	AIR CONDITIONERS	VARIES	SL	5.00	16	538.			538.	538.		0.
12	SECURITY SYSTEMS	VARIES	SL	5.00	16	1,700.			1,700.	1,700.		0.
13	VEHICLE	VARIES	SL	5.00	16	2,500.			2,500.	2,500.		0.
14	FORD TRUCK	VARIES	SL	5.00	16	5,000.			5,000.	5,000.		0.
16	OFFICE EQUIPMENT	VARIES	SL	5.00	16	3,200.			3,200.	3,200.		0.
17	TELEPHONE EQUIPMENT	VARIES	SL	5.00	16	1,442.			1,442.	1,442.		0.
18	WALKIE - TALKIE	VARIES	SL	5.00	16	2,975.			2,975.	2,975.		0.

228102 05-01-12

<sup>(</sup>D) - Asset disposed

#### 2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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_	_	v	

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
19	OFFICE EQUIPMENT	VARIES	SL	5.00	16	4,500.			4,500.	4,500.		0.
20	COMPUTER	VARIES	SL	5.00	16	5,949.			5,949.	5,949.		0.
	GOLF CARTS	VARIES	SL	5.00	16	2,800.			2,800.	2,800.		0.
	FORD MODEL 1920 TRACTOR	042794	SL	5.00	16	19,999.			19,999.	19,999.		0.
24	DODGE DAKOTA	070195	SL	5.00	16	16,361.			16,361.	15,910.		0.
25	COMPUTER	020497	SL	5.00	16	4,314.			4,314.	4,314.		0.
26	FORD TRACTOR	071598	SL	5.00	16	16,200.			16,200.	16,200.		0.
28	COMPUTERS	042898	SL	5.00	16	9,000.			9,000.	9,000.		0.
	FORD RANGER	011899	SL	5.00	16	19,411.			19,411.	19,411.		0.
	FURNITURE & FIXTURES	020201	SL	7.00	16	1,827.			1,827.	1,567.		0.
32	LAPTOP COMPUTER	020901	SL	5.00	16	1,200.			1,200.	960.		0.
33	'01 FORD F-250	111601	SL	5.00	16	21,193.			21,193.	19,782.		0.
34	'02 FORD EXPLORER	111601	SL	5.00	16	30,135.			30,135.	28,126.		0.
35	DESKTOP COMPUTER	101502	SL	5.00	16	1,836.			1,836.	1,652.		0.
36	TOSHIBA COPIER	032703	SL	5.00	16	4,999.			4,999.	4,999.		0.
37	GOLF CARTS	080503	SL	5.00	16	6,000.			6,000.	5,200.		0.
38	KUBOTO TRACTOR	030404	SL	5.00	16	27,000.			27,000.	26,550.		0.
39	CLUB CAR	042904	SL	5.00	16	4,465.			4,465.	3,646.		0 .

228102 05-01-12

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

#### 2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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J	J	v	

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
40	GOLF CARTS	072604	SL	5.00	16	7,340.			7,340.	6,361.		0 .
42	PROPANE GENERATOR	050405	SL	5.00	16	15,000.			15,000.	12,250.		0 .
43	TRACTOR	072505	SL	5.00	16	12,500.			12,500.	10,833.		0 .
44	PRINTER	100705	SL	5.00	16	800.			800.	720.		0 .
45	COMPUTER	100805	SL	5.00	16	1,929.			1,929.	1,737.		0 .
46	'06 VOLVO S80	050306	SL	5.00	16	35,181.			35,181.	28,730.		0 .
47	CLUB CAR	071006	SL	5.00	16	2,700.			2,700.	2,295.		0 .
48	CLUB CAR	072407	SL	5.00	16	3,000.			3,000.	2,400.		200
49	'08 FORD F-350	111507	SL	5.00	16	28,091.			28,091.	22,472.		3,277
	KUBOTA FRONT MOWER	050508	SL	5.00	16	10,550.			10,550.	6,330.		2,110
51		050508	SL	5.00	16	3,545.			3,545.	2,127.		709
	KUBOTA SIDE DISCHARGE MOWER	050508	SL	5.00	16	3,045.			3,045.	1,827.		609
53	CLUB CAR	060209	SL	5.00	16	2,650.			2,650.	1,060.		530
54	CLUB CAR	060209	SL	5.00	16	2,650.			2,650.	1,060.		530
55	CLUB CAR	061209	SL	5.00	16	3,600.			3,600.	1,440.		720
		061209	SL	5.00	16	3,600.			3,600.	1,440.		720
	TRACTOR WITH BACKHOE	051710	SL	5.00	16	45,345.			45,345.	9,069.		9,069
58	MOWER/TRACTOR	061410	SL	5.00	16	21,635.			21,635.	4,327.		4,327

228102 05-01-12

<sup>(</sup>D) - Asset disposed

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
59	вовсат	02161	LSL	5.00	16	2,900.			2,900.	580.		580.
60	COPIER	03301	SL	5.00	16	9,938.			9,938.			1,988.
	KUBOTA 4WD TRACTOR KUBOTA REAR	05181	2SL	5.00	16	16,500.			16,500.			0.
		05181	SL	5.00	16	3,265.			3,265.			0.
63	CLUB CAR	07211	SL	5.00	16	3,300.			3,300.			0.
64	CLUB CAR * 990 PAGE 10 TOTAL	07301	SL	5.00	16	2,300.			2,300.			0.
	PROGRAM SERVICES * GRAND TOTAL 990					496,602.		0.	496,602.	365,672.	0.	25,369.
	PAGE 10 DEPR					496,602.		0.	496,602.	365,672.	0.	25,369.

#### Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			<b>▶</b> X	
-	are filing for an Additional (Not Automatic) 3-Month Ex						
	complete Part II unless you have already been granted						
	nic filing (e-file) . You can electronically file Form 8868 if						
	to file Form 990-T), or an additional (not automatic) 3-mo						
	o file any of the forms listed in Part I or Part II with the ex	•	•				
	Benefit Contracts, which must be sent to the IRS in page		(see instructions). For more details	on the elec	ctronic filing of	this form,	
	w.irs.gov/efile and click on e-file for Charities & Nonprofits		outeral anisimal (no comice no	مامما/			
Part I							
Part I on	ration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		$\blacksquare$	
All other	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exter	nsion of time	🖊 🗀	
Type or	Name of exempt organization or other filer, see instru	uctions.		Employe	r identification i	number (EIN) or	
print	HENRY KAUFMANN CAMPGROUNDS				13-5633		
File by the due date for filing your				Social se	curity number		
return. See instructions		oreign add	dress, see instructions.	l			
	FEARL RIVER, NI 10905						
Enter the	e Return code for the return that this application is for (file	e a senara	te application for each return)			01	
Littor tin	the term to the retain that this application is for the	с а зорага	ite application for each return,				
Applica	tion	Return	Application			Return	
Is For		Code	Is For				
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
	THE ORGANIZATION		DEADT DIVED NV 1	0065			
	books are in the care of ► 667 BLAUVELT R	OAD -		.0965			
	hone No. ► (845) 735-2718		FAX No.				
	organization does not have an office or place of busines					•	
	is for a Group Return, enter the organization's four digit  If it is for part of the group, check this box	7					
box •	equest an automatic 3-month (6 months for a corporation				ers trie exterisi	on is ior.	
<b>1</b> 1 r	NOVEMBER 15, 2013, to file the exemp				The extension		
is	for the organization's return for:	or organiza	tion retain for the organization ham	ca above.	THE EXTENSION		
 •	calendar year or						
	x tax year beginning APR 1, 2012	. an	nd ending MAR 31, 2013				
,	, , , , , , , , , , , , , , , , , , , ,	·	<u> </u>		_		
2 If t	the tax year entered in line 1 is for less than 12 months, on the control of the	check reas	on: Initial return	Final retur	'n		
	chis application is for Form 990-BL, 990-PF, 990-T, 4720, nrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less any	3a	\$	0.	
	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	Ja			
	timated tax payments made. Include any prior year over	•		3b	\$	0.	
_	lance due. Subtract line 3b from line 3a. Include your pa				<del>-</del>		
	using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.	
	. If you are going to make an electronic fund withdrawal			•	FO for paymen	t instructions	

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY



# **TAX RETURN FILING INSTRUCTIONS**

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

#### FOR THE YEAR ENDING

MARCH 31, 2013

Prepared for	HENRY KAUFMANN CAMPGROUNDS, INC. 667 BLAUVELT ROAD PEARL RIVER, NY 10965
Prepared by	LAWRENCE BROWN & CO. 180 PHILLIPS HILL ROAD - STE #3A NEW CITY, NY 10956
Mail tax return to	NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	JANUARY 15, 2014
Special Instructions	NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED.  ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.

# Form CHAR500

#### **Annual Filing for Charitable Organizations**

New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section

2012

Article 7-A, EPTL and dual filers (replaces forms CHAR 497,		New	20 Бюасway / York, NY 1027 ww.charitiesnys				Open to Pu Inspection	
CHAR 010 and CHAR 006)		11ttp://w	ww.criantiesriys					
General Information     For the fiscal year beginni	na (mm/dd/www)	04/01/2012	and ending (mn	n/dd/www)	03/31/2	013		
b. Check if applicable for NYS:  Address change	c. Name of or		-		03/31/2	d. Fed.	employer ID no. (EIN -5633239	۷)
Name change Initial filing			,				tate registration no.	
Final filing  Amended filing		street (or P.O. box if mail no	t delivered to stre	et address)	Room/suite		hone number 735-2718	
NY registration pending		n, state or country and ZI ${ m IVER}$ , ${ m NY}$ 109	IP + 4 9 <b>6</b> 5			g. Email		
2. Certification - Two Sign	atures Require	ed						
We certify under penalties o true, correct and complete in						our know	ledge and belief, the	ey are
a. President or Authorized Offic	cer		LEONARD		RMAN	CEO	Dete	
b. Chief Financial Officer or Tre	as sig	gnature	Printed MICHAEL	BIZEN	OV		ASURER	
	Sig	nature	Printed	Name		Title	Date	
3. Annual Report Exemption	on Information							
<ul> <li>a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)         Check  (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000  (and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.     </li> <li>         MOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed \$25,000  (or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.     </li> </ul>								
b. <b>EPTL</b> annual report exer Check <b>▶</b> if gross		egistrants and dual regist ot exceed \$25,000 <u>and</u> as	,	alue) did not	exceed \$25,0	00 at any t	time during this fisc	al year.
For EPTL or Article 7-A registra report exemptions under bo <u>Do not</u> <sup>S</sup>	th laws, simply co	•	mation), part 2 (C	ertification) a	nd part 3 (Annua	al Report Ex	emption Information)	
4. Article 7-A Schedules								
If you did <b>not</b> check the Artica. Did the organization use a part of the state of the state of the state of the organization receives the state of	orofessional fund l <b>ule 4a</b> . government con	raiser, fund raising counsel	or commercial co-	venturer for f	fund raising activ	•		X No
5 Fee Submitted See lest	nage for summ	nary of too requirements						
5. Fee Submitted: See last Indicate the filing fee(s) you a. Article 7-A filing fee b. EPTL filing fee c. Total fee	are submitting a	along with this form:					ne check or money or able to "NYS Departm	
				•				

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments



#### HENRY KAUFMANN CAMPGROUNDS, INC.

#### 5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

# Organization's Registration Type Article 7-A Calculate the Article 7-A filling fee using the table in part a below. The EPTL filling fee is \$0. EPTL Calculate the EPTL filling fee using the table in part b below. The Article 7-A filling fee is \$0. Dual Calculate both the Article 7-A and EPTL filling fees using the tables in parts a and b below. Add the Article 7-A

#### a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

#### b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

#### 6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

,		
For All Filers		
Filing Fee		
X Single check or money order payable to "I	NYS Department of Law"	
Copies of Internal Revenue Service Forms		
X IRS Form 990	IRS Form 990-EZ	IRS Form 990-PF
X All required schedules (including	All required schedules (including	All required schedules (including
Schedule B)	Schedule B)	Schedule B)
l — ′	<b>1</b>	1 <u> </u>
└── IRS Form 990-T	└── IRS Form 990-T	☐☐ IRS Form 990-T

Additional Article 7-A Document	t Attachment Requirement
---------------------------------	--------------------------

Independent Accountant's Report

$oxdot{X}$ Audit Report (total support & revenue more than \$250,00	nore than \$250,0	revenue more	Audit Report (total support	X
---	-------------------	--------------	-----------------------------	---

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

OMB No. 1545-0047

Α	For the	2012 calendar year, or tax year beginning APR 1, $2012$ and	ending M	AR 31, 2013	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	HENRY KAUFMANN CAMPGROUNDS, INC.			
L	Name change	Doing Business As		13-5	633239
	Initial return Termin	,	Room/suite	E Telephone number (845	
	ated Ameno			G Gross receipts \$	5,544,386.
F	—lreturn ⊟Applica				
	⊥ltiòn pendin	F Name and address of principal officer: LEONARD SILBERMAN		H(a) Is this a group re	Yes X No
			065	for affiliates?	
_		<u> </u>	965	H(b) Are all affiliates inc	
_		mpt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	,	list. (see instructions)
		e: ► N/A		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1953 N	Natate of legal domicile: NY
Р		Summary			
Governance	1	Briefly describe the organization's mission or most significant activities: THE CAMPGROUNDS FOR CHARITABLE AGENCIES.	ORGANI	ZATION OPER	ATES THREE
ű	2	Check this box   if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	ssets.
ove.	3			3	0
Ğ	4	Number of independent voting members of the governing body (Part VI, fine 1b)		4	0
တ္		Fotal number of individuals employed in calendar year 2012 (Part V, line 2a)			219
iţie		Total number of volunteers (estimate if necessary)			0
Activities &	72.	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ		Net unrelated business taxable income from Form 990-T, line 34			0.
_	-	vet differenced business taxable income from 1 offi 990-1, life 94		Prior Year	Current Year
	8	Contributions and grants (Part VIII. line 1h)		1,964,368.	2,293,505.
ne		Contributions and grants (Part VIII, line 1h)		3,234,900.	3,041,028.
Ver	9	Program service revenue (Part VIII, line 2g)		333.	209,853.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	209,033.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,199,601.	5,544,386.
_		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		84,000.	33,700.
		Benefits paid to or for members (Part IX, column (A), line 4)		• •	2 205 050
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,084,512.	2,205,059.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	14,901.	46,636.
X	b	Fotal fundraising expenses (Part IX, column (D), line 25)		2 011 015	4 062 065
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,211,815.	
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,395,228.	6,548,662.
_	19	Revenue less expenses. Subtract line 18 from line 12		-195,627.	-1,004,276.
t Assets or	3		Ве	ginning of Current Year	End of Year
Sets	<b>20</b>	Fotal assets (Part X, line 16)		4,504,978.	4,483,659.
t As	21	Fotal liabilities (Part X, line 26)		544,369.	1,419,977.
Net		Net assets or fund balances. Subtract line 21 from line 20		3,960,609.	3,063,682.
P	art II	Signature Block			
Und	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	e, correc	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He		LEONARD SILBERMAN, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	LAWRENCE BROWN	1	1/21/13 if self-employed	P00680847
	parer	Firm's name LAWRENCE BROWN & CO.		Firm's EIN	13-3093411
	Only	Firm's address 180 PHILLIPS HILL ROAD - STE #32	A		
		NEW CITY, NY 10956		Phone no. (	845) 638-1001
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)		1	X Yes No
1710	,				<u> 100 110 </u>

TEACH	CAMPERS	HOW	ТО	SWIM.				

4d Other program services (Describe in Schedule O.)

(Expenses \$ 5,059,251 • including grants of \$

Total program service expenses ► 5,172,961 •

) (Revenue \$

# 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)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		37	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	112		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	46:		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>1</del> d		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 22
Ŋ	ii 165 to iii 6 20a, did tile organization attaon a copy of its addited iirianolai statements to tilis retum?	ZUD		

# Form 990 (2012) HENRY KAUFMANN CAM Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_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			Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		$\frac{x}{x}$
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	OE!		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	38	Х	

Form **990** (2012)

# Form 990 (2012) HENRY KAUFMANN CAMPGROUNDS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>				
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country: ►							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			37				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u></u>		х				
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a						
D		6b		ĺ				
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).							
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting							
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u> </u>				
9	Sponsoring organizations maintaining donor advised funds.							
	Did the organization make any taxable distributions under section 4966?	9a						
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
	Gross income from other sources (Do not net amounts due or paid to other sources against							
-	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						

rai	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		•	
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	0		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	, , ,	<u>0</u>		
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?	2		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?	6		Х
7a		_		
	more members of the governing body?	7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		х
0	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		<u> </u>
8 a		8a	х	
b		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a	Yes	
		10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Yes	
b 11a b	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10b		Х
b 11a b 12a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	10b		
b 11a b 12a b	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b 11a		Х
b 11a b 12a b	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10b 11a 12a 12b		Х
b 11a b 12a b c	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b		X
b 11a b 12a b c	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13		X
b 11a b 12a b c	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b		X
b 11a b 12a b c	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	10b 11a 12a 12b 12c 13		X
11a b 12a b c 13 14 15	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10b 11a 12a 12b 12c 13 14		X X X
b 11a b 12a c 13 14 15	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14		X X X
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b 11a b 12a c 13 14 15	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14		X X X X
b 11a b 12a c 13 14 15 a b	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14		X X X
b 11a b 12a c 13 14 15 a b	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10b 11a 12a 12b 12c 13 14		X X X X
b 11a b 12a c 13 14 15 a b	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	10b 11a 12a 12b 12c 13 14		X X X X
b 11a b 12a c 13 14 15 a b b	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	10b 11a 12a 12b 12c 13 14 15a 15b		X X X X
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b 11a b 12a c 13 14 15 a b 16a b	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X	X X X X
b 11a b 12a c 13 14 15 a b 16a b	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  **Tion C. Disclosure**	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X	X X X X

17	List the states with which a copy of this Form 990 is required to be filed • 14.1
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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - (845) 735-2718

667 BLAUVELT ROAD, PEARL RIVER, NY 10965

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

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

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

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

<b>(A)</b> Name and Title	(B) Average hours per week	box offi	i, unle	Pos heck ss pe	rson	than is bot or/trus	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1) LEONARD SILBERMAN CEO	40.00	х			4			230,000.	0.	C
2) JEFFREY COOPERSMITH EXEC DIRECTOR	40.00	x						201,907.	0.	C
								,		

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

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, and	d Hi	ighe	st C	compensated Employe	es (continued)				
	<b>(A)</b> Name and title	(B) Average hours per	(do		Pos heck	C) ition more	1 than	one	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation			(F) stimate nount	
		week (list any hours for related organizations below line)	tee or director	lnstitutional trustee				stee)	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	l s	com fi org an	other pensa om the anizat d relate anizatio	ition e ion ed
	Sub-total								431,907.		0.			0
С	Total from continuation sheets to Part Vi Total (add lines 1b and 1c)	II, Section A							0. 431,907.		0.			0
2	Total number of individuals (including but n compensation from the organization							ho re	<u> </u>	0,000 of reportab	le			
3	Did the organization list any <b>former</b> officer,	director, or tru	uste	e, ke	ey er	nplc	yee	, or	highest compensated e	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d otl		the organization		3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ uni	relat	ed organization or indiv	idual for services		4	Х	77
	rendered to the organization? If "Yes," com ion B. Independent Contractors	plete Schedul	e J f	or su	uch <sub>i</sub>	pers	son					5		X
	Complete this table for your five highest co	· ·	-								npens	ation	from	
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  Name and business address NONE  Description of services  C							(Compe	<b>C)</b> nsatio	n					
	Total number of independent control. "	in algorithms.		ma:4 -	al ± -	41			d about of the first state of	novo the sec				
	Total number of independent contractors (i \$100,000 of compensation from the organi		IUT III	mte	u 10		se II: 0	siec	above, who received n	iore man			000 "	

		(== ·=)		IN CAMPGR	COUNDS, INC	•	13-5633	239 Page 9
Pa	rt VI							
		Check if Schedule O cont	ains a response	to any question	in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	1b 1c 1d 1 , itions) 1e 1s , and 1f 1s 1a-1f: \$	988,305.	2 202 505			
Program Service C Revenue			CAMP	Business Code	2,293,505.	3,041,028.		
	g	All other program service reverse Total. Add lines 2a-2f		<b>&gt;</b>	3,041,028.			
	3 4 5	Investment income (including other similar amounts) Income from investment of ta	x-exempt bond p	oroceeds >	9,326.			9,326.
	b c	Gross rents  Less: rental expenses  Rental income or (loss)  Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 200,527.	(ii) Other				
Ф	d	and sales expenses  Gain or (loss)  Net gain or (loss)  Gross income from fundraisin	200,527.		200,527.	200,527.		
Other Revenue		including \$ contributions reported on line Part IV, line 18	1c). Seea					
₹		Less: direct expenses						
	9 a	Net income or (loss) from fund Gross income from gaming ad Part IV, line 19	ctivities. See					
		Less: direct expenses  Net income or (loss) from gam						
	10 a	Gross sales of inventory, less and allowances Less: cost of goods sold	returns a					
	С	Net income or (loss) from sale						
	44 -	Miscellaneous Revenu		Business Code				
	b		<u> </u>					
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			5,544,386.	3,241,555.	0.	9,326.

#### 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 respon	se to any question in th		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	33,700.	33,700.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	431,907.		431,907.	
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	1,372,263.	1,037,367.	334,896.	
8	Pension plan accruals and contributions (include	22 2=4	<b>A</b>		
	section 401(k) and 403(b) employer contributions)	83,278.	22,194.	61,084.	
9	Other employee benefits	213,329.	73,242.	140,087.	
10	Payroll taxes	104,282.	64,709.	39,573.	
11	Fees for services (non-employees):				
а	Management				
	Legal	T 150		- 450	
С	Accounting	7,150.		7,150.	
d	Lobbying	16 626			16.606
е	· •	46,636.		4 4 5 0	46,636
f	Investment management fees	4,172.		4,172.	
g	·	5 004		5 004	
	column (A) amount, list line 11g expenses on Sch O.)	5,084.		5,084.	
12	Advertising and promotion	0.4 0.50		0.4.050	
13	Office expenses	24,250.		24,250.	
14	Information technology	28,257.		28,257.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	06.056		06.056	
19	Conferences, conventions, and meetings	26,256.		26,256.	
20	Interest				
21	Payments to affiliates	25 262	05 360		
22	Depreciation, depletion, and amortization	25,369.	25,369.		
23	Insurance	207,901.	207,901.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	2 900 104	2 200 104		
a	REPAIRS & MAINTENANCE UTILITIES	2,808,104. 214,376.	2,808,104. 214,376.		
b	POOL SUPPLIES	211,643.	214,376.		
C	PEARL RIVER MASTER PLAN	126,683.	411,043.	126,683.	
d		574,022.	474,356.	99,666.	
	All other expenses Add lines 1 through 24a	6,548,662.	5,172,961.	1,329,065.	46,636
25	Total functional expenses. Add lines 1 through 24e	0,540,002.	J, 1 1 4 , 3 0 1 •	1,349,000.	40,030
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Farm <b>990</b> (0010

# Form 990 (2012) Part X Balance Sheet

Pal	πχ	Balance Sneet					
		Check if Schedule O contains a response to any	y questi	on in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			250.	1	1,750.
	2	Savings and temporary cash investments			552,951.	2	863,414.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	•	·			
		employers and sponsoring organizations of sec	,	, , , , , , , , , , , , , , , , , , ,			
		employees' beneficiary organizations (see instr).		` ' ' '		6	
ets	7	Notes and loans receivable, net			48,305.	7	2,500.
Assets	8	Inventories for sale or use			2,170.	8	2,170.
•	9	B			10,151.	9	11,870.
	l	Land, buildings, and equipment: cost or other	I I		,		,
		basis. Complete Part VI of Schedule D	10a	496,602.			
	l b	Less: accumulated depreciation	10b	391,041.	105,565.	10c	105,561.
	11	Investments - publicly traded securities			3,785,586.	11	3,496,394.
	12	Investments - other securities. See Part IV, line			71107000	12	0,100,000
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	*	14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			4,504,978.	16	4,483,659.
	17	Accounts payable and accrued expenses			295,043.	17	853,284.
	18	Grants payable		18	333,232		
	19	Deferred revenue		209,058.	19	322,649.	
	20	Tax-exempt bond liabilities				20	322,322
s	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and former					
liqe		key employees, highest compensated employee					
Ë		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			40,268.	23	244,044.
	24	Unsecured notes and loans payable to unrelate		F-	. ,	24	, -
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-				
		Schedule D	-	•		25	
	26	Total liabilities. Add lines 17 through 25			544,369.	26	1,419,977.
		Organizations that follow SFAS 117 (ASC 958			,		, ,
S		complete lines 27 through 29, and lines 33 ar		,			
nce.	27	Unrestricted net assets			69,762.	27	-540,055.
ala	28	Temporarily restricted net assets			112,112.	28	113,308.
e B	29				3,778,735.	29	3,490,429.
Ě		Organizations that do not follow SFAS 117 (A			, ,		, ,
ΡF		and complete lines 30 through 34.		,,			
ts (	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Se	33	Total net assets or fund balances		F-	3,960,609.	33	3,063,682.
	34	Total liabilities and net assets/fund balances			4,504,978.	34	4,483,659.
	1 07	Total habilities and Het assets/fully balances			-,00-,01	J-T	_,,

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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

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 (2012)

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#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HENRY KAUFMANN CAMPGROUNDS, INC.

Employer identification number 13-5633239

Part	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mus	st complet	e this part	:.) See inst	ructions.				
he org	anization is not a	a private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)					
1	A church, co	nvention of churches	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗆	A hospital or	a cooperative hospi	tal service organization o	described	in <b>section</b>	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	al's nam	ie,
	city, and stat									-		
5	An organizat	ion operated for the	benefit of a college or ur	niversity ov	vned or or	perated by	a governi	mental uni	t describ	ed in		
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6	7		ent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7 X			eives a substantial part					or from the	general	nublic des	cribed i	n
	3	<b>b)(1)(A)(vi).</b> (Comple	•	or ito oupp	ort morn a	govornin	intai anni c	, 110111 1110	general	pablic acc	onbed i	
8	7		ection 170(b)(1)(A)(vi).	Complete	Part II \							
9	_		eives: (1) more than 33 1			rom contri	hutions m	namharchii	n fees a	nd aross re	ocainte	from
<b>J</b> _			nctions - subject to certa									
		•	axable income (less sect	•	•					•		
		<b>509(a)(2).</b> (Complete		iononia	x) 110111 bu	311103303 6	acquired b	y trie orga	mzation	arter ourie	50, 157	J.
10 🗆			perated exclusively to te	et for publi	c cafety 9	Soo <b>coctio</b>	, n 500(a)(/	11				
11	¬	-	perated exclusively for the					-	, out the	nurnococ	of one	or
–	•		ations described in section						•			OI .
			organization and comple				.). Oee <b>sec</b>	, tion 509(e	<b>a)(O).</b> On	eck the bo	A triat	
	a Type			pe III - Fui			4	Type	o III. No	n-functiona	lly intoc	ratad
e 🗆	¬ '''	•	at the organization is not			•		• • •				-
<b>E</b>			han one or more publicly		-							
		-							(a)(1) Of	Section 50	9(a)(2).	
f			ten determination from t		nt its a ry	pe i, Type	ii, or Type	e III				
		rganization, check th										
g			organization accepted ar								· ·	
			irectly controls, either al	_							Yes	No
			upported organization?									
			n described in (i) above?									
			person described in (i) o							11g(iii	)	
h	Provide the f	ollowing information	about the supported org	ganization(	(s).							
		1	1	a v		( ) 5: 1		(vi) lo	tho			
` '	ne of supported	(ii) EIN	(iii) Typo of organization	(iv) Is the o in col. (i) lis				(vi) Is organizațio	ine in in col.	(vii) Amour		netary
0	rganization			governing (		organizat (i) of you		(i) organiz U.S.	ed in the	su	pport	
			(see instructions))									
				Yes	No	Yes	No	Yes	No			

 $\mbox{\sc LHA}$  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

### 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 B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  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  Section C. Computation of Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  (a) 2010 (d) 2011 (e) 2012 (f) Total (d) 2011 (f) 201	Sec	ction A. Public Support							
membership fees received. (Do not include any "unusual grants.")  1512011. 1042200. 977,021. 1964368. 2293505. 7789105.  Tax revenues levided for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge  4 Tetal. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit to repetitive supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support, 3 the exceeds 2% of the amount shown on line 11, column (f)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities lears, rents, royalties and income from similar sources.  9 Net income from similar sources.  9 Net income from the sale of capital assets (Explain in Part IV).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990s for the organization of thou for Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).  15 First five years. If the Form 990s for the organization of din ot 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.  15 First five yeaport seer-12-11. If the organization did not check a box on line 13, field, or 16a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test. the each side to work or more, and if the organization meets the "facts and circumstances" test. the facts and circumstances test. 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test. the each as a publicly supported organization meets the "facts and circumstances" test. the each as a publicly supported organization meets	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
include any "unusual grants")  2 Tax revenues levied for the organization should fail the 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 to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support, Subsective line 5 from line 4  8 Gross income from interest, dividends, payments received on excurties loans, rents, royaties and income from interest, dividends, payments received on securities loans, rents, royaties and income from interest, dividends, payments received on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  12 Cross receipts from relates activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization of Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2011 Schedules A, Part II, line 14  16 33 179% support test - 2011. If the organization of did not check the box on line 13, and line 14 is 33 179% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, fia, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, fia, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, fia, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, fia, or 16b, and line 14 is 10% or more, and if the or	1	Gifts, grants, contributions, and							
2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf until to the organization without charge.  4 Total, Add lines 1 through 3		membership fees received. (Do not							
ization's benefit and either paid to or expended on its behalf  3. The value of services or facilities furnished by a governmental unit to the organization without charge  4. Total. Add lines 1 through 3  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. Submet line 5 wor line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) P  (a) 2008  (b) 2009  (c) 2010  (d) 2011  (e) 2012  (f) Total Support. Submet line 5 wor line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) P  (a) 2008  (b) 2009  (b) 2010  (d) 2011  (e) 2012  (f) Total Support. Submet line 5 wor line 4  Section B. Total Support  7. Amounts from line 4  5. Total Support  1. Total support or from ine 4  1. Total support or from merest, dividends, payments received on securities loans, rents, royalties and income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9. Nat income from unrelated business activities, whether or not the business is regularly carried on  10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11. Total support. Add lines 7 through 10  22. Cross receipts from related activities, etc. (see instructions)  12. 14, 058, 140.  13. First five years. If the Form 980 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and step here.  Section C. Computation of Public Support Percentage  14. Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  15. Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  16. 33 1/3% support test - 2012. 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 pu		include any "unusual grants.")	1512011.	1042200.	977,021.	1964368.	2293505.	7789105.	
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 286 of the amount shown on line 11, column (f)  6 Public support. Surerat line 8 son line 4  8 Cortion B. Total Support.  8 Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from similar sources  1512011. 1042200. 977,021. 1964368. 2293505. 7789105.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from inmetated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  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.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2011 Schedule A, Part II, line 14  15 Public support percentage from 2011 Schedule A, Part II, line 14  10 3 3 13% support test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meels the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in	2	Tax revenues levied for the organ-							
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. Selectative 5 ten line 4  8 Section B. Total Support  Calendar year (or fiscal year beginning in) ►  7 Amounts from line 4  8 Gross income from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  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)(s) organization, check this box and stop here. The organization qualifies as a publicly supported organization.  10 3 13/3% support test- 2012. If the organization did not check the box on line 13 or 16a, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. In Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Expla		ization's benefit and either paid to							
turnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3		or expended on its behalf							
the organization without charge 4 Total. Add lines 1 through 3 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. Subreactive 6 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 A monuts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from interest, dividends, payments received on securities loans, rents, royalties and 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 assesses (Explain in Part IV) 11 Total support Add lines? Through 10 15 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2011 Schedule A Part II, line 14 15 Public support percentage from 2011 Schedule A Part II, line 14 16 33 1/3% support test - 2012. 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 meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part	3	The value of services or facilities							
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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) 7789105.  8 Public support. Subtreat line's from line 4 7789105.  8 Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1512011. 1042200. 977,021. 1964368. 2293505. 7789105.  8 Gross income from interest, dividends, payments received on securities (loans, rents, royalties and income from similar sources 289,795. 1,645. 2,106. 3333. 9,283276,428.  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 Section C. Computation of Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 12 103.68 (f) 14 103.68 (f) 15 Public support percentage from 2011 Schedule A, Part II, line 14 103.36 (f) 16 33 1/3% support test - 2011. 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, theck this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, theck this box and stop here. Explain in Part IV h	4	Total. Add lines 1 through 3	1512011.	1042200.	977,021.	1964368.	2293505.	7789105.	
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (r)  6 Public support Subtract line 5 from line 4.  Section B. Total Support  Callendar year (or fiscal year beginning in)  7 Amounts from line 4  1512011. 1042200. 977,021. 1964368. 2293505. 7789105.  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 or loss from the sale of capital assets (Explain in Part IV).  11 Total support. Add lines 7 through 10  3 First five years. If the Form 990 is for the organization of the programment of the pr	5	The portion of total contributions							
supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subvact line 5 from line 4  7 Amounts from line 4  8 Gross income from line 4  8 Gross income from lineterest, 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 IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 14,058,140.  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. The organization qualifies as a publicly supported organization  13 33 1/3% support test - 2012. 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  17a 10% -facts-and-circumstances test - 2012. If the organization id 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 IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		by each person (other than a							
on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract live 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1512011. 1042200. 977, 021. 1964368. 2293505. 7789105.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  9 Net 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 IV.)  11 Total support. Add lines 7 through 10  3 First five years. If the Form 990 is for the organization of sirst, 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  14 Public support percentage from 2011 Schedule A, Part II, line 14  15 Public support percentage from 2011 Schedule A, Part II, line 14  16a 33 1/3% support test - 2012. 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 was 17a 10% -facts-and-circumstances test - 2012. 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. The organization did not check abox on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization of organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supp		governmental unit or publicly							
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Section C. Computation of Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2011 Schedule A, Part II, line 14  16a 33 1/3% support test - 2012. 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  17a 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. 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 IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly su							n 501(c)(3)		
Section C. Computation of Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		_	-			•			
Public support percentage from 2011 Schedule A, Part II, line 14  15  101.10  6  16a 33 1/3% support test - 2012. 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  b 33 1/3% support test - 2011. 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  17a 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. 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 IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  15	Sec								
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b 33 1/3% support test - 2011. 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  17a 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  18a 10% -facts-and-circumstances test - 2011. If the organization qualifies as a publicly supported organization part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization part IV how the organization pa							nore, check this bo	x and	
b 33 1/3% support test - 2011. 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  17a 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    Description		stop here. The organization qualifies	as a publicly supp	orted organization	١			<b>▶</b> X	
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more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b		-	•		-			
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
				•					
	18								

### 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.)

Se	ction A. Public Support	siew, piedee cein	ipioto i art iii,				
_	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and		(-)	(-)	(-) =	(-/	(-,
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_							
5	The value of services or facilities			_			
	furnished by a governmental unit to the organization without charge						
_	· · · ·						
	Total. Add lines 1 through 5						
/ 8	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons						
ı.	) 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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
_	ction B. Total Support				1		
	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
108	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	• Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	zation,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2012 (li	ne 8, column (f) o	divided by line 13,	column (f))		15	%
	Public support percentage from 2011					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2011 Schedule A,	, Part III, line 17			18	%
19a	a 33 1/3% support tests - 2012. If the	organization did	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organiz	ation	▶□
k	33 1/3% support tests - 2011. If the	organization did	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The org	anization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u>

#### Schedule B (Form 990, 990-EZ, or 990-PF)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

Employer identification number

	HENRY KAUFMANN CAMPGROUNDS, INC.	13-5633239								
Organization type (cl	heck one):									
Filers of:	Section:									
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization									
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundat	tion								
	527 political organization									
Form 990-PF	501(c)(3) exempt private foundation									
	4947(a)(1) nonexempt charitable trust treated as a private foundation									
	501(c)(3) taxable private foundation									
Note. Only a section  General Rule	501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See instructions.								
	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or n	more (in money or property) from any one								
•	Complete Parts I and II.									
Special Rules										
509(a)(1) and	n 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test d 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and I	on of the greater of (1) \$5,000 or (2) 2%								
total contrib	n 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any outions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, liter on of cruelty to children or animals. Complete Parts I, II, and III.									
contribution: If this box is purpose. Do	n 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any organization filing Form 990 or 990-EZ that received from any organization state exclusively for religious, charitable, etc., purposes, but these contributions of checked, enter here the total contributions that were received during the year for any or organization or organization organization organization organization.	did not total to more than \$1,000. n exclusively religious, charitable, etc., because it received nonexclusively								
Caution. An organiza	ation that is not covered by the General Rule and/or the Special Rules does not file S	Schedule B (Form 990, 990-EZ, or 990-PF),								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

### HENRY KAUFMANN CAMPGROUNDS, INC.

13-5633239

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SCOTT A. JAFFE  15 W 39TH ST  NEW YORK, NY 10018	\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization | Employer identification number

### HENRY KAUFMANN CAMPGROUNDS, INC.

13-5633239

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization Employer identification number

	KAUFMANN CAMPGROUNDS	, INC.	13-5633239
Part III	Exclusively religious, charitable, etc., i year. Complete columns (a) through (e) at the total of exclusively religious, charitable Use duplicate copies of Part III if addit	ndividual contributions to section 501(6)(7), (8 nd the following line entry. For organizations come, etc., contributions of \$1,000 or less for the year	), or (10) organizations that total more than \$1,000 for the pleting Part III, enter tr. (Enter this information once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address	s, and ZIP + 4 F	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift	Relationship of transferor to transferee

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

HENRY KAUFMANN CAMPGROUNDS, INC.

 $Employer\ identification\ number\\13-5633239$ 

Pai	τl	Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	or A	ccounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.		
			(a) Donor advised funds	(1	b) Funds and other accounts
1	Total	number at end of year			
2		egate contributions to (during year)			
3		egate grants from (during year)			
4		egate value at end of year			
5		ne organization inform all donors and donor advisors in w	riting that the assets held in donor advis	ed fun	ds
		ne organization's property, subject to the organization's	_		
6		ne organization inform all grantees, donors, and donor ac			
•		paritable purposes and not for the benefit of the donor or			
Pai		Conservation Easements. Complete if the organic			
1		ose(s) of conservation easements held by the organization		,	<u></u>
•		Preservation of land for public use (e.g., recreation or ed	`	toricall	ly important land area
	Ħ	Protection of natural habitat	Preservation of a certi		
	Ħ	Preservation of open space	i reservation of a certi	ilica ilik	stone structure
2	Comi	plete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a co	onservation easement on the last
_		f the tax year.	ed conservation contribution in the form	oi a co	riservation easement on the last
	uay c	Title tax year.			Held at the End of the Tax Year
а	Total	number of conservation easements			2a
h					2b
		per of conservation easements on a certified historic stru	cture included in (a)		2c
4		per of conservation easements included in (c) acquired a			20
u				JI C	2d
3		in the National Register per of conservation easements modified, transferred, rele			
3	year		ased, extiliguished, or terminated by the	organ	ization during the tax
4	•	per of states where property subject to conservation eas	ement is located		
5		the organization have a written policy regarding the period			
J		ions, and enforcement of the conservation easements it			Yes No
6		and volunteer hours devoted to monitoring, inspecting, a			
7		and volunteer flours devoted to monitoring, inspecting, and e			
8		each conservation easement reported on line 2(d) above			
Ü					
9		ection 170(h)(4)(B)(ii)? rt XIII, describe how the organization reports conservatio			
9		-			
		de, if applicable, the text of the footnote to the organization	on's illiancial statements that describes	uie org	jainzation's accounting for
Pai		ervation easements.  Organizations Maintaining Collections of	Art Historical Treasures or O	ther S	Similar Assets
	•	Complete if the organization answered "Yes" to Form 9			J
12	If the	organization elected, as permitted under SFAS 116 (ASC		nent ar	and halance sheet works of art
ıa		rical treasures, or other similar assets held for public exhi	•		· ·
		ext of the footnote to its financial statements that describ		ilice oi	public service, provide, in Fait Alli,
h		organization elected, as permitted under SFAS 116 (ASC		and h	alance shoot works of art, historical
b		ures, or other similar assets held for public exhibition, ed			
		•	ucation, or research in furtherance of pul	DIIC SEI	vice, provide the following amounts
		ng to these items:			<b>•</b> •
		evenues included in Form 990, Part VIII, line 1			
0			ourse or other similar secrets for financia		· · · · · · · · · · · · · · · · · · ·
2		organization received or held works of art, historical trea		ı gaın,	provide
_		ollowing amounts required to be reported under SFAS 11			• •
a		nues included in Form 990, Part VIII, line 1			<b>&gt;</b> \$
D	ASSE	s included in Form 990, Part X			. ▶ ⊅

d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs	600,000.		200,000.	959,000.	698,20
f	Administrative expenses					
g	End of year balance	3,624,457.	4,094,984.	3,979,424.	4,177,766.	5,135,400
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column (a	a)) held as:		
_	Decid decimated as asset and assess	100 00	04			

	Board designated or quasi-endowment		.00	_%
b	Permanent endowment	%		
С	Temporarily restricted endowment ▶		%	

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

ı	by:		Yes	No
(	i) unrelated organizations	3a(i)		Х
(	(ii) related organizations	3a(ii)	Х	
o I	f "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		Х

4 Describe in Part XIII the intended uses of the organization's endowment funds.											
Part VI Land, Buildings, and Equipment. 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											
<b>b</b> Buildings											
c Leasehold improvements											
d Equipment											
e Other		496,602.	391,041.	105,561.							
Total. Add lines 1a through 1e. (Column (d) must equa	105,561.										

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See				JUJJZJJ Page
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end	-of-year market value
(1) Financial derivatives				<u> </u>
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Set (a) Description of investment type	ee Form 990, Part X, line <b>(b)</b> Book value		aluation: Cost or and	of year market value
	(b) Book value	(c) Metriod of v	aluation. Cost of end	-of-year market value
<u>(1)</u>				
(2)		<u> </u>		
(3)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.			
(a)	Description			<b>(b)</b> Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	n 15 \			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities. See Form 990, Part X, I			<b></b>	
(1) 5 11 (1) 120	III 6 23.	(b) Book value		
(a) Description of liability  (1) Federal income taxes		(b) Doon value		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex	t of the footnote to the	organization's financia	statements that rep	orts 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.

Schedule D (Form 990) 2012

#### **SCHEDULE G**

(Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

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

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

Inspection Employer identification number

Name of the organization							ntification number
	KAUFMANN CAMPGROUND					13-5633	
Part I Fundraising Activities required to complete this pa	<b>S.</b> Complete if the organization answeart.	ered "Y	'es" to	Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
Indicate whether the organization ra	e Solicitating Sol	tion of tion of fundra (inclu- trofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	I have c	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
FELICIA SOLOMON - 269		Yes	No				
BLACKHEATH ROAD, LIDO BEACH,	CONSULTING	4	Х	99,899.		38,802.	0.
		<u> </u>					
			<u> </u>	99,899.		38,802.	
List all states in which the organizat or licensing.	ion is registered or licensed to solicit	contrik	outions	s or has been notified	d it is	exempt from re	egistration

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment Other direct expenses ..... 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses \_\_\_\_\_ Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990 EZ) 2012 HENRY KAUFMANN CAMPGROUNDS, INC. 13-5	6332	<u> 239</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	Y	es	└─ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	□ Y	'es	□ No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	,. <b>Y</b>	es	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > 4 and the amount			
	of gaming revenue retained by the third party ▶\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			<b>—</b>
b	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	L Y	es	∟ No
	organization's own exempt activities during the tax year ▶ \$			
Pa	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	RS:		
 (I	) NAME OF FUNDRAISER: FELICIA SOLOMON			
<u> </u>		115/	-1	
<u>(I</u>	) ADDRESS OF FUNDRAISER: 269 BLACKHEATH ROAD, LIDO BEACH, NY	1156	) T	

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

#### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name o	f the organization <b>HENRY KA</b> U	FMANN CAI	MPGROUNDS,	INC.				Employer identification number $13-5633239$
Part I	General Information on Grants a	and Assistance						
cr	pes the organization maintain records iteria used to award the grants or assi escribe in Part IV the organization's pr	stance?						
Part II						anization answered "	Yes" to Form 990, Part	IV, line 21, for any
	recipient that received more than	\$5,000. Part II ca	n be duplicated if addi	tional space is nee	ded.			•
1 (a	) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	nter total number of section 501(c)(3) a							<b>\</b>

Schedule I (Form 990) (2012) HENRY KAUFMAN	IN CAMPGROU	NDS, INC.			13-5633239	Page 2
Part III Grants and Other Assistance to Individuals in the Part III can be duplicated if additional space is need	<b>United States.</b> Corled.	nplete if the organiz	ation answered "Yes	to Form 990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash	assistance
				4		
		5				
Part IV Supplemental Information. Complete this part to p	rovide the information	on required in Part I,	line 2, Part III, colum	nn (b), and any other additional ir	nformation.	

### **SCHEDULE J** (Form 990)

# **Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► See separate instructions. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public . Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

HENRY KAUFMANN CAMPGROUNDS, INC. Employer identification number 13-5633239

Pa	art I Questions Regarding Compensation	<u>.                                      </u>				
				Yes	No	
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.				
	First-class or charter travel	Housing allowance or residence for personal use				
	Travel for companions	Payments for business use of personal residence				
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees				
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organiza	ation follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses describe	d above? If "No," complete Part III to explain	1b		Х	
2	Did the organization require substantiation prior to reimburs	sing or allowing expenses incurred by all officers, directors,				
	trustees, and the CEO/Executive Director, regarding the ite	ms checked in line 1a?	. 2		Х	
3	Indicate which, if any, of the following the filing organization	n 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	t expl <u>ain i</u> n Part III.				
	Compensation committee	Written employment contract				
	Independent compensation consultant	Compensation survey or study				
	Form 990 of other organizations	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:					
	Receive a severance payment or change-of-control paymer				X	
		nqualified retirement plan?			X	
С	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	e applicable amounts for each item in Part III.				
_	Only section 501(c)(3) and 501(c)(4) organizations must					
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:		_		v	
					X	
b			5b			
	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:				v	
			6a		X	
b			6b		_^	
_	If "Yes" to line 6a or 6b, describe in Part III.	did the consideration provides and				
7	, , , , ,		_			
_			7		X	
8	Were any amounts reported in Form 990, Part VII, paid or a					
_		53.4958-4(a)(3)? If "Yes," describe in Part III	8		X	
9	If "Yes" to line 8, did the organization also follow the rebutt					
	Regulations section 53.4958-6(c)?		9	l	1	

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

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		Denents	(B)(()-(D)	in prior Form 990	
(1) LEONARD SILBERMAN	(i)	230,000.	0.	0.		0.	0.	230,000.	0.	
CEO	(ii)	0.	0.	0.		0.	0.	0.	0.	
(2) JEFFREY COOPERSMITH	(i)	201,907.	0.	0.		0.	0.	201,907.	0.	
EXEC DIRECTOR	(ii)	0.	0.	0.		0.	0.	0.	0.	
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)				Ţ.					
	(i)									
	(ii)			)						
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	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									

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

### Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2012
Open to Public Inspection

Name of the organization **Employer identification number** 13-5633239 HENRY KAUFMANN CAMPGROUNDS, INC. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY DIRECTORS IN BOARD MEETINGS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT THE ACCOUNTANT. ORGANIZATION HAS CHANGED NEITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.