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Form	y	90	

** Public Inspection Copy ** Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

	f the Treasu nue Service	

Α	For the	2020 calendar year, or tax year beginning	and	ending						
	Check if applicable	C Name of organization			D Emplo	yer identi	fication r	number		
X	Addres	THE MINNESOTA CAMP FIRE FOUNDATIO	N							
L	Name				41	-188903	7			
	Initial return Final return/	Number and street (or P.0. box if mail is not del 3300 TANADOONA DRIVE	Room/suite		one numb - 235 – 728					
	termin	City or town, state or province, country, and	ZIP or foreign postal code		G Gross red	ceipts \$		4,439,355.		
	Ameno return				H(a) Is thi		return	· · ·		
	Applic tion	r Name and address of principal officer.	IE K. WELLS			ubordinate		Yes 🗴 No		
	pendin	^g SAME AS C ABOVE			H(b) Are all			Yes No		
1	Tax-exe	empt status: X 501(c)(3) 501(c) ()	◄ (insert no.) 4947(a)(1)	or 52	7 If "N	o," attach	a list. See	e instructions		
		e: ► N/A			H(c) Grou	p exempt	ion numb	er 🕨		
			sociation Other ►	L Year	r of formation:	1996	M State o	of legal domicile: ^{MN}		
Pa	art I	Summary								
Governance	1	Briefly describe the organization's mission or most STRONG FUTURE.	significant activities: <u>TO ENS</u>	URE CAMP	FIRE MIN	NESOTA	S			
irna	2	Check this box 🕨 if the organization discor	ntinued its operations or dispos	sed of more	e than 25% c	of its net a	ssets.			
9V6	3	Number of voting members of the governing body (3	6		
ي م	1 .	Number of independent voting members of the gov						6		
ies	5	Total number of individuals employed in calendar y						0		
Activities	6	Total number of volunteers (estimate if necessary)						6		
Act	7a	Total unrelated business revenue from Part VIII, col						0.		
		Net unrelated business taxable income from Form s	990-1, Part I, line 11	<u></u>	Prior Y			Urrent Year		
	8	Contributions and grants (Part VIII, line 1h)		FIIOT	15,286		4,428,280.			
anu	9					, 0		0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,				15,043		848.		
å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				, 0	_	0.		
		Total revenue - add lines 8 through 11 (must equal				30,329	4,429,128.			
		Grants and similar amounts paid (Part IX, column (A				31,872	•	83,213.		
		Benefits paid to or for members (Part IX, column (A				0	•	0.		
ŝ	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)			2,163	•	1,567.		
nse	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)			0	•	0.		
Expenses	. b	Total fundraising expenses (Part IX, column (D), line	e 25) 🕨	313.						
Ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d,				65,685	_	108,717.		
		Total expenses. Add lines 13-17 (must equal Part I)				99,720		193,497.		
		Revenue less expenses. Subtract line 18 from line	12			-69,391		4,235,631.		
Net Assets or				В	eginning of C			End of Year		
SSei	20				۷,	223,881 23,137	-	6,482,970. 4,058.		
let ∕	21	Total liabilities (Part X, line 26)	line 00		2	200,744	-	6,478,912.		
	art II	Net assets or fund balances. Subtract line 21 from Signature Block	III le 20		<i>2</i> ,	200,711	•	0,470,512.		
		Ities of perjury, I declare that I have examined this return,	including accompanying schedules	s and statem	ents. and to t	he best of r	nv knowled	dae and belief, it is		
		t, and complete. Declaration of preparer (other than office					5	· · · ·		
Sig	n	Signature of officer			Da	ate				
Her	e	MARNIE K. WELLS, CEO								
		Type or print name and title		Date	Ohard		PTIN			
Dal		Print/Type preparer's name	Preparer's signature			Check if	5.01			
Paie	-		RACHEL FLANDERS)4/28/21	self-emp		.591790 746749		
	parer Only	Firm's name CLIFTONLARSONALLEN LLP Firm's address 220 S 6TH STREET, SUITE	300		FI	rm's EIN 🕨	- 4T-0	, = 0 / = 3		
056	Unity	Firm's address 220 S 6TH STREET, SUITE MINNEAPOLIS, MN 55402			ום	10Ne NO.61	2-376-4	500		
Mar	, the IF	AS discuss this return with the preparer shown above	ve? See instructions		[PI	10110 110.01	X	_		
	01 12-23			ons.			·····	Form 990 (2020)		
			7					()		

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	990 (2020) THE MINNESOTA CAMP FIRE FOUNDATION	41-1889037 P	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: THE MINNESOTA CAMP FIRE FOUNDATION'S MISSION IS TO ENSURE CAMP FIRE		
	MINNESOTA'S STRONG FUTURE. WITH NATURE AS THE CATALYST, CAMP FIRE		
	MINNESOTA ENERGIZES YOUTH TO DISCOVER THEIR SPARK SO THEIR FUTURES		
	GLOW BRIGHTER.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes X	No
	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? If "Yes," describe these changes on Schedule O.	Yes X] No
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	leasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 173,440. including grants of \$ 83,213.) (Revenue	e \$	0.)
	THE MINNESOTA CAMP FIRE FOUNDATION'S MISSION IS TO ENSURE CAMP FIRE		
	MINNESOTA'S STRONG FUTURE. IT SUPPORTS ORGANIZATIONAL OPERATIONS,		
	FACILITIES AND CRITICAL PROGRAMS LIKE CAMP FIRE MINNESOTA'S		
	OUT-OF-SCHOOL TIME AND IN-CLASS ENVIRONMENTAL EDUCATION, ENVIRONMENTAL		
	EDUCATION FIELD TRIPS, AND SUMMER CAMP PROGRAMS. IN 2020, CAMP FIRE		
	MINNESOTA REACHED OVER 16,400 YOUTH THROUGH IN-PERSON AND VIRTUAL		
	PROGRAM OFFERINGS AND RESOURCES. AS A RESULT OF THEIR CAMP FIRE		
	EXPERIENCE, 87% OF YOUTH DISCOVER THEIR SPARK THROUGH NEW EXPERIENCES		
	IN CAMP FIRE AND 93% OF YOUTH VALUE NATURE AND STEWARD THE ENVIRONMENT.		
	THE FOUNDATION IS A SEPARATE NONPROFIT ORGANIZATION, ESTABLISHED TO		
	EXCLUSIVELY SUPPORT CAMP FIRE MINNESOTA AND ITS CAMP PROPERTIES. THE		
	FOUNDATION IS MANAGED BY A BOARD OF TRUSTEES.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ə\$)
4d	Other program services (Describe on Schedule O.)		
14	(Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses > 173,440.	/	
		Form 990	(2020)
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Form 990 (2020) THE MINNESOTA CAME Part IV Checklist of Required Schedules THE MINNESOTA CAMP FIRE FOUNDATION 41-1889037 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a		x
h	Schedule D, Parts XI and XII	120		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
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Form 990 (2020)		MINNESOTA			
Part IV	Checklist of	Requi	red Schedu	ules (continu	ed)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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		v	
04-	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 25a	24a		x
h	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	210		
-	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
~=	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
~	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	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			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa		30		l
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(a.c
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Form	990 (2020) THE MINNESOTA CAMP FIRE FOUNDATION 41-18890	37	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		x
	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		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 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. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
а	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		
u	Note: See the instructions for additional information the organization must report on Schedule O.	lou		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
Ň	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a		14a	1	x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15		15		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
16	If "Yes," complete Form 4720, Schedule O.	10		
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	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	NU R	spons	bC.
				x
200	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
sec	ction A. Governing Body and Management			
		د 🗌	Yes	No
та	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 on Schedule O.			
		6		
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, 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	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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	· · · · · · · · · · · · · · · · · · ·	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
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		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?		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		x
	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a		16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	10		
200	exempt status with respect to such arrangements?	16b		
sec	ction C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed MM			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O)			
18	for public inspection. Indicate how you made these available. Check all that apply. Own website X Own website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
18	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	d financ	cial	
17 18 19 20	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records >	id finani	cial	
18 19	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records LAURA WENDLE - 612-235-7284	Id finani	cial	
18 19	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records >		cial	

Form 990 (2	020) THE MINNESOTA CAMP FIRE FOUNDATION	41-1889037	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
	Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending v	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.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one) than (ane	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)				s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		96	bens		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	tiona		voldr	t con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARNIE K. WELLS	3.00	_			-					
CEO	40.00			x				٥.	158,548.	13,609.
(3) LAURA WENDLE	3.00									
CFO	32.00			х				0.	74,966.	22,925.
(4) KIP M. KIRKPATRICK	1.00									
PRESIDENT		х						٥.	0.	0.
(5) LYNN HARRINGTON	1.00									
SECRETARY		Х						٥.	0.	0.
(6) JEAN ADAMS	1.00									
TRUSTEE		Х						0.	0.	0.
(7) JON HAVICE	1.00									
TRUSTEE		Х						0.	0.	0.
(8) JULIE NEVILLE	1.00									
TRUSTEE		Х						0.	0.	0.
(9) ERIC THOLE	1.00									
TRUSTEE		Х						0.	0.	0.
			-		-	-				
					-	-				
000007 10 00 00	1	I	I	I	L	I	I	1		Earm 990 (2020)

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Form 990 (2020)

	990 (2020) THE MINNESOTA	A CAMP FIRE	FO	UND	ATI	ON				41-188	9037		Pa	age 8
Par	t VII Section A. Officers, Directors, Trust		oloy	ees,		<u>d Hi</u> ç C)	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	verage urs per (do not box, uni				s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount o other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensa om the anizati d relate nizatio	e ion ed
											\square			
											\square			
											\square			
											_			
											_			
	0.144.441								0.	233,5			36	534.
с	Subtotal Total from continuation sheets to Part VII	, Section A							0.	233,5	0.			0. 534.
2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization							o re						0
													Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	,					,	0		5		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue compen	Isati	on fi	rom	any	unre	elate	ed organization or individ	lual for services		5		х
Sec	tion B. Independent Contractors		201	51 00		0010	011				<u> </u>			
1	Complete this table for your five highest cor the organization. Report compensation for t	-									nsatio	on fro	m	
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	Cor	(C mper	;) nsatior	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	a to f		se lis 0	ted	above) who received mo	ore than				

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Form **990** (2020)

Form				A CAMP	FIRE FOUNDATI	ON		41-188903	7 Page 9
Par	rt V	111	Statement of Revenue						
			Check if Schedule O contains a r	esponse	or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns	1a					
ant				1b					
Ω ^E				1c					
Contributions, Gifts, Grants and Other Similar Amounts			-	1d	4,408,707.				
s, G Bila				1e					
iöi	t		All other contributions, gifts, grants, and						
but			similar amounts not included above	1f	19,573.				
dti	1	g	Noncash contributions included in lines 1a-1f	1g \$	4,408,707.				
a S		h	Total. Add lines 1a-1f		🕨	4,428,280.			
					Business Code				
e	2	а							
e vi	I	b							
Program Service Revenue		С							
ran 3ev		d							
5 E		е							
٩	1		All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including dividen			10 244			10 244
			other similar amounts)			10,344.			10,344.
	4		Income from investment of tax-exemp	•	· F				
	5		Royalties	Real	(ii) Personal				
	~	_		neai	(ii) Feisonai				
	6		Gross rents <u>6a</u> Less: rental expenses 6b						
			Less: rental expenses 6b Rental income or (loss) 6c						
			Net rental income or (loss)						
				curities	(ii) Other				
		u	assets other than inventory 7a		731.				
	1	b	Less: cost or other basis						
ē		~	and sales expenses		10,227.				
evenue		с	Gain or (loss) 7c		-9,496.				
			Net gain or (loss)			-9,496.			-9,496.
Other R			Gross income from fundraising events (no						
흉			including \$						
			contributions reported on line 1c). Se						
			Part IV, line 18	8a					
	I	b	Less: direct expenses	8b					
			Net income or (loss) from fundraising		►				
	9	а	Gross income from gaming activities.						
			Part IV, line 19						
	I		Less: direct expenses						
			Net income or (loss) from gaming act		,▶				
	10	а	Gross sales of inventory, less returns						
		_	and allowances						
			Less: cost of goods sold						
\dashv		С	Net income or (loss) from sales of inve	entory					
s		-			Business Code				
leo	11								
ven		b							
Miscellaneous Revenue		с А	All other revenue						
Ξ			All other revenue						
			Total. Add lines 11a-11d Total revenue. See instructions			4,429,128.	0.	0.	848.
	12		Total revenue See instructions						

Form	990	(2020)
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THE MINNESOTA CAMP FIRE FOUNDATION

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 83,213 83,213. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,567. 993. 261, 313. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 7,726. 7,726 С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees 10,156. 10,156. f Other. (If line 11g amount exceeds 10% of line 25, g column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 89,234. 89,234 22 Depreciation, depletion, and amortization 1,500. 1,500 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS 101. 101 а b С d All other expenses е 173,440 313. Total functional expenses. Add lines 1 through 24e 193,497 19,744 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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Check here

15450428 131839 053-126237-00

if following SOP 98-2 (ASC 958-720)

Form **990** (2020)

Form 990 (
Part X	Balance Sheet

		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			193.	1	0.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	7,500.
	4	Accounts receivable, net			18,571.	4	7,565.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualit	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	1,500.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,093,092.			
	b	Less: accumulated depreciation		471,303.	1,311,813.	10c	5,621,789.
	11	Investments - publicly traded securities			25,453.	11	20,829.
	12	Investments - other securities. See Part IV, line 1			867,851.	12	823,787.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			2,223,881.	16	6,482,970.
	17	Accounts payable and accrued expenses	23,137.	17	4,058.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ي م	22	Loans and other payables to any current or form	er offic	er, director,			
itie		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes		22			
Ē	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables [.]	o related third			
		parties, and other liabilities not included on lines	17-24)	Complete Part X			
		of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25			23,137.	26	4,058.
		Organizations that follow FASB ASC 958, che	ck her				
Sec		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			2,130,784.	27	6,409,376.
Ba	28	Net assets with donor restrictions			69,960.	28	69,536.
nd I		Organizations that do not follow FASB ASC 9					
Net Assets or Fund Balances		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in	come, o	or other funds		31	
Net	32	Total net assets or fund balances			2,200,744.	32	6,478,912.
_	33	Total liabilities and net assets/fund balances			2,223,881.	33	6,482,970.

Form 990 (2020)

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Form	1990 (2020) THE MINNESOTA CAMP FIRE FOUNDATION	41-188903	7	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	429,	128.
2	Total expenses (must equal Part IX, column (A), line 25)	2		193,	497.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,	235,	631.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	200,	744.
5	Net unrealized gains (losses) on investments	5		42,	537.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	6,	478,	912.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		ſ		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 C).			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,	-	v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
~	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			x
	Act and OMB Circular A-133?		3a		^
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		0		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	<u> </u>

Form **990** (2020)

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SCHEDUL	E A.
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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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020

Open to Public

Inspection

Nan	ne of t	the organization					E		identification number				
Da			NNESOTA CAMP FI						41-1889037				
Ра	rt I	Reason for Public C	Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.						
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)							
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	on 170(b)(1	I)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).						
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name											
		city, and state:											
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental unit	describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).						
7		An organization that normal	-					general p	oublic described in				
		section 170(b)(1)(A)(vi). (C			Ū								
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)								
9	\square	An agricultural research org			-	ed in coniu	Inction with a lar	nd-arant	college				
		or university or a non-land-g											
		university:											
10	\square		Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membership	fees. and	d aross receipts from				
		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment											
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
		See section 509(a)(2). (Cor		(····						
11		An organization organized a		velv to test for public sat	fetv. See	section 50)9(a)(4).						
	X	An organization organized a						out the	ourposes of one or				
		more publicly supported or	•		•				•				
		lines 12a through 12d that											
а	X	7 7	• ·			-		-	nivina				
	L	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting											
		organization. You must c			majority c				pporting				
b		Type II. A supporting orga	•		ion with it	s sunnorte	d organization(s) by bay	ina				
5		control or management or	-						-				
		organization(s). You mus			anie perso	113 11121 00	ntiol of manage	the supp	onted				
с		Type III functionally inte	-		in connect	tion with	and functionally i	intoarato	d with				
U		its supported organization		•••			-	integrate	a with,				
d		Type III non-functionally		-				d organiz	ration(s)				
u		that is not functionally int	• •				•••	-					
		requirement (see instructi			•		-	ratteritiv	61633				
~		Check this box if the orga	,	• •									
e	L	functionally integrated, or					турет, турет,	rype in					
f	Ente	er the number of supported of		nany integrated supportin	ig organiz	ation.			1				
		vide the following information	•	d organization(c)									
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount of m	onetary	(vi) Amount of other				
		organization		(described on lines 1-10	Yes	ing document? No	support (see instr	ructions)	support (see instructions)				
				above (see instructions))									
CAM	ATH O	RE MINNESOTA	41-0706116	7	x		8	3,213.					
			11 0,00110					<u>, 110.</u>					
							•	3,213.					
Tota									0.				
LHA	FOL F	Paperwork Reduction Act N	iotice, see the instri	uctions for Form 990 of	' 990-EZ.	032021 01-	25-21 Schedu	ie A (⊦or	m 990 or 990-EZ) 2020				

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Schedule A (Form 990 or 990-EZ) 2020 THE MINNESOTA CAMP FIRE FOUNDATION

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	<u> </u>					
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)						<u> </u>
-	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	() 22/2	(1) 00 (7	() 00 (0	()) 00 (0)	()	(0
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
~	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
	· · · · · · · · · · · · ·	oto (soo instructi	0000)			12	
12	First 5 years. If the Form 990 is for th	,	,	fourth or fifth tax			
10	organization, check this box and stop	0		,	,	()()	
Sec	ction C. Computation of Public						
	Public support percentage for 2020 (li			column (f))		14	%
	Public support percentage from 2019						%
	33 1/3% support test - 2020. If the c						
	stop here. The organization qualifies					,	
b	33 1/3% support test - 2019. If the c		0				
	and stop here. The organization quali	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-	-				
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th	-	-				
	organization meets the facts-and-circu						>
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►
_					Sch	edule A (Form 990) or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 THE MINNESOTA CAMP FIRE FOUNDATION

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

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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.)						
Sec	ction B. Total Support		1	1	1	1	1
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	0					·
<u></u>							
	ction C. Computation of Public						
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019 ction D. Computation of Invest					16	%
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2020. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
03202	23 01-25-21				Sch	edule A (Form 99	0 or 990-EZ) 2020
			21				

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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Х 9b Х 9c 10a x 10b Schedule A (Form 990 or 990-EZ) 2020

No Yes

Х

Х

x

Х

Х

Х

Х

Х

Х

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

Part IV Supporting Organizations (continued)

Yes

х

1

2

No

Х

Yes No

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		х
b A family member of a person described in line 11a above?	11b		Х
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		х
Section B. Type I Supporting Organizations		·	

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	ĺ

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported erganization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used	to satisfy the Integral Part	Test during the year	(see instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗋	The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>
-----	--	---	----------------------------

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

15450428 131839 053-126237-00

Schedule A (Form 990 or 990 EZ) 2020 THE MINNESOTA CAMP FIRE FOUNDA Part V Type III Non-Functionally Integrated 509(a)(3) Suppo		zations	41-1889037 Pag
1 Check here if the organization satisfied the Integral Part Test as a qua			Part VI). See instruction
All other Type III non-functionally integrated supporting organizations			,
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amoun	t,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

instructions).

Schedule A (Form 990	or 990.E7)	2020	THE	MINNESOTA	CAMP	FIRE	FOUNDATION
Schedule A	F01111 990	01 990-EZ)	2020	****	111111111100111	ormin	1 11/11	1 00100111 1 010

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	1		
-	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2020. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
,	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
-					

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form 990 or 990-EZ) 2020 THE MINNESOTA CAMP FIRE FOUNDATION	41-1889037	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a o Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, C, and C, an	1 and 2; Part IV, Sectior V, Section B, line 1e; Pa	n C, art V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio (See instructions.)	onal information.	
032028 01-25-2		lle A (Form 990 or 990	-EZ) 2020
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

THI	E MINNESOTA CAMP FIRE FOUNDATION	41-1889037
Organization type (check o	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

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

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

THE MINNESOTA CAMP FIRE FOUNDATION

Employer identification number

41-1889037

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- \$\$4,408,707	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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2020.03040 THE MINNESOTA CAMP FIRE F 053-1261

Page **2**

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

41-1889037

THE MINNESOTA CAMP FIRE FOUNDATION

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	REAL ESTATE		
		\$\$	09/01/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-25		\$	990-EZ, or 990-PF) (

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Page **4**

ame of orga	anization		Employer identification number				
HE MINNES	OTA CAMP FIRE FOUNDATION		41-1889037				
1	from any one contributor. Complete columns (a	a) through (e) and the following line entry	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye				
c	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.) >\$				
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	.,						
-							
-		(e) Transfer of gift					
	Transforco's name address a		Polotionship of transforor to transforo				
-	Transferee's name, address, a		Relationship of transferor to transferee				
-							
a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_							
-							
	(e) Transfer of gift						
	Transferee's name, address, a	Ind 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, a		Relationship of transferor to transferee				
	Transferee's name, address, a		Relationship of transferor to transferee				

Department of the Treasury

Internal Revenue Service Name of the organization

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

_	THE MINNESOTA CAMP FIRE FOU			41-1889037
Par	t I Organizations Maintaining Donor Advise	d Funds or Other S	imilar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets he	ld in donor advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gra	int funds can be used o	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for an	y other purpose conferi	ring
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes	s" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (for example, recrea		Preservation of a hist	orically important land area
	Protection of natural habitat		7	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribu	ution in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic str			2c
	Number of conservation easements included in (c) acquired a			
ŭ	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			
3		leased, extinguished, or t	enninated by the organ	ization during the tax
	year ▶			
4	Number of states where property subject to conservation eas		tere la constitue en el	
5	Does the organization have a written policy regarding the per			
-	violations, and enforcement of the conservation easements in			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation ea	sements during the year
	► \$			
8	Does each conservation easement reported on line 2(d) abov	, ,		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati		•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	financial statements th	at describes the
Der	organization's accounting for conservation easements.		ourse or Other C	Similar Accorto
Par		•	asures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	68, not to report in its reve	enue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	i8, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre	asures, or other similar as	ssets for financial gain,	
	the following amounts required to be reported under FASB A	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1	-		. • \$
b				N A
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2020
	12-01-20			
		27		

		OTA CAMP FIRE FO				41-18		Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or C	Other S	Similar Asset	s _{(contin}	ued)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that m	ake sign	ificant use of its		,
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other	0.0				
с	Preservation for future generations							
4	Provide a description of the organization's co	plections and explain	how they further th	e organization's	s exemp	t purpose in Par	t XIII.	
5	During the year, did the organization solicit o			•	•			
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pai		ie ii tiie eigamiiatie					
19	Is the organization an agent, trustee, custodi		any for contribution	s or other asset	s not inc	luded		
Ia	on Form 990, Part X?					_	Yes	No
h	If "Yes," explain the arrangement in Part XIII					····· ∟	165	
b		and complete the long	Swilly table.				Amount	
-	Designing belongs						Amount	
	Beginning balance							
	Additions during the year					1d		
	Distributions during the year					1e		
	Ending balance							
	Did the organization include an amount on Fo		•		-	?∟	Yes	No
Par	If "Yes," explain the arrangement in Part XIII.							
Fai	t V Endowment Funds. Complete i						1	
		(a) Current year	(b) Prior year	(c) Two years t) Three years back		years back
	Beginning of year balance	48,984.	46,300.	51,5	771.	46,300.	•	43,875.
b	Contributions							
с	Net investment earnings, gains, and losses	3,341.	6,406.	-2,5	558.	9,149.	•	4,252.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	2,557.	2,578.	1,6	555.	2,725.		912.
f	Administrative expenses	1,188.	1,144.	1,2	258.	953.		915.
g	End of year balance	48,580.	48,984.	46,3	300.	51,771.		46,300.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment > 95.3100	%	-					
с	Term endowment 4.6900	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	•	ion that are held ar	nd administered	for the o	organization		
	by:					- 3	ſ	Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations							x
h	If "Yes" on line 3a(ii), are the related organizations							
4								I
	Describe in Part XIII the intended uses of the total Land, Buildings, and Equipm		ment lunus.					
1 41	Complete if the organization answere		Dout IV line 110 C		ort V lin	o 10		
							(-1) D1	
	Description of property	(a) Cost or ot	• •	or other		umulated	(d) Bool	< value
		basis (investm	Dasis	(other)	uepre	eciation		127 412
	Land		-	137,413.		471 202		137,413.
	Buildings		5	<u>,955,679.</u>		471,303.	5,	484,376.
	Leasehold improvements							
d	Equipment							
	Other							
Tota	I . Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part X	(, column (B), line 1	0c <u>.</u>)	<u></u>	🕨 📘	5,	621,789.
						Schedul	e D (Form	n 990) 2020

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Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ASSETS HELD AT COMMUNITY FOUNDATION	823,787.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	823,787.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	lumn (b) must equal Form 990. Part X. col. (B) line 15.)	
Part X	lumn (b) must equal Form 990, Part X, col. (B) line 15.)▶	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1) Fe	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ...

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

Schedule D (Form 990) 2020

X

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Sche	edule D (Form 990) 2020 THE MINNESOTA CAMP FIRE FOUNDATION			41-1889037	Page 4
_	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts With F	Revenue per Re	turn.	0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,761,970.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	42,537.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,792,381.		
е	Add lines 2a through 2d			2e	1,834,918.
3	Subtract line 2e from line 1			3	-72,948.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,156.		
b	Other (Describe in Part XIII.)	4b	4,491,920.		
С				4c	4,502,076.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				4,429,128.
Ра	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents with	Expenses per H	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			r - r	
1	Total expenses and losses per audited financial statements			1	1,760,999.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	2d	1,660,871.		
е	o				1,660,871.
3	Subtract line 2e from line 1			3	100,128.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	1		10,156.		
b	Other (Describe in Part XIII.)	4b	83,213.		
С				4c	93,369.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	193,497.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			; Part X, line 2; F	Part XI,
PART	V, LINE 4:				
THE	INTENDED USES OF THE ENDOWMENT FUNDS WERE STIPULATED BY THE DO	NORS AT			
THE	TIME THE GIFTS WERE MADE. THESE ENDOWMENTS SUPPORT CAMP FIRE				
MIN	ESOTA'S YOUTH PROGRAMS, INCLUDING PROVIDING SUMMER CAMP SCHOLA	RSHIPS			
FOR	YOUTH OF FAMILIES EXPERIENCING FINANCIAL HARDSHIP.				
PAR	TX, LINE 2:				
THE	FOUNDATION IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHARITY UND	ĽК			

30

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE

STATUTES. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO

THE FOUNDATION'S TAX-EXEMPT PURPOSES COULD RESULT IN TAXABLE INCOME. THE

FOUNDATION FOLLOWS GUIDANCE RELATED TO UNCERTAINTY IN INCOME TAXES,

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Schedule D (Form 990) 2020

Schedule D (Form 990) 202	0)
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Part XIII Supplemental Information (continued)							
RECOGNIZING TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY I	F IT IS MORE						
LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY							
TAXING AUTHORITIES. THE FOUNDATION HAS IDENTIFIED NO INCOME TAX							
UNCERTAINTIES.							
PART XI, LINE 2D - OTHER ADJUSTMENTS:							
CAMP FIRE MINNESOTA REVENUE REPORTED ON A SEPARATE RETURN	1,792,381.						
PART XI, LINE 4B - OTHER ADJUSTMENTS:							
INTERCOMPANY ELIMINATIONS	83,213.						
INTERCOMPANY TRANSFER OF ASSETS	4,408,707.						
TOTAL TO SCHEDULE D, PART XI, LINE 4B	4,491,920.						
PART XII, LINE 2D - OTHER ADJUSTMENTS:							
CAMP FIRE MINNESOTA EXPENSES REPORTED ON A SEPARATE RETURN	1,660,871.						
PART XII, LINE 4B - OTHER ADJUSTMENTS:							
INTERCOMPANY ELIMINATIONS	83,213.						

Schedule D (Form 990) 2020

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Part I General Information on Grants a	Go Compl CAMP FIRE FOU Ind Assistance	UNDATION	nd Individual n answered "Yes" ▶ Attach to Form rs.gov/Form990 fo	s in the Ŭni on Form 990, Pa m 990. r the latest inform	ted States rt IV, line 21 or 22. nation.		OMB No. 1545-0047 2020 Open to Public Inspection Employer identification number 41-1889037
 Does the organization maintain records the criteria used to award the grants or assisting the criteria used to award the grants or assisting the criteria used to award the grants or assisting the criteria used to award the grants or assisting the criteria used to award the grants or assisting the grants and Other Assistance to recipient that received more than a statement of the criteria used to award the grants or assisting the grant of the grants or assisting the grant of the grants or assisting the grants or assi	stance? ocedures for monit Domestic Organiz	oring the use of grant cations and Domestic	funds in the United c Governments. C	States. complete if the org			X Yes No
1 (a) Name and address of organization or government	(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 noncash assistance	(h) Purpose of grant or assistance
CAMP FIRE MINNESOTA 3300 TANADOONA DRIVE EXCELSIOR, MN 55331	41-0706116	501(C)(3)	83,213.	0.	N/A	N/A	TO SUPPORT GENERAL OPERATIONS
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 	s listed in the line 1	I table					

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

Schedule I (Form 990) 2020

THE MINNESOTA CAMP FIRE FOUNDATION

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE MINNESOTA CAMP FIRE FOUNDATION'S POLICY IS TO MAKE AN ANNUAL

DISTRIBUTION TO CAMP FIRE MINNESOTA EQUAL TO FIVE PERCENT OF THE SIMPLE

AVERAGE OF THE FUND'S INVESTMENT PORTFOLIO BALANCE AT THE END OF EACH OF

THE MOST RECENT FOUR QUARTERS. THE EXACT PERCENTAGE OF THE ANNUAL

DISTRIBUTION AND ANY ADDITIONAL DISTRIBUTIONS ARE AT THE DISCRETION OF THE

CAMP FIRE MINNESOTA'S BOARD OF DIRECTORS WHEN CAMP FIRE MINNESOTA'S ANNUAL

BUDGET IS APPROVED.

SCHEDULI	J Compensation Information	OMB No.	1545-004	47		
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	20	<u> </u>		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	ZU	J		
Department of the	Attack to Forms 000	Open to Public				
Internal Revenue Se	vice Go to www.irs.gov/Form990 for instructions and the latest information.	-	ection			
Name of the o		mployer identificati	on nui	mber		
Devit	THE MINNESOTA CAMP FIRE FOUNDATION	41-1889037				
Part I Q	estions Regarding Compensation					
		_	Yes	No		
	appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	0,				
	ection A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	class or charter travel Housing allowance or residence for personal					
	I for companions Payments for business use of personal reside	ence				
	ndemnification and gross-up payments Health or social club dues or initiation fees	abof)				
	etionary spending account Personal services (such as maid, chauffeur, c	chet)				
b If any of t	a have an line to are checked, did the organization follow a written policy recording perment or					
-	e boxes on line 1a are checked, did the organization follow a written policy regarding payment or ment or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
		<u>1b</u>				
	ganization require substantiation prior to reimbursing or allowing expenses incurred by all directors, nd officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2				
11031663,		·····				
3 Indicate	hich, if any, of the following the organization used to establish the compensation of the organization's					
	utive Director. Check all that apply. Do not check any boxes for methods used by a related organization t	to				
	compensation of the CEO/Executive Director, but explain in Part III.					
	pensation committee Written employment contract					
	pendent compensation consultant					
	990 of other organizations Approval by the board or compensation com	mittee				
4 During th	year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
organizat	on or a related organization:					
a Receive a	severance payment or change-of-control payment?	4a		X		
b Participat	e in or receive payment from a supplemental nonqualified retirement plan?	4b		X		
c Participat	in or receive payment from an equity-based compensation arrangement?	4c		X		
lf "Yes" te	any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
-	on 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5 For perso	is listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
0	t on the revenues of:					
a The orga	zation?	<u>5a</u>		X		
	d organization?	5b		X		
	line 5a or 5b, describe in Part III.					
	is listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
0	t on the net earnings of:					
a The orga	zation?	<u>6a</u>		X		
	d organization?	6b		X		
	I line 6a or 6b, describe in Part III.					
	is listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v		
	bed on lines 5 and 6? If "Yes," describe in Part III	7		X		
-	amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		v		
				X		
	line 8, did the organization also follow the rebuttable presumption procedure described in	-				
	is section 53.4958-6(c)?					
LHA For Pap	rwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	п 990	12020		

032111 12-07-20

Schedule J (Form 990) 2020

41-1889037

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 on 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 aren't 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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) MARNIE K. WELLS	(i)	0.	0.	0.	0.	0.	0.	0.
CEO	(ii)	158,548.	0.	0.	0.	13,609.	172,157.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Part III Supplemental Information

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

PART I, LINE 3:

THE COMPENSATION OF THE FOUNDATION'S CEO IS DETERMINED BY THE RELATED

ORGANIZATION USING A COMPENSATION COMMITTEE, FORM 990 OF OTHER

ORGANIZATIONS, WRITTEN EMPLOYEMENT CONTRACT, COMENSATION SURVEY, AND

APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2U20 Open to Public Inspection

Employer identification number 41-1889037

Name	of the	organization

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

ation						
	THE	MINNESOTA	CAMP	FIRE	FOUNDATION	

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial	Х	5	4,408,707.	FMV			
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	-						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29		<u> </u>		
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date			•				v
	exempt purposes for the entire holding period?	• • • • • • • • • • • • • • • • • • • •				30a		X
	If "Yes," describe the arrangement in Part II.		autica the sector	f on a nonoton development of the	iono?			v
31	Does the organization have a gift acceptance p	-	-	•	UIIS?	31		X
32a	Does the organization hire or use third parties of			· · ·		20-		х
L	contributions?					32a		Δ
a	If "Yes," describe in Part II.							

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2020

032141 11-23-20

Page 2 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Part II

41-1889037

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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 41-1889037

THE MINNESOTA CAMP FIRE FOUNDATION

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERS OF THE FOUNDATION ARE THE BOARD OF TRUSTEES OF CAMP FIRE

MINNESOTA.

FORM 990, PART VI, SECTION A, LINE 7A:

CAMP FIRE MINNESOTA'S BOARD OF DIRECTORS ELECTS THE TRUSTEES OF THE

MINNESOTA CAMP FIRE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7B:

ALL AMENDMENTS ARE SUBJECT TO APPROVAL BY CAMP FIRE MINNESOTA.

FORM 990, PART VI, SECTION A, LINE 8B:

THE FOUNDATION DOES NOT HAVE ANY COMMITTEES THAT HAVE AUTHORITY TO ACT ON

BEHALF OF THE GOVERNING BODY.

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

TRUSTEES WILL REVIEW FORM 990 WITH TIME FOR DISCUSSION & QUESTIONS FROM THE

FINANCE/AUDIT COMMITTEE OF CAMP FIRE MINNESOTA PRIOR TO SUBMITTING THE

FINAL FORM 990.

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

ALL FOUNDATION TRUSTEES AND EMPLOYEES ARE REQUIRED TO COMPLETE AND SIGN A

CONFLICT OF INTEREST DISCLOSURE WHERE ANY ACTUAL AND POTENTIAL CONFLICTS OF

INTERESTS ARE DISCLOSED. THROUGH THE ANNUAL DISCLOSURE OR WHENEVER A

CONFLICT ARISES, THE DISINTERESTED MEMBERS OF CAMP FIRE MINNESOTA'S

EXECUTIVE COMMITTEE SHALL MAKE A DECISION AS TO WHETHER A CONFLICT EXISTS

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

Schedule O (Form 990 or 990-EZ) 2020

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Name of the organization	Employer identification number
THE MINNESOTA CAMP FIRE FOUNDATION	41-1889037
AND WHAT SUBSEQUENT ACTION IS APPROPRIATE (IF ANY). THE DECISION IS	
OCCUMENTED IN THE MEETING MINUTES. INTERESTED TRUSTEES, AND STAFF ARE	
PROHIBITIED FROM PARTICIPATING IN DEBATES AND ON VOTING MATTERS. CAMP FIRE	
INNESOTA'S EXECUTIVE COMMITTEE SHALL INFORM THE BOARD OF TRUSTEES OF SUCH	
DETERMINATION AND ACTION, AND SHALL RETAIN THE ULTIMATE ENFORCEMENT	
AUTHORITY WITH RESPECT TO THE INTERPRETATION AND APPLICATION OF THIS	
POLICY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE MINNESOTA CAMP FIRE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND	
CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.	
CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON CAMP FIRE	
MINNESOTA'S WEBSITE AND UPON REQUEST.	
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AINNESOTA'S WEBSITE AND UPON REQUEST.	Schedule O (Form 990 or 990-EZ) 202

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

032161 10-28-20 LHA

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

THE MINNESOTA CAMP FIRE FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	cont	g) 512(b)(13) trolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	en Yes	tity? No
CAMP FIRE MINNESOTA - 41-0706116							
3300 TANADOONA DRIVE	TO PROVIDE OPPORTUNITIES						
EXCELSIOR, MN 55331	FOR YOUTH	MINNESOTA	501(C)(3)	LINE 7	N/A		х

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Schedule R (Form 990) 2020



Employer identification number

41-1889037

Related	Organizations and	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizationo troated do a pa												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	ral or F Iging her?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		_
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	x	
Sharing of paid employees with related organization(s)		x	+
Reimbursement paid to related organization(s) for expenses		x	
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s	X	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CAMP FIRE MINNESOTA	S	4,408,707.	FMV OF ASSET TRANSFERRED
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2020 THE MINNESOTA CAMP FIRE FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?		(h Dispro tiona allocati) por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner?	(k) Percentage ownership
			3000013 012 014)	Yes No		Yes	NO		Yes No	

Schedule R (Form 990) 2020

THE MINNESOTA CAMP FIRE FOUNDATION Schedule R (Form 990) 2020 41-1889037 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. 032165 10-28-20 Schedule R (Form 990) 2020 45

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