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Form	990

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.



Department of the Treasury Internal Revenue Service

Α	For the	2021 calendar year, or tax year beginning and e	ending			
	Check if applicable	C Name of organization		D Employer identifi	cation number	
	Addres change					
	Name change	- · · ·		41-07061	16	
	Initial return		Room/suite	E Telephone numbe		
	Final return/	3300 TANADOONA DRIVE		612-235-		
	termin ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,533,	229.
	return	EXCEDSION, MN 55551		H(a) Is this a group re	_	T7
	tion	F Name and address of principal officer: KOKI KEDEFERNING		for subordinates		
_		SAME AS C ABOVE		H(b) Are all subordinates ir		No
		empt status: X 501(c)(3) 501(c)()	527	1 '	list. See instructio	ns
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption of formation: 1924		oilo. MN
	art I				N State of legal doffi	cile. Pill
	1	Briefly describe the organization's mission or most significant activities: $rac{f WITH}{f D}$	NATUR	E AS OUR CA	FALYST, WE	3
Governance		ENERGIZE YOUTH TO DISCOVER THEIR SPARK.				
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.	
970	3					31
		Number of independent voting members of the governing body (Part VI, line 1b) \dots				31
Activities &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)				87
iviti	6	Total number of volunteers (estimate if necessary)				200
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		• • • • •	0.
				Prior Year 1,484,932.	Current Yea	
an	8	Contributions and grants (Part VIII, line 1h)		102,297.	885,	
Revenue	9	Program service revenue (Part VIII, line 2g)		46,970.		573.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,939.		<u>407.</u>
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,683,138.	2,230,	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,410,651.	101,	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,079,348.	1,552,	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.
Der	b	Total fundraising expenses (Part IX, column (D), line 25)				
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		540,878.	628,	859.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,030,877.	2,283,	179.
		Revenue less expenses. Subtract line 18 from line 12		-4,347,739.	-52,	<u>647.</u>
Assets or	5		Be	ginning of Current Year	End of Yea	
sets	1 20	Total assets (Part X, line 16)		2,917,604.	2,985,	
tAs	21	Total liabilities (Part X, line 26)		295,231.	302,	
Plet /		Net assets or fund balances. Subtract line 21 from line 20		2,622,373.	2,683,	716.
					. I was a standard and a standard back	
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules a total approximate a performation of programs (other then officer) is based on all information of which			/ knowledge and belie	et, it is
uue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	un preparei	lias ally kilowieuge.		
Sig	n	Signature of officer		Date		
He		KORI REDEPENNING, PRESIDENT & CEO				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN	
Pai	d	RACHEL FLANDERS RACHEL FLANDERS	lo	5/04/22 if self-employ	P015917	90
	parer	Firm's name CLIFTONLARSONALLEN LLP	1-		41-074674	
	Only	Firm's address 220 S 6TH STREET, SUITE 300				
_	-	MINNEAPOLIS, MN 55402		Phone no.61	2-376-450	0
Ма	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes	No

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132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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2021.03040 CAMP FIRE MINNESOTA

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	WITH NATURE AS OUR CATALYST, WE ENERGIZE YOUTH TO DISCO	WER THEIR SPARK
	SO THEIR FUTURES GLOW BRIGHTER.	VER THEIR DIARK
	SO THEIR FOTOKED GEOW DRIGHTER:	
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	? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	* *
	revenue, if any, for each program service reported.	
4a	1 440 614 101 770	venue \$ 885,620.
	OUTDOOR PROGRAMS	· · · · ·
	CAMP FIRE MINNESOTA'S OUTDOOR PROGRAMS CONNECT YOUTH WI	TH THE POWER OF
	NATURE THROUGH SUMMER CAMP, SCHOOL-BREAK CAMPS, AND K-1	2 ENVIRONMENTAL
	EDUCATION.	
	OUR SUMMER CAMP PROGRAM INCLUDES DAY AND OVERNIGHT CAMP	S, A LEADERSHIP
	DEVELOPMENT TRACK, AND ADVENTURE CANOE TRIPS. YOUTH FRO	MALL
	BACKGROUNDS GATHER AT CAMP FIRE TO SWIM AND KAYAK IN LA	KE MINNEWASHTA,
	PUSH THEIR LIMITS ON THE CHALLENGE COURSE, TEND VEGETAB	-
	GARDEN, AND EXPLORE THE RESTORED WETLANDS AND POLLINATO	
	OFFER FULL AND PARTIAL SCHOLARSHIPS TO FAMILIES IN NEED	
	(CONTINUE TO SCHEDULE O)	
4b		venue \$ 0 .
	AFTERSCHOOL PROGRAMS	
	CAMP FIRE MINNESOTA'S AFTERSCHOOL NATURE PROGRAMS TAKE	PLACE AT SCHOOLS
	ACROSS THE TWIN CITIES METRO. THESE PROGRAMS ARE OFFERE	
	SCHOOLS SERVING LOW INCOME STUDENTS.	
	OUR AFTERSCHOOL PROGRAMS CONNECT YOUTH WITH THE OUTDOOR	S WHILE
	DEVELOPING LEADERSHIP AND SOCIAL-EMOTIONAL SKILLS. IN A	
	ON-SITE LEARNING, AFTERSCHOOL PARTICIPANTS ATTEND FIELD	
	CAMP PROPERTY AND HAVE THE OPPORTUNITY TO PARTICIPATE I	
	NO COST.	
	(CONTINUE TO SCHEDULE O)	
4c	(Code:) (Expenses \$ including grants of \$) (Re	venue \$
	Other program services (Describe on Schedule O.)	
4d)
4d	(Expenses \$ including grants of \$) (Revenue \$)
4d 4e	Total program service expenses 1,598,622.]
	(Expenses \$ including grants of \$) (Hevenue \$ Total program service expenses ▶ 1,598,622. 02 12-09-21 SEE SCHEDULE O FOR CONTINUATION (, Form 990 (202

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 Part IV
 Checklist of Required
 Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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		<u> </u>
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
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?	<u>14a</u>		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
<i>.</i> –	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			37
	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			37
	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,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
~-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	990	X (2021)
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 Part IV
 Checklist of Required
 Schedules
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
_	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	054		x
26	Schedule L, Part I	25b		
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,	20		
	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	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 line 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
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	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	3		
04	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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		х
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Por	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 14		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a14Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
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Form	990 (2021) CAMP FIRE MINNESOTA	41-0706	116	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1 1	_	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 87			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		2b	Х	<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	S		v	
			3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•	4-		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial a		<u>4a</u>		
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 A				
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	tion?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion 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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		┣──
b			9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446			
10-	amounts due or received from them.)	10412	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	12b	<u>12a</u>		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		-		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.		154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		X
	If "Yes," complete Form 6069.				
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 CAMP FIRE MINNESOTA
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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

T

			31		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	51			
	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 0.		31			
	Enter the number of voting members included on line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			-		v
_	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervi	ISION	_		.,
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or				
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the followin	g:			
а	The governing body?			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 read					
	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 Re	venue Code)				
					Yes	N
l0a	Did the organization have local chapters, branches, or affiliates?		1	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100		
~		aptoro, armate		10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	, before ming a		110		
				12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			120	- 11	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		10-	х	
10	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	~	
15	Did the process for determining compensation of the following persons include a review and approva	i by independe	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen					
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		ion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?	<u></u>		16b		
bec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright MN$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section	on 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
		on Schedule (,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interes	t policy, and	finand	cial	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and record	s 🕨			
20	LAURA WENDLE - 612-235-7284					
20						
20	3300 TANADOONA DRIVE, EXCELSIOR, MN 55331				990	

Form 990 (2021)	CAMP FIRE MINNESOTA	41-0706116	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if S	Schedule O contains a response or note to any line in this Part VII									
Section A. Officers	, Directors, Trustees, Key Employees, and Highest Compensated Emp	ployees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.										
 List all of the org 	• 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

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-	990 (2021) CAMP FIRE	MINNES	ют	ΊA						41-0706	116	Page 8
Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A)	(B)			(0	C)			(D)	(E)	((F)
	Name and title	Average	(do		Pos			ane	Reportable	Reportable	Esti	mated
		hours per	box	, unle	not check more than one unless person is both an er and a director/trustee)				compensation	compensation	amo	ount of
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		(list any hours for	recto						the	organizations	· ·	ensation
		related	e or di	ee			sated		organization	(W-2/1099-MISC/		m the
		organizations	rustee	trus		ee	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		nization related
		below	dual t	Institutional trustee		nploy	st cor	5				izations
		line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former				
(18)	DONALD FORD	1.00										
BOARI	D MEMBER		Х						0.	0.		0.
(19)	HEATHER GEORGE	1.00										
BOARI	D MEMBER		Х						0.	0.		0.
(20)	NEIL GOLDSMITH	1.00										
BOARI	D MEMBER		Х						0.	0.		0.
(21)	ROSEANNE HOPE	1.00										
BOARI	D MEMBER		Х						0.	0.		0.
(22)	REBEKAH JOHNSON	1.00										
BOARI	D MEMBER		Х						0.	0.		0.
(23)	BRIAN KALINOSKI	1.00										
BOARI	D MEMBER		Х						0.	0.		0.
(24)	JANET KLEIN	1.00										
BOARI) MEMBER		Х						0.	0.		0.
(25)	NIKKI KRAKOW	1.00										
BOARI) MEMBER		Х						0.	0.		0.
(26)	TIFFANY KRAMLICH	1.00										
BOARI	D MEMBER		Х						0.	0.		0.
1b	Subtotal								236,128.	0.	30	,498.
С	Total from continuation sheets to Part VII	, Section A							0.	0.		0.
									236,128.	0.	30	<u>,498.</u>
2	Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		
	compensation from the organization											0
												/es No
	Did the organization list any former officer,											
	line 1a? If "Yes," complete Schedule J for su										3	<u> </u>
	For any individual listed on line 1a, is the su											
	and related organizations greater than \$150	,		•							4	<u> </u>
	Did any person listed on line 1a receive or a	-				-						
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or si	ıch ı	oers	on .				5	X
	ion B. Independent Contractors											
	Complete this table for your five highest cor										ation from	1
	the organization. Report compensation for t	ne calendar ye	ear e	enair	ng w	ith c	or wi	<u>tnin</u>		ear.	(0)	
	(A) Name and business	address	NC	ONE	7				(B) Description of s	ervices	(C) Compens	
			INC		<u> </u>			_	Becomption of e			
_												
2	Total number of independent contractors (in	cluding but no	ot lin	nited	d to t			ted	above) who received mo	ore than		
	\$100,000 of compensation from the organiz					0						
	SEE PART VII, SECTION	A CONT	ΤN	UΑ	ΤT	ON	S	ΗĒ	ETS		Form 99	90 (2021)

SEE PART VII, SECTION A CONTINUATION SHEETS
132008 12-09-21
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Form 990 CAMP FIRE	E MINNES	ю	'A						41-070	6116		
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd H	ligh	est (Compensated Employees (continued)				
(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average		Position					Reportable	Reportable	Estimated		
·······	hours	(c				app	ly)	compensation	compensation	amount of		
	per	(1		1	.,,	from	from related	other		
	week					8		the	organizations	compensation		
	(list any	to				ploye		organization	(W-2/1099-MISC)	from the		
	hours for	direc				d em		(W-2/1099-MISC)	(112) 1000 10000)	organization		
	related	e or	tee			sate		(** 2/1000 10100)		and related		
	organizations	ruste	1 trus		66	npen				organizations		
	below	ual ti	tiona		lploy	tcor				organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former					
	,	5	=	ò	¥	Ξ Ξ	Ĕ					
(27) COLLEEN MAHONEY	1.00	77							0	0		
BOARD MEMBER	1 00	Х						0.	0.	0.		
(28) NICOLLE NACEY	1.00	77							0	0		
BOARD MEMBER (29) JULIE NEVILLE	1.00	Х	-	-	-	-		0.	0.	0.		
(29) JULIE NEVILLE BOARD MEMBER	L.00	x						0.	0.	0		
	1 00	Ă		-	-	-		U •	U •	0.		
(30) SILVIA PASQUALINI	1.00							_	•	•		
BOARD MEMBER		х						0.	0.	0.		
(31) MATT RAUENHORST	1.00									_		
BOARD MEMBER		Х						0.	0.	0.		
(32) TERI RICHARDSON	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(33) MATT RUBY	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(34) PHAM THI HOA	1.00											
BOARD MEMBER		Х						0.	Ο.	0.		
						-						
Total to Part VII, Section A, line 1c		<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u> .					

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Ра	τνι		Statement of Re			nco (or noto to any lin	o in this Part VIII			
			Check if Schedule O	contail	ns a respo	nse (or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f f	b Ma c Fu d Re d Re Ga f All sin g Nor		ribution grants, I above lines 1a-	1b 1c 1d ns) 1e , and 1f .1f 1g \$		201,950. 80,614. 419,217. 556,151. 345,054.	1,257,932.			
	0.0	. 01	UTDOOR PROGR	ъм	ਸਸਸਤ		Business Code 900099	885,620.	885,620.		
Program Service Revenue	b c d e							005,020.			
	f g		l other program service otal. Add lines 2a-2f					885,620.			
	3	lnv otl	vestment income (includ her similar amounts)	ding di	vidends, ir	ntere	st, and	41,573.			41,573.
	4 5						-				
	•	110			(i) Real		(ii) Personal				
	b	6 a Gross rents 6a 218,005. b Less: rental expenses 6b 220,837. c Rental income or (loss) 6c -2,832.				7.					
	d		et rental income or (loss	;)	() 0	<u></u>		-2,832.			-2,832.
		ass	oss amount from sales of sets other than inventory ess: cost or other basis	7a	(i) Securit	ies	(ii) Other				
Revenue	с	an Ga	d sales expenses ain or (loss) et gain or (loss)				>				
Other		ino co Pa	oss income from fundraisi cluding \$ 201 ontributions reported on art IV, line 18 oss: direct expenses	, 95 line 1	0. of c). See	<u>8a</u> 8b	<u>99,930.</u> 71,861.				
			et income or (loss) from			ts	►	28,069.			28,069.
		Pa	ross income from gamin art IV, line 19 ess: direct expenses			<u>9a</u> 9b					
			et income or (loss) from				►				
	10 a		ross sales of inventory,				10 122				
	h		ess: cost of goods sold			10a 10b					
			et income or (loss) from				►	9,134.			9,134.
s							Business Code	11 020			
Miscellaneous Revenue	11 a b		ISCELLANEOUS				900099	11,036.			11,036.
scellaneo <u>Revenue</u>	c					_					
Visc Bf	C		l other revenue								
_			otal. Add lines 11a-11d					<u>11,036.</u> 2,230,532.	885,620.	0.	86,980.
13200	12 9 12-09		tal revenue. See instruction	UNS		<u></u>	····· P	4,430,334.	005,020.	U •	Form 990 (2021)

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Form 990 (2021)

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053-1261

41-0706116 Page 9

CAMP FIRE MINNESOTA Part IX Statement of Functional Expenses

201	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	101 770	101 770		
_	individuals. See Part IV, line 22	101,772.	101,772.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
1	Benefits paid to or for members				
5	Compensation of current officers, directors,	314,195.	105,983.	115,028.	93,184
	trustees, and key employees Compensation not included above to disqualified	514,155.	105,505.	115,020.	55,104
5	persons (as defined under section 4958(f)(1)) and				
7	Other salaries and wages	1,110,714.	913,865.	101,024.	95,825
3	Pension plan accruals and contributions (include	_,v,z		/ / / / - •	20,023
	section 401(k) and 403(b) employer contributions)	12,416.		12,416.	
)	Other employee benefits	16,741.	10,547.	2,846.	3,348
,)	Payroll taxes	98,482.	58,185.	18,515.	21,782
	Fees for services (nonemployees):		,		,
่ล	Management				
b					
	Accounting	2,707.		2,707.	
	Lobbying	ŕ		,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	167,354.	41,999.	121,325.	4,030
2	Advertising and promotion	23,625.	10,130.	7,451.	<u>4,030</u> 6,044
	Office expenses	27,608.	16,938.	8,214.	2,456
ŀ	Information technology				
5	Royalties				
;	Occupancy	67,825.	48,520.	10,395.	8,910
	Travel	17,800.	15,921.	1,719.	160
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
	Interest	1,741.		1,741.	
	Payments to affiliates	57,211.	51,490.	5,721.	
	Depreciation, depletion, and amortization	92,125.	83,891.	4,117.	4,117
	Insurance	44,397.	35,354.	4,670.	4,373
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), expense ited line 24e expenses on Sederate (A).				
а	amount, list line 24e expenses on Schedule 0.)	50,680.	50,680.		
a b	REPAIRS AND MAINTENANCE	43,694.	43,694.		
D D	RECRUITING STAFF	5,081.	3,099.	1,067.	915
c d	LICENSES AND PERMITS	25.		25.	
	All other expenses	26,986.	6,554.	8,309.	12,123
e	Total functional expenses. Add lines 1 through 24e	2,283,179.	1,598,622.	427,290.	257,267
	Joint costs . Complete this line only if the organization	_,_00,_,00	_, _, _, _,,	,,	,_,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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CAMP FIRE MINNESOTA

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

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			579,334.	1	819,634.
	2	Savings and temporary cash investments			,	2	
	3	Pledges and grants receivable, net			174,316.	3	3,555.
	4	Accounts receivable, net			140,769.	4	29,210.
	5	Loans and other receivables from any current or			-,	-	- , -
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualifi	•	F			
		under section 4958(f)(1)), and persons described	•	,		6	
s	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use			3,776.	8	5,657.
As	9	–			22,837.	9	12,490.
	10a	Land, buildings, and equipment: cost or other		[
		basis. Complete Part VI of Schedule D	10a	1,857,904.			
	b	Less: accumulated depreciation	10b	851,490.	1,001,596.	10c	1,006,414.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1		994,976.	12	1,108,966.
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			2,917,604.	16	2,985,926.
	17	Accounts payable and accrued expenses			127,483.	17	146,417.
	18	Grants payable	140.000	18	100 001		
	19	Deferred revenue	142,868.	19	120,201.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F		21			
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa				00	
Lial	00	controlled entity or family member of any of thes Secured mortgages and notes payable to unrelated	-	F		22 23	
	23 24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		23 24	
	24	Other liabilities (including federal income tax, pay		Г		24	
	20	parties, and other liabilities not included on lines					
		of Schedule D			24,880.	25	35,592.
	26	Total liabilities. Add lines 17 through 25			295,231.	26	302,210.
		Organizations that follow FASB ASC 958, check					
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			1,378,034.	27	1,459,820.
Bal	28	Net assets with donor restrictions			1,244,339.	28	1,223,896.
pu		Organizations that do not follow FASB ASC 95					
Ę		and complete lines 29 through 33.					
so	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
t As	31	Retained earnings, endowment, accumulated inc				31	
Ne	32	Total net assets or fund balances			2,622,373.	32	2,683,716.
	33	Total liabilities and net assets/fund balances			2,917,604.	33	2,985,926.

Form 990 (2021)

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Form 990 (2021)
Part X Balance Sheet

Form	1 990 (2021) CAMP FIRE MINNESOTA	41-	-0706116	Pag	_{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				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,230		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,283	<u>3,1'</u>	<u>79.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>47.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,622		
5	Net unrealized gains (losses) on investments	5	113	3,9	<u>90.</u>
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	2,683	3 , 7:	16.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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				
	review, or compilation of its financial statements and selection of an independent accountant?			X	<u> </u>
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Auc			v
_	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

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

Nam	Name of the organization Employer identification number											
		CAMP	FIRE MINN	ESOTA				4	1-0706116			
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.				
The c	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)						
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)							
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	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:										
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	Х	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)		-							
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org				ed in coniu	inction with a	land-grant	colleae			
		or university or a non-land-g						-	-			
		university:	, , ,			, ,	,	5				
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
		activities related to its exem										
		income and unrelated busir							-			
		See section 509(a)(2). (Cor		· · · · · ·			, ,		,			
11		An organization organized a	. ,	velv to test for public sat	etv. See	section 50	09(a)(4).					
12		An organization organized a	-	•	•			rrv out the	purposes of one or			
		more publicly supported or	-	-				•				
		lines 12a through 12d that	-									
а		Type I. A supporting orga	• •			-		-	aivina			
		the supported organization	-	-	• • • •	-						
		organization. You must c							1-1			
b		Type II. A supporting org	-		ion with its	s supporte	ed organizatio	n(s), by hay	vina			
		control or management o	-				-		•			
		organization(s). You mus						5				
с		Type III functionally inte			in connect	tion with, a	and functional	lv integrate	d with			
-		its supported organization		·				.,				
d		Type III non-functionally	. , .	•	-			ted organiz	ration(s)			
		that is not functionally int						-				
		requirement (see instructi			•							
е		Check this box if the orga	,	•				II. Type III				
Ū		functionally integrated, or					1900, 1900	n, type n				
f	Ente	er the number of supported of										
g		vide the following information	•									
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of	f monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132021 01-04-22

Schedule A (Form 990) 2021

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	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	2005004	1 4 5 7 1 9 7	2011720	1404022	1057020	0206725
	include any "unusual grants.")	2095004.	1457127.	3011730.	1484932.	1257932.	9306725.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
•	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
	• • …	2095004.	1457127.	3011730.	1484932.	1257932.	9306725.
	Total. Add lines 1 through 3 The portion of total contributions	200004.	143/12/•	5011750.	14049520	1237332.	5500725.
5	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)						4083233.
6	Public support. Subtract line 5 from line 4.						5223492.
	ction B. Total Support						52254524
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2095004.	1457127.	3011730.	1484932.	1257932.	9306725.
	Gross income from interest,	2000010		0011/001		110,3011	50007200
U	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	45,506.	63,400.	78,766.	49,142.	41,573.	278,387.
٥	Net income from unrelated business	43,300.	00,400.	10,100.		41,575.	210,001.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	447.	1,559.	3,248.	15,524.	11,036.	31,814.
11	Total support. Add lines 7 through 10	11/0	1,000	572100	13/3210	11,0001	9616926.
	Gross receipts from related activities,	etc. (see instructio	ne)			12 3	,835,103.
	First 5 years. If the Form 990 is for th	,	,	ourth or fifth tax y			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
10	organization, check this box and stor	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (I			olumn (f))		14	54.32 %
	Public support percentage from 2020		•	())		15	41.60 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization gualifies						N V
b	33 1/3% support test - 2020. If the c		0				
	and stop here. The organization gual					,	
17a	10% -facts-and-circumstances test	, ,					
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	er de la congarina	
b	10% -facts-and-circumstances test	•	•		•		
	more, and if the organization meets th	0					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio				••••		
	Schedule A (Form 990) 2021						

132022 01-04-22

	Schedule A	Form 990) 202
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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 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.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						-
£	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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th	L organization's fi	I	fourth or fifth tow	l	1 (01(c)(3) crooniact	ion
14	-	-					
Sec	check this box and stop here	c Support Per	centage				
	Public support percentage for 2021 (I			olump (f))		15	%
	Public support percentage from 2020					16	<u>%</u>
<u>16</u> Sec	tion D. Computation of Invest						70
	•			no 12 oolumn (f))		17	04
	Investment income percentage for 20					18	<u>%</u>
18	Investment income percentage from					· · · ·	
198	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins		
13202	3 01-04-22		23			Schedule	A (Form 990) 2021

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

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")? *If* "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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 disqualified person (as defined on 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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10a 10b Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	CAMP	FIRE	MINNESOTA
Part IV	Supporting Orga	inizations (continued	z))

1

2

1

Yes No

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

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's oncers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove 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
	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.

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

		s supporting organ	
Section C. T	ype II Suppor	ting Organiza	tions

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

Section D	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 on 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 ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>,ai</i> (<i>eeeeaiea<i>ieaieaieaieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaa<i>ieaieaieaieaieaieaieaieaiea<i>ieaieaieaieaiea<i>ieaieaiea<i>ieaiea<i>ieaieaiea<i>ieaiea<i>ieaiea<i>ieaieaiea<i>ieaieaiea<i>ieaieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaiea<i>iaaieaiaaiaaiaaiaaaaa<i>aaaaaaaa</i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i>

- 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>
------------	--	---	--

- 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 on 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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1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must	st complet	e Sections A through E.			
Sect	ion 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				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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 amount,					
	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				
Sect	ion 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				
7	Check here if the current year is the organization's first as a non-functional	ally integra	ted Type III supporting orga	nization (see		

instructions).

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

CAMP FIRE MINNESOTA

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_	dule A (Form 990) 2021 CAMP FIRE MIN				1-0706116 Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continu	ued)	1
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	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	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
-					

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Schedule A (Form 990) 2021

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 and 2; Part IV, Section C, line 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 B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS R	EVENUE
2017 AMOUNT: \$	447.
2018 AMOUNT: \$	1,559.
2019 AMOUNT: \$	3,248.
	15,524.
	11,036.
132028 01-04-22	Schedule A (Form 990) 2 28

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

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		CAMP	FIRE	MINNESOTA

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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

X 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), 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 b \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

CAMP FIRE MINNESOTA

41-0706116

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>52,500.</u>	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		\$292,915.	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
3		\$345,054.	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
4		\$40,000.	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
5		\$30,000.	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
6		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-11-	-21		Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

CAMP FIRE MINNESOTA

41-0706116

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$126,302.	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
		\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Name of c	organization		Employer identification number
CAMP	FIRE MINNESOTA		41-0706116
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
3		\$345,0	54. 04/28/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		 \$	
123453 11-1	1-21		Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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Page 3

Name of or	rganization		Employer identification number		
י מאבי	FIRE MINNESOTA		41-0706116		
Part III	Exclusively religious, charitable, etc., contribut		tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea		
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	/. For organizations ss for the year. (Enter this info. once.) ► \$		
(a) Na	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
ŀ		(e) Transfer of gift			
	Transforacia nome address a	nd 7 ID + 4	Polationship of transforms to transforms		
F	Transferee's name, address, a		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			
		nd 7 ID + 4	Balationship of transforar to transfora		
F	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		
			[
ŀ		(a) Transfer of sift			
	(e) Transfer of gift				
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
ŀ					
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4 Relationship of tra		Relationship of transferor to transferee		
123454 11-11-	-21	27	Schedule B (Form 990) (202		

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SCHEDULE D (Form 990)	Complete if the org	al Financial Statement anization answered "Yes" on Form 99 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or	0,	
Department of the Treasury Internal Revenue Service	· · · · · · · · · · · · · · · · · · ·	Go to www.irs.gov/Form990 for instructions and the latest information.		
Name of the organizati	on			
	CAMP FIRE MINNESOT	A		
Part I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Ad	
organizatio	n answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advised funds		
 Total www.wahaw.at av 			1	

OMB No. 1545-0047
2021
Open to Public
Inspection

Employer identification number

	41-070611	6
or Acco	unts. Complete if the	

	(a) Donor advised 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	n writing that the assets held in donor advise	ed funds
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	$^{ m r}$ advisors in writing that grant funds can be u	used only
for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose o	conferring
Part II Conservation Easements. Complete if the c	organization answered "Yes" on Form 990, F	Part IV, line 7.
1 Purpose(s) of conservation easements held by the organiza	ation (check all that apply).	
Preservation of land for public use (for example, recre	eation or education)	a historically important land area
Protection of natural habitat	Preservation of	a certified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form c	
day of the tax year.		Held at the End of the Tax Year
a Total number of conservation easements		
c Number of conservation easements on a certified historic s		
d Number of conservation easements included in (c) acquired	,	
listed in the National Register		
3 Number of conservation easements modified, transferred, r	released, extinguished, or terminated by the	organization during the tax
year		
 4 Number of states where property subject to conservation e 5 Does the organization have a written policy regarding the p 		
5 Does the organization have a written policy regarding the p violations, and enforcement of the conservation easements		Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting		
		ervation casements during the year
7 Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservat	ion easements during the year
► \$		
8 Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h	ר)(4)(B)(i)
and section 170(h)(4)(B)(ii)?		
9 In Part XIII, describe how the organization reports conserva		
balance sheet, and include, if applicable, the text of the foo	otnote to the organization's financial stateme	ents that describes the
organization's accounting for conservation easements.		
Part III Organizations Maintaining Collections of		her Similar Assets.
Complete if the organization answered "Yes" on For	rm 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 9	958, not to report in its revenue statement ar	nd balance sheet works
of art, historical treasures, or other similar assets held for p	ublic exhibition, education, or research in fu	rtherance of public
service, provide in Part XIII the text of the footnote to its fin		
b If the organization elected, as permitted under FASB ASC S		
art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in furthe	erance of public service,
provide the following amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line 1		
2 If the organization received or held works of art, historical th		gain, provide
the following amounts required to be reported under FASB	-	
a Revenue included on Form 990, Part VIII, line 1		
b Assets included in Form 990, Part X		\$ Schedule D (Form 990) 2021
HA For Paperwork Reduction Act Notice, see the Instruction		
32051 10-28-21		Schedule D (Form 990) 2021
	29	Schedule D (Form 990) 202 i

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Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	ar Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purp	ose in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	f art, historical treas	ures, or other simila	ar assets		_		_
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrangereported an amount on Form 990, Par		ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or		
			fau		h in a h i a a a				
18	Is the organization an agent, trustee, custodia] N
L	on Form 990, Part X?					∟	Yes		No
D	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:				Amount		
	Designing belonge				10		Amoun		
	Beginning balance								
	Additions during the year								
f	Distributions during the year Ending balance				<u>16</u> 1f				
2a	Did the organization include an amount on Fo				····		Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • •	····· ∟]
Par									<u>-</u>
	·	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	years	back
1a	Beginning of year balance	48,580.	48,984.	46,300.		51,771.		46,	300.
b	Contributions	24,825.							
с	Net investment earnings, gains, and losses	1,060.	3,341.	6,406.		-2,558.		9,	149.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	3,828.	2,557.	2,578.		1,655.		2,	725.
f	Administrative expenses		1,188.	1,144.		1,258.			953.
g	End of year balance	78,293.	48,580.	48,984.		46,300.		51,	771.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b		%							
С	Term endowment 9.1600	%							
	The percentages on lines 2a, 2b, and 2c show	•							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	d administered for	the organiz	zation	r		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	37	X
	(ii) Related organizations						3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organiza						3b	X	
4 Dar	Describe in Part XIII the intended uses of thet VILand, Buildings, and Equipm		vment funds.						
1 41	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part)	(line 10				
						had			
	Description of property	(a) Cost or of basis (investm	. ,		Accumula [:] epreciatio		(d) Bool	< value	Э
10	Land	· · ·			Spicolation				
	Land		95	8,434.	383,8	23.	574	1,63	11.
	Buildings Leasehold improvements			~/	555,0		575	-, 0.	<u> •</u>
	Equipment		89	1,861.	467,6	67.	424	1,19	94.
	Other			7,609.	, , 0			7,60	
-	. Add lines 1a through 1e. (Column (d) must en						1,000		
		gaar om 000, i dit /		<i></i>		Schedule	-	-	
							•	,	

	MUBOIN	77	0700110 Page 0
Part VII Investments - Other Securities.	- Farmer 000, David IV/ line 1	1h Cas Farma 000 Dart V line 10	
Complete if the organization answered "Yes" or			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) BENEFICIAL INTEREST IN			
	1,108,966.	END-OF-YEAR MARKET	VALITE
(B) HUMPHREY TRUST (C)	1,100,500.	END OF TEAK MARKET	VADOE
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,108,966.		
Part VIII Investments - Program Related.	_/_00/0000		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1c. 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" or	n Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CAPITAL LEASE			35,592.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.)	🕨	35,592.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

CAMP FIRE MINNESOTA Schedule D (Form 990) 2021

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Sche	edule D (Form 990) 2021 CAMP FIRE MINNESOTA				0706116 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,639,687.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2 a			
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	. 2d	591,541.		
е	Add lines 2a through 2d			2e	591,541.
3	Subtract line 2e from line 1			3	2,048,146.
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			
b	Other (Describe in Part XIII.)	4b	182,386.		
	Add lines 4a and 4b			4c	182,386.
с					
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,230,532.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R		2,230,532. n.
с 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R		n.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R		2,230,532. n. 2,656,986.
c 5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R	leturi	n.
с 5 Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per R	leturi	n.
c 5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a	Expenses per R	leturi	n.
c 5 Pai 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	Expenses per R	leturi	n.
c 5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c 2c	Expenses per R	leturi	n. 2,656,986.
c 5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses per R 475,579.	leturi	n. 2,656,986. 475,579.
c 5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per R 475,579.	1	n. 2,656,986.
c 5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R 475,579.	1 2e	n. 2,656,986. 475,579.
c 5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a2b2c2d2d	Expenses per R	1 2e	n. 2,656,986. 475,579.
c 5 Pa 1 2 a b c d 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per R 475,579.	1 2e	n. 2,656,986. 475,579. 2,181,407.
c 5 Par 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other losses Other losses not included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per R 475,579. 101,772.	1 2e	n. <u>2,656,986.</u> <u>475,579.</u> <u>2,181,407.</u> 101,772.
c 5 Pal 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	Expenses per R 475,579. 101,772.	1 2e 3	n. 2,656,986. 475,579. 2,181,407.

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

PART V, LINE 4:

A RELATED ORGANIZATION, THE MINNESOTA CAMP FIRE FOUNDATION HOLDS THE

ENDOWMENT FUNDS FOR THE BENEFIT OF CAMP FIRE.

PART X, LINE 2:

CAMP FIRE MINNESOTA IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHARITY UNDER

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

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

CAMP FIRE'S TAX-EXEMPT PURPOSE COULD RESULT IN TAXABLE INCOME. CAMP FIRE

FOLLOWS GUIDANCE RELATED TO UNCERTAINTY IN INCOME TAXES, RECOGNIZING TAX

BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT

|--|

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Schedule D (Form 990) 2021

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Part XIII Supplemental Information (continued)

AUTHORITIES. CAMP FIRE HAS IDENTIFIED NO SIGNIFICANT INCOME TAX

UNCERTAINTIES.

CAMP FIRE HAD NO INCOME TAX EXPENSE OR CASH PAYMENTS FOR INCOME TAXES FOR

THE YEARS ENDED DECEMBER 31, 2021 AND 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RENT EXPENSE	220,837.
SPECIAL EVENT EXPENSES IN EXCESS OF DIRECT BENEFIT	71,861.
COST OF GOODS SOLD	9,999.
CHANGE IN THE VALUE OF INTEREST IN BENEFICIAL TRUST	113,990.
FOUNDATION REVENUE	174,854.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	591,541.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
CAMP DISCOUNTS/GRANTS	101,772.
INTERCOMPANY ELIMINATIONS	80,614.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	182,386.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FOUNDATION EXPENSES REPORTED IN A SEPARATE RETURN	172,883.
SPECIAL EVENT EXPENSES IN EXCESS OF DIRECT BENEFIT	71,861.
COST OF GOODS SOLD	9,999.
RENT EXPENSE	220,836.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	475,579.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	

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101,772.

Schedule D (Form 990) 2021

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CAMP DISCOUNTS/GRANTS

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities 🔤	DMB No. 1545-0047	
(Form 990)		Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury		Attach to Form 990	•		-			2021 Open to Public	
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection	
Name of the organization		RE MINNESOTA					Employer ide	ntification number 116	
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais tions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No	-				
Total									
		n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	gistration	
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Ζ.		Schedule	e G (Form 990) 2021	

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines i and 60. List e	vents with gross receip	its greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			COFFEE WITH	UNDER THE	NONE	(add col. (a) through
			CAMP FIRE	STARS		col. (c)
_			(event type)	(event type)	(total number)	- coi. (c))
al						
Revenue	1	Gross receipts	54,040.	247,840.		301,880
띠						
	2	Less: Contributions	33,040.	168,910.		201,950
	3	Gross income (line 1 minus line 2)	21,000.	78,930.		99,930
	4	Cash prizes				
	5	Noncash prizes		20,769.		20,769
ses	_			2 106		2 106
pe	6	Rent/facility costs		2,106.		2,106
Direct Expenses	-	Frederick have been		30,516.		30,516
<u>e</u>	7	Food and beverages		50,510.		50,510
	0	Entortoinmont	1 254	14,066.		15 320
	8 9	Entertainment Other direct expenses		2,980.		15,320 3,150
	-	Direct expense summary. Add lines 4 through				71,861
		Net income summary. Subtract line 10 from I			•	28,069
	rt I		<i>.</i>	990 Part IV line 19 or r		20,005
		\$15,000 on Form 990-EZ, line 6a.				
		······································		(b) Pull tabs/instant		(d) Total gaming (add
lle			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
Revenue						
٣	1	Gross revenue				
	-					
	2	Cash prizes				
xpenses		• • • • • • • • • • • • • • • • • • • •				
Ser	3	Noncash prizes				

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

7 Direct expense summary. Add lines 2 through 5 in column (d)

Rent/facility costs

Other direct expenses

6 Volunteer labor

a Is the organization licensed to conduct gaming activities in each of these states? _____ Yes
b If "No," explain: _____

Yes

No

%

Yes

No

%

Yes

No

%

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain: ______

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Direct Exp

4

5

Schedule G (Form 990) 2021

No

No

Sch	edule G (Form 990) 2021	CAMP FIRE M	INNESOTA	41-0706116 Page 3
11	Does the organization conduct	gaming activities with nonr	nembers?	
	Is the organization a grantor, be	eneficiary or trustee of a tru	st, or a member of a partnership or other entity formed	
13	Indicate the percentage of gam			
				13 a %
			be examination's coming (appendix) synthe backs and re-	
14	Enter the name and address of	the person who prepares t	he organization's gaming/special events books and rea	cords.
	Name 🕨			
	Address 🕨			
15a	Does the organization have a c	ontract with a third party fro	om whom the organization receives gaming revenue?	YesNo
k	If "Yes." enter the amount of ga	aming revenue received by	the organization 🕨 💲 and the a	amount
-	of gaming revenue retained by			
c	If "Yes," enter name and addres			
	Name 🕨			
	Address 🕨			
16	Gaming manager information:			
	Name 🕨			
	Gaming manager compensation	n 🕨 \$	_	
	Description of services provide	d 🕨		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions:			
a	Is the organization required unc	der state law to make charit	able distributions from the gaming proceeds to	
	retain the state gaming license'	?		Yes No
k		•	to be distributed to other exempt organizations or spe	ent in the
Do	organization's own exempt acti			
Pa			xplanations required by Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
	15D, 15C, 16, and 17D,	as applicable. Also provide	e any additional information. See instructions.	
_				
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Part IV	Supplemental Information	n (continued)		
				Schedule G (Form 990)
				. ,

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SCHEDULE I (Form 990)		G	arants and Oth	ner Assistan	ce to Organ	izations,		OMB No. 1545-0047
(10111350)			vernments, ar ete if the organizatio					2021
Department of the Treasury		Comp		Attach to For		111 4 , iiile 21 01 22.		Open to Public
Internal Revenue Service			Go to www.in	rs.gov/Form990 fo		nation.		Inspection
Name of the organization	CAMP FIRE	MINNESOT.	A					Employer identification number 41-0706116
Part I General In	formation on Grants a							1
1 Does the organization	ation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the select	
criteria used to av	ward the grants or assis	stance?						X Yes No
2 Describe in Part I	V the organization's pro	cedures for monit	oring the use of grant	funds in the United	d States.			
	d Other Assistance to I hat received more than \$	-				anization answered "Y	/es" on Form 990, Par	t IV, line 21, for any
	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	er of section 501(c)(3) and the section solution of the organizations of the organizations of the section of th	s listed in the line ⁻	I table					

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

Schedule I (Form 990) 2021

CAMP FIRE MINNESOTA

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
IELD TRIP FINANCIAL ASSISTANCE	2522	29,343.	0.	N/A	N/A
SUMMER AND SCHOOL-BREAK CAMP SCHOLARSHIP	144	37,774.	0.	N/A	N/A
Dert IV Supplemental Information Dravide the information rea					

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:

CAMP FIRE MINNESOTA IS COMMITTED TO OFFERING PROGRAMS THAT ARE ACCESSIBLE

AND INCLUSIVE. WE REMOVE FINANCIAL BARRIERS TO PARTICIPATION THROUGH OUR

FINANCIAL ASSISTANCE PROGRAM.

WE GRANT SUMMER CAMP SCHOLARSHIPS TO FAMILIES EXPERIENCING FINANCIAL

HARDSHIP. SCHOLARSHIPS ARE AWARDED BASED ON THE NUMBER OF APPLICANTS,

FINANCIAL NEED OF THE APPLICANT BASE, OTHER CIRCUMSTANCES WHICH WOULD PLACE

A FAMILY IN NEED, AND FUNDS AVAILABLE.

OF
[

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Part I

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

Attach to Form 990.

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

2021
Open to Public
Inspection

Name of the organization	
Name of the organization	

~	 	

Employer identification number
41-0706116

(d)

 CAMP FIRE MINNESOTA

 Types of Property
 (a)
 (b)
 (c)

 Check if applicable
 Number of contributions or contribution amounts reported on
 Noncash contribution amounts reported on

		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of de noncash contribu	•	nts
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	Х	2,840	345,054.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ► ()						
27	Other ► ()						
28	Other ()						
29	Number of Forms 8283 received by the organi	zation during	the tax year for co	ontributions			
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement			
						Yes	s No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	ed for		
	exempt purposes for the entire holding period	?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	oolicy that re	quires the review o	of any nonstandard contribut	ions?	31	X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule N	1 (Form 99	0) 2021

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	M (Form 990)	2021			MINNESOTA
Part II	Suppler	nental	Informa	ation. p	rovide the information

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.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF SHARES OF STOCK

Schedule M (Form 990) 2021

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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



CAMP FIRE MINNESOTA

41-0706116

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR K-12 ENVIRONMENTAL EDUCATION AND TEAM-BUILDING PROGRAM ENGAGES

STUDENTS IN HANDS-ON LEARNING AT OUR CAMP PROPERTY, IN THEIR

AND THROUGH VIRTUAL LIVE LESSONS. OUR ENVIRONMENTAL CLASSROOMS,

EDUCATION CURRICULUM ALIGNS WITH STATE EDUCATION STANDARDS AND IS

DELIVERED BY A COHORT OF NATURALISTS. WE PROVIDE FINANCIAL ASSISTANCE

TO SCHOOLS, UTILIZING A SLIDING SCALE FEE MODEL.

WE ALSO OFFER FAMILIES AND EDUCATORS ACCESS TO OUR FREE ONLINE RESOURCE

LIBRARY, MY NATURE CONNECTION, TO HELP YOUTH CONNECT WITH NATURE IN

THEIR BACKYARD AND NEIGHBORHOODS.

AS A RESULT OF OUR OUTDOOR PROGRAMS, YOUTH UNPLUG IN NATURE, DEVELOP AS

ENVIRONMENTAL STEWARDS, AND GROW AS INDIVIDUALS AND LEADERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AS A RESULT OF OUR AFTERSCHOOL PROGRAMS, YOUTH DEVELOP LEADERSHIP

SKILLS AS THEY LEARN TO CARE FOR THEIR COMMUNITY AND THE ENVIRONMENT.

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

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON

BEHALF OF THE GOVERNING BODY.

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

THE FINANCE/AUDIT COMMITTEE COMPLETES A DETAILED REVIEW PRIOR TO THE ENTIRE

43

BOARD OF DIRECTORS REVIEWING THE 990. THE REVIEW IS CONDUCTED BEFORE THE

990 IS FILED WITH THE IRS.

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

CAMP FIRE MINNESOTA'S CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY ALL EMPLOYEES AND MEMBERS OF THE BOARD. EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST IN WRITING. IN THE COURSE OF BUSINESS, IF AND WHEN A RELEVANT CONFLICT OF INTEREST ARISES, THE EMPLOYEE OR BOARD MEMBER DISCLOSES IT VERBALLY AND IS RECUSED FROM ANY DECISION MAKING ROLE RELATED TO THE INTERESTED MATTER.

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

ALL POSITIONS OF THE ORGANIZATION ARE COMPARED TO THE BI-ANNUAL RELEASE OF THE MINNESOTA COUNCIL OF NONPROFITS SALARY AND BENEFITS SURVEY, INCLUDING THE SOCIAL SECURITY ADMINISTRATION'S ANNUAL COST OF LIVING INCREASE. THE LAST REVIEW WAS PERFORMED IN 2021.

THE EXECUTIVE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE AND SALARY OF THE PRESIDENT & CEO. THE COMMITTEE DETERMINES COMPENSATION ADJUSTMENTS FOR THE PRESIDENT & CEO BASED ON THE PERFORMANCE REVIEW, BUDGET OBJECTIVES, COMPARISON OF SALARIES OF OTHER CEOS AND EXECUTIVE DIRECTORS IN PEER ORGANIZATIONS, AND THE MINNESOTA COUNCIL OF NONPROFIT'S SALARY AND BENEFITS SURVEY. THE PRESIDENT & CEO'S SALARY WAS LAST REVIEWED IN SPRING 2021 AS A PART OF THE FORMAL CEO SEARCH PROCESS.

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

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST. FINANCIAL

STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

132212 11-11-21

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

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.

SCHEDULE R (Form 990)

CAMP FIRE MINNESOTA

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

Part II 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 organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		9) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
THE MINNESOTA CAMP FIRE FOUNDATION -							
41-1889037, 3300 TANADOONA DRIVE, EXCELSIOR,				LINE 12C,	CAMP FIRE		
MN 55331	SUPPORTING ORGANIZATION	MINNESOTA	501(C)(1)	III-FI	MINNESOTA	X	
	1						
	1						
	1						
	1						

Employer identification number 41 - 0706116

Open to Public Inspection

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 CAMP FIRE MINNESOTA

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.

									1													
(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	g Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, income excluded from tax under	Predominant income Share of total (related, unrelated, income excluded from tax under 20 of Scl		Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Gene mana partr	ging her?	Percentage ownership									
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No											
	-																					
	-																					
	-																					
	1																					
	1																					

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(l contr ent	(i) ction (b)(13) trolled tity?		
		country)		0				Yes	No		
									\square		

Schedule R (Form 990) 2021 CAMP FIRE MINNESOTA

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				

Т

Schedule R (Form 990) 2021 CAMP FIRE MINNESOTA

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)	(b)	(c)	(d)	14	<i>.</i>	(f)	(g)	(۲		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501 (org	e all	Share of	Share of		• • opor-	Code V-UBI	Genera	(N) proentage
of entity	T finally activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3)	total	end-of-year	Dispr tior allocat	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	vnership
0. c		country)	excluded from tax under	Yes	S.7	income	assets	Yes	101157	of Schedule K-1 (Form 1065)	Yes I	p
		,,	3001013 0 12 0 14)	Yes	NO			Yes	NO	(101111000)	Yes	
										l		
										[
											$\left \right $	

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21