PUBLIC DISCLOSURE 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.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change CAMP FIRE MINNESOTA Name change 41-0706116 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 3300 TANADOONA DRIVE 612-309-3261 3,420,952. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 55331 EXCELSIOR, MN H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KORI REDEPENNING for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? X Yes Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) (If "No," attach a list. See instructions (insert no.) 4947(a)(1) or WWW.CAMPFIREMN.ORG H(c) Group exemption number **K** Form of organization: X Corporation Association Other L Year of formation: 1924 M State of legal domicile: MN Trust Part I Summary Briefly describe the organization's mission or most significant activities: WITH NATURE AS OUR CATALYST **Activities & Governance** ENERGIZE YOUTH TO DISCOVER THEIR SPARK. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 97 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 268 Total number of volunteers (estimate if necessary) 6 -81,854. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,038,562. 1,608,604. Contributions and grants (Part VIII, line 1h) 8 1,170,844. 1,528,019. Program service revenue (Part VIII, line 2g) 7.... 38,803. 8,006. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 73,248. -38,431. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 3,106,198. $\overline{2,321,457}$ Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 119,637. 119,578. Grants and similar amounts paid (Part IX, column (A), lines 1-3) **47**..... 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,858,273. 1,759,429. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 887,216. 970,855. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,766,282. 2,948,706. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -444,825. 157,492. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,247,413. 2,544,531 Total assets (Part X, line 16) 288,675 230,667. 21 Total liabilities (Part X, line 26) 三年 016,746. 255,856 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KORI REDEPENNING, PRESIDENT & CEO Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 10/02/24 P01817922 ANN NEIL ANN NEIL self-employed Paid Firm's EIN 41-0746749CLIFTONLARSONALLEN LLP Firm's name Preparer Firm's address 220 S 6TH STREET, SUITE 300 Use Only Phone no. 612-376-4500 MINNEAPOLIS, MN 55402 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

	m 990 (2023) CAMP FIRE MINNESOTA	41-	0706116 Page						
Pai	art III Statement of Program Service Accomplishments		77						
	Check if Schedule O contains a response or note to any line in this Part III		X						
1	Briefly describe the organization's mission:	, mo prodoven m	HETD CDADE						
	WITH NATURE AS OUR CATALYST, WE ENERGIZE YOUTH SO THEIR FUTURES GLOW BRIGHTER.	I TO DISCOVER I.	HEIK SPAKK						
	50 THEIR FOTORES GLOW BRIGHTER:								
2	Did the organization undertake any significant program services during the year which were	not listed on the							
	prior Form 990 or 990-EZ?		Yes X No						
	If "Yes," describe these new services on Schedule O.								
3	Did the organization cease conducting, or make significant changes in how it conducts, any	program services?	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 p	orogram services, as measure	ed by expenses.						
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants an	d allocations to others, the to	otal expenses, and						
	revenue, if any, for each program service reported.	0 570	1 500 010						
4a	(Code:) (Expenses \$2,045,832. including grants of \$11 OUTDOOR PROGRAMS	9,578.) (Revenue \$	1,528,019.						
	CAMP FIRE MINNESOTA'S OUTDOOR PROGRAMS CONNECT	VOITMU WIMU MU	E DOMED OF						
	NATURE THROUGH SUMMER CAMP, SCHOOL-BREAK CAMPS								
	EDUCATION.	, AND R-12 BNV	IKONMENIAL						
	OUR SUMMER CAMP PROGRAM INCLUDES DAY AND OVERN	ITCHT CAMPS A	T.EADERCHTP						
	DEVELOPMENT TRACK, AND ADVENTURE CANOE TRIPS. YOUTH FROM ALL								
	BACKGROUNDS GATHER AT CAMP FIRE TO SWIM AND KAYAK IN LAKE MINNEWASHTA,								
	PUSH THEIR LIMITS ON THE CHALLENGE COURSE, TEND VEGETABLES IN THE								
	GARDEN, AND EXPLORE THE RESTORED WETLANDS AND								
	OFFER FULL AND PARTIAL SCHOLARSHIPS TO FAMILIE		-						
	(CONTINUE TO SCHEDULE O)								
4b	(Code:) (Expenses \$ 226,040 • including grants of \$	0 •) (Revenue \$	0.						
	AFTERSCHOOL PROGRAMS								
	CAMP FIRE MINNESOTA'S AFTERSCHOOL NATURE PROGR								
	ACROSS THE TWIN CITIES METRO. THESE PROGRAMS A	RE OFFERED AT	NO COST TO						
	SCHOOLS SERVING LOW INCOME STUDENTS.								
	OUR AFTERSCHOOL PROGRAMS CONNECT YOUTH WITH TH								
	DEVELOPING LEADERSHIP AND SOCIAL-EMOTIONAL SKI								
	ON-SITE LEARNING, AFTERSCHOOL PARTICIPANTS ATT								
	CAMP PROPERTY AND HAVE THE OPPORTUNITY TO PART	ICIPATE IN SUM	MER CAMP AT						
	NO COST.								
	(CONTINUE TO SCHEDULE O)								
4-	Code:) (Expenses \$ including grants of \$) (Revenue \$							
40:		, (πονοπαο ψ							

Other program services (Describe on Schedule O.)

including grants of \$ 2,271,872 .

Form **990** (2023)

332002 12-21-23

Form 990 (2023) CAMP FIRE MINNESOTA 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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
12	1.11	13	- 21	х
13	B111	14a		X
14a		148		
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	441.		v
4-	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	l		₩.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
		_		

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Form **990** (2023)

Form 990 (2023) CAMP FIRE MINNESOT 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		Х
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See 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? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		Х
29	Did the organization receive more than \$25,000 in noncash 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		Х
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? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	990	(0000)

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Form 990 (2023) CAMP FIRE MINNESOTA

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (continued)			
٥-	Establishment and an experience of a second of the second		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 97			
L	, , , , , , , , , , , , , , , , , , , ,	2b	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	3a	X	
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
	If "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	21	
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	 a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
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 required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	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	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Ourse transmit from an authoritant and broth addition			
	Gross income from members or snareholders	-		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	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, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form **990** (2023)

CAMP FIRE MINNESOTA 41-0706116 Form 990 (2023) 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 23 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 23 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 arrangement with a

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	MN

exempt status with respect to such arrangements?

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

taxable entity during the year?

State the name, address, and telephone number of the person who possesses the organization's books and records JACK KOLB-WILLIAMS - (612)309-3261

3300 TANADOONA DRIVE, EXCELSIOR, MN 55331

Form **990** (2023)

07321002 131839 A424897

2023.04030 CAMP FIRE MINNESOTA

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16a

16h

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, box 6 of 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 n (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
Name and title	hours per		not c					compensation	compensation	amount of
	week	offi	cer an	d a di	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ao			rted		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		90	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) KORI REDEPENNING	40.00	=	=	0		Ξ 0	-			
CEO & PRESIDENT	3.00	•		х				166,428.	0.	4,196.
(2) BECCA FINK	40.00								-	,
VICE PRESIDENT OF PROGRAMS AND OPERA	3.00			х				106,361.	0.	2,612.
(3) MARIE BECKER	1.00							V		
CHAIR	0.00	Х		X				0.	0.	0.
(4) TAMMY BUCHERT	1.00									
VICE CHAIR	0.00	X		Х				0.	0.	0.
(5) SCOTT BOTZET	1.00	4								
TREASURER	0.00	X		X				0.	0.	0.
(6) SHANNON RUSK	1.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(7) TOM BECKER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(8) ADRIANE BROWN	1.00									
DIRECTOR	0.00	Х	_		_			0.	0.	0.
(9) LALO EDMONDSON	1.00	.,								
DIRECTOR	0.00	Х						0.	0.	0.
(10) KAREN FELTON	1.00	٦,							0	
DIRECTOR	0.00	Х						0.	0.	0.
(11) ANGIE FENSKE	1.00	3,7							0	
DIRECTOR (12) GODY BURGER BEGGER	0.00	Х						0.	0.	0.
(12) CODY FLEISCHFRESSER DIRECTOR	1.00	Х						0.	0.	0.
(13) TARA FLOREK	1.00	Λ						· ·	0.	· ·
DIRECTOR	0.00	Х						0.	0.	0.
(14) DONALD FORD	1.00	Λ	\vdash		_			0.	0.	0.
DIRECTOR	0.00	v						0.	0.	0.
(15) HEATHER GEORGE	1.00	25							•	•
DIRECTOR	0.00	х						0.	0.	0.
(16) DOMINIQUE HOLWERDA	1.00							†	•	ļ .
DIRECTOR	0.00	х						0.	0.	0.
(17) SARAH JENSEN	1.00									
DIRECTOR		х						0.	0.	0.
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Part VII Section A. Officers, Directors, Trust (A)	(B)	log	ees,		<u>л пі</u> С)	gnet	<u>,ι </u>	(D)	(E)	\neg		(F)	
(A) Name and title	Average			Pos		ı		Reportable	Reportable		Estimated		
Name and title	hours per					than		compensation	compensation			nount	
	week					or/trus		from	from related			other	0.
	(list any	director						the	organizations		com	pensa	tion
	hours for	r dire				pe:		organization	(W-2/1099-MISC	:/	fr	om the	е
	related	trustee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizati	ion
	organizations	al trus	onal tr		loyee	comp		1099-NEC)				d relate	
	below line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
(18) REBEKAH JOHNSON	1.00	드	드	5	જ	를 들	요			+			
DIRECTOR	0.00	Х						0.	(۱. د			0.
(19) NIKKI KRAKOW	1.00								`	~			
DIRECTOR	0.00	х						0.		۱. د			0.
(20) COLLEEN MAHONEY	1.00												
DIRECTOR	0.00	Х						0.		o .			0.
(21) KATE MUELLER	1.00									\top			
DIRECTOR	0.00	Х						0.		0.			0.
(22) NICOLLE NACEY	1.00									\Box			
DIRECTOR	0.00	Х						0.	(0.			0.
(23) TERI RICHARDSON	1.00												
DIRECTOR	0.00	Х						0.	(0.			0.
(24) CHETNA TANDON	1.00												
DIRECTOR	0.00	Х						0.	(0.			0.
(25) BETH WINTER	1.00					П							_
DIRECTOR	0.00	Х				<u> </u>		0.	(۱. ۵			0.
4h Cuhtatal				<u> </u>				272,789.	(6,80	n a
1b Subtotal c Total from continuation sheets to Part VII								0.		5.		<i>3</i> , 0 (0.
d Total (add lines 1b and 1c)								272,789.		<u>.</u>		6,80	
Total number of individuals (including but no						a) wh	o re	· · · · · · · · · · · · · · · · · · ·				<u> </u>	5 0 1
compensation from the organization	or invited to th		iioto	u u	3010	,		ocived more than proof	,ooo or reportable				2
compensation from the organization					7							Yes	No
3 Did the organization list any former officer,	director, trust	ee. k	ev e	lame	love	e. or	· hia	hest compensated emp	lovee on				
line 1a? If "Yes," complete Schedule J for si											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150										[4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch ı	oers	on					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	\$100,000 of compe	nsati	on fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	rear.				
(A) Name and business address NONE Description of services C									0.	(C		_	
Name and business address NONE Description of services Co									mper	nsatio	<u> </u>		
_													
_										—			

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

ı aı	C VII			a in this Dout VIII			
		Check if Schedule O contains a response	or note to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenuè éxcluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns1a		-			
Sra Iou		Membership dues 1b	050 540	-			
s, (Am		Fundraising events 1c	253,749.				
a ii	d	Related organizations 1d	30,322.				
s, (mi	е	Government grants (contributions) 1e	397,184.				
ë <u>s</u>	f	All other contributions, gifts, grants, and					
out the		similar amounts not included above 1f	927,349.				
ĒŌ	g	Noncash contributions included in lines 1a-1f	44,752.				
Sol	_	Total. Add lines 1a-1f		1,608,604.			
<u> </u>		Totall / Go in so Ta Ti	Business Code				
	0.0	OUTDOOR PROGRAM FEES		1,528,019.	1 528 019		
Program Service Revenue	2 a		300033	1,320,013.	1,320,013.		
er ne	b						
n S	С						
rar Sev	d						
o F	е						
٩	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,528,019.			
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)		8,006.	K		8,006.
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties			,		
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 190,781					
		Less: rental expenses 6b 233,693					
		Rental income or (loss) 6c -42,912					
	4	Net rental income or (loss)		-42,912.		-81,854.	38,942.
		Gross amount from sales of (i) Securities	(ii) Other	ILIJILI		01/031	30,3120
	ı a		(ii) Carloi				
		assets other than inventory 7a					
•	D	Less: cost or other basis					
nue		and sales expenses 7b					
Revenue		Gain or (loss) 7c					
		Net gain or (loss)					
her	8 a	Gross income from fundraising events (not					
₽		including \$ 253,749. of					
		contributions reported on line 1c). See					
		Part IV, line 18	21,450. 43,986.				
	b	Less: direct expenses 8	43,986.				
	С	Net income or (loss) from fundraising events		-22,536.			-22,536.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses 9					
		Net income or (loss) from gaming activities		1,050.			1,050.
		Gross sales of inventory, less returns					
			a 62,592.				
	h	Less: cost of goods sold 10	ы 36,625.				
		Net income or (loss) from sales of inventory	~, ~ ~ , ~ ~ ~ ~ .	25,967.			25,967.
		Net income of (loss) from sales of inventory	Business Code	2373071			23,30.0
SI	11 a						
e Le	11 d						
Miscellaneous Revenue	b						
Sce	C C						
Ξ̈́	d	All other revenue					
		Total Add lines 11a-11d		3,106,198.	1 529 010	_01 05/	51,429.
	12	Total revenue. See instructions		D, 100, 130.	⊥, J∆O,U⊥9•	-OI,OU4•	, JI,44J.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 119,578. 119,578. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 169,407. 59,002. 279,596. 51,187. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,344,403. 1,096,506. 146,490. 101,407. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10,633. 7,089. 76,041. 93,763. Other employee benefits 9 140,511. 109,314. 17,454. 13,743. 10 Payroll taxes 11 Fees for services (nonemployees): Management 6,459 6,459. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 281,630. 149,953. 121,173. 10,504. column (A), amount, list line 11g expenses on Sch O.) 13,579. 17,367. 95. 3,693. Advertising and promotion 12 36,379. 25,185. 9,580. 1,614 Office expenses 13 Information technology 14 15 Royalties 28,304. 28,490. 186. 16 Occupancy 3,541.10,699. 5,863. 1,295. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 286,307. 280,701. 5,606. Depreciation, depletion, and amortization 22 71,313. 66,140. 1,454. 3,719. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 90,081. 88,861. 864. 356. PROGRAM SUPPLIES STAFF DEVELOPMENT 14,898. 14,420. 349. 129. REPAIRS AND MAINTENANCE 1,138. 1,138. 0. С d 126,094. 68,484. 4,337. 53,273. All other expenses 2,948,706. 2,271,872. 423,219. 253,615. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	338,652.	1	135,753.		
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		55,163.	3	97,078.	
	4	Accounts receivable, net	11,078.	4	419,097.		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			4,914.	8	9,881.
۲	9	Prepaid expenses and deferred charges			2,190.	9	4,826.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,021,597.	A		
	b				948,595.	10c	909,457.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line	886,821.	12	968,439.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			0.045.440	15	0.544.504
	16	Total assets. Add lines 1 through 15 (must equ			2,247,413.	16	2,544,531.
	17	Accounts payable and accrued expenses			115,534.	17	170,752.
	18	Grants payable			74 074	18	01 254
	19	Deferred revenue			74,874.	19	91,254.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs				00	
Lia	00	controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrel				24	
	24 25	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa	-			24	
	23	parties, and other liabilities not included on line	•				
		(0	•	·	40,259.	25	26,669.
	26	Total liabilities. Add lines 17 through 25			230,667.	26	288,675.
	20	Organizations that follow FASB ASC 958, che	ck here	X	20070071	20	20070700
es		and complete lines 27, 28, 32, and 33.					
auc	27	• • • • •			1,016,739.	27	1,270,707.
Bala	28				1,000,007.	28	1,270,707. 985,149.
힏		Organizations that do not follow FASB ASC 9					·
T		and complete lines 29 through 33.	•				
ō	29	Capital stock or trust principal, or current funds				29	
Sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in		Г		31	
Net Assets or Fund Balances	32				2,016,746.	32	2,255,856.
_	33				2,247,413.	33	2,544,531.

Pa	T 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	3,10					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,94	8,7 7,4				
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,01	6,7	<u>46.</u>			
5	Net unrealized gains (losses) on investments	5	8	1,6	18.			
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	2,25	5,8	56.			
Part XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	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	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b					
			Form	990	(2023)			

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

CAMP FIRE MINNESOTA

Employer identification number 41-0706116

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3011730.	1484932.	1257932.	989,562.	1630054.	8374210.
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						
4	Total. Add lines 1 through 3	3011730.	1484932.	1257932.	989,562.	1630054.	8374210.
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)						3606938.
6	Public support. Subtract line 5 from line 4.				7		4767272.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	3011730.	1484932.	1257932.	989,562.	1630054.	8374210.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	78,766.	49,142.	41,573.	258,665.	198,787.	626,933.
9	Net income from unrelated business				•		•
	activities, whether or not the						
	business is regularly carried on				65,953.	-16,969.	48,984.
10	Other income. Do not include gain				•		
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,248.	15,524.	11,036.	8,146.		37,954.
11	Total support. Add lines 7 through 10						9088081.
	Gross receipts from related activities,	etc. (see instruction	ins)			12 4	,777,764.
	First 5 years. If the Form 990 is for the	•	,				· · · · · · · · · · · · · · · · · · ·
	organization, check this box and stor	-					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	52.46 %
	Public support percentage from 2022					15	53.15 %
	33 1/3% support test - 2023. If the o					ore, check this box	k and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	-	•		-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization				•		
	<u>,</u>		,	, , ,			(Form 990) 2023

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				T	T	
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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 assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•					
<u></u>	check this box and stop here						
	ction C. Computation of Publi					 	
15	Public support percentage for 2023 (I		•	column (f))		15	<u>%</u>
16	Public support percentage from 2022					16	%
	ction D. Computation of Inves					T I	
	Investment income percentage for 20					17	%
18	, ,					18	<u>%</u>
198	a 33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
t	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che						

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Schedule A (Form 990) 2023

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

	162	INO
1		
-		
2		
20		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b]	

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Га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	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	110		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion 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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	2a		
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	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	trust o	n Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co		·	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	, in the second	
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-functionally	integra	ated Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations _{(continu}	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		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 th				
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2023 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) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
ее	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
<u>a</u>	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

CAMP FIRE MINNESOTA 41-0706116 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 \$

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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

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
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 394,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$85,000 .	Person X Payroll

Page 3

Name of 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.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (d) Date received					
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
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Page 4

Name of organization **Employer identification number** CAMP FIRE MINNESOTA 41-0706116 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CAMP FIRE MINNESOTA

Employer identification number 41-0706116

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(b) Funds and other accounts
_	Total counts on at an dieference	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year)		
4	Aggregate value of grants from (during year) Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	uriting that the assets held in donor advis	eed funds
J	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acqui		
2	on a historic structure listed in the National Register		
3		eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
Dos	organization's accounting for conservation easements.	Art Historical Transcures or Of	thay Cimilay Assats
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		and below as also also sales
па	If the organization elected, as permitted under FASB ASC 95.	•	
	of art, historical treasures, or other similar assets held for pub	,	'
h	service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	exhibition, education, or research in furti	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treations		
_	the following amounts required to be reported under FASB A		J , F
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

Par	rt III Organizations Maintaining C	Collections of Ar	t, Historical Tre	asures, or	Other S	Similar	Assets	(conti	nued)		
3	Using the organization's acquisition, access	ion, and other record	s, check any of the f	ollowing that n	nake sign	nificant us	se of its				
	collection items (check all that apply).										
а	Public exhibition	d	Loan or excl	nange progran	n						
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	how they further th	e organization	's exemp	t purpos	e in Part	XIII.			
5	During the year, did the organization solicit	or receive donations of	of art, historical treas	ures, or other	similar as	ssets					
	to be sold to raise funds rather than to be m							Yes		No	
Par	rt IV Escrow and Custodial Arran		te if the organization	answered "Ye	es" on Fo	rm 990, I	Part IV, lii	ne 9, or			
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included										
	on Form 990, Part X? Yes No										
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:										
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount on F	form 990, Part X, line	21, for escrow or cu	stodial accour	nt liability	?	L	Yes	<u> </u>	_ No	
_	If "Yes," explain the arrangement in Part XIII										
Par	rt V Endowment Funds Complete i										
		(a) Current year	(b) Prior year	(c) Two years			ars back	(e) Fou			
1a	0 0 ,	85,127.	78,293.		580.	4	8,984.		46,	300.	
b		5 510	-		825.		2 244				
С	Net investment earnings, gains, and losses	5,519.	822.	1,	060.		3,341.		6,	406.	
d	1										
е		4 200	600				0 555		•		
_	and programs	4,309.	-6,012.	3,	828.		2,557.			578.	
	Administrative expenses	86,337.	0F 107	7.0	202		1,188.			144.	
g	End of year balance		85,127.	·	293.	4	8,580.		40,	984.	
2	Provide the estimated percentage of the cur	rent year end balance		neld as:							
a	4.0		_%								
b		%									
С		-									
2-	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse	•	tion that are hold an	d administars	d for the						
Sa	•	ession of the organiza	ilion mai are neio an	u aummistere	u for the				Yes	No	
	organization by: (i) Unrelated organizations?							3a(i)		X	
								3a(ii)	Х		
h	If "Yes" on line 3a(ii), are the related organizations:	ations listed as requir						3b	X	\vdash	
4	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·						_ GD			
	rt VI Land, Buildings, and Equipm		WITHORIE TORTOG.								
	Complete if the organization answere		, Part IV, line 11a. S	ee Form 990, I	Part X, lin	ie 10.					
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Acc	umulated	4	(d) Boo	k valu	е	
	Description of property	basis (investr		I .	` '	eciation	[*]	(u, 200	it vala	Ū	
	Land										
b			1,08	4,696.	49	90,92	5.	59	3,7	71.	
С			,			-					
d			90	4,321.	62	21,21	5.	28	3,1	06.	
	Other			2,580.		-				80.	
	ıl. Add lines 1a through 1e. <i>(Column (d) must</i> e					<u></u>		90	9,4	57.	

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) BENEFICIAL INTEREST IN (B) HUMPHREY TRUST (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) BENEFICIAL INTEREST IN (B) HUMPHREY TRUST (C) (D) (E) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) BENEFICIAL INTEREST IN (B) HUMPHREY TRUST (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part Vill Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
(2) Closely held equity interests (3) Other (A) BENEFICIAL INTEREST IN (B) HUMPHREY TRUST (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
(A) BENEFICIAL INTEREST IN (B) HUMPHREY TRUST (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
(A) BENEFICIAL INTEREST IN (B) HUMPHREY TRUST (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
(A) BENEFICIAL INTEREST IN (B) HUMPHREY TRUST (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
(B) HUMPHREY TRUST 968,439. END-OF-YEAR MARKET VALUE (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
(C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
(D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
(E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
(F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
(G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
(H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
(b) Book value (c) Welfield of Valuation. Oost of the of year market value
(4)
(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))
Part IX Other Assets
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.
(a) Description (b) Book value
(1)
(2)
(3)
(4)
(5)
(6)
(8)
(9)
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))
Part X Other Liabilities
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.
1. (a) Description of liability (b) Book value
(1) Federal income taxes
(2) FINANCE LEASE 26,669
(3)
(4)
(5)
(6)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

(7) (8) (9)

26,669.

Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per Re	eturn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		5
Pai	rt XII Reconciliation of Expenses per Audited Financial Stater		Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		Т
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	rt XIII Supplemental Information		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa		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 ac	dditional information.	
ם אם	om tr time A.		
PAF	RT V, LINE 4:		
7 E	RELATED ORGANIZATION, THE MINNESOTA CAMP I	TDE ECHNDATION UC	אוות ששים
<u>A I</u>	CEDATED ORGANIZATION, THE MINNESOTA CAMP I	TRE FOUNDATION HO	און פעעל
FMT	DOWMENT FUNDS FOR THE BENEFIT OF CAMP FIRE	7	
TOTAL	DOWNENT FUNDS FOR THE BENEFIT OF CAMP FIRE	<u></u>	
PAF	RT X, LINE 2:		
CAN	MP FIRE MINNESOTA IS EXEMPT FROM INCOME TA	AXES AS A PUBLIC O	CHARITY UNDER
<u> </u>			
SEC	CTION 501(C)(3) OF THE INTERNAL REVENUE CO	DE AND APPLICABLE	E STATE
	STION SUL(C)(S) OF THE INTERNIE REVENUE CO		
STA	ATUTES. HOWEVER, INCOME FROM CERTAIN ACTIV	ITIES NOT DIRECTI	Y RELATED TO
<u></u>			
CAN	MP FIRE'S TAX-EXEMPT PURPOSE COULD RESULT	IN TAXABLE INCOME	E. CAMP FIRE
FOI	LLOWS GUIDANCE RELATED TO UNCERTAINTY IN I	INCOME TAXES, RECO	GNIZING TAX
		~,	
BE1	NEFITS FROM UNCERTAIN TAX POSITIONS ONLY	IF IT IS MORE LIKE	ELY THAN NOT

THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY TAXING

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization						Employer identification number			
CAMP FIRE MINNESOTA					41-0706	116			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
			V						
		7							
		\							
Total									
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration		

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

Schedule G (Form 990) 2023

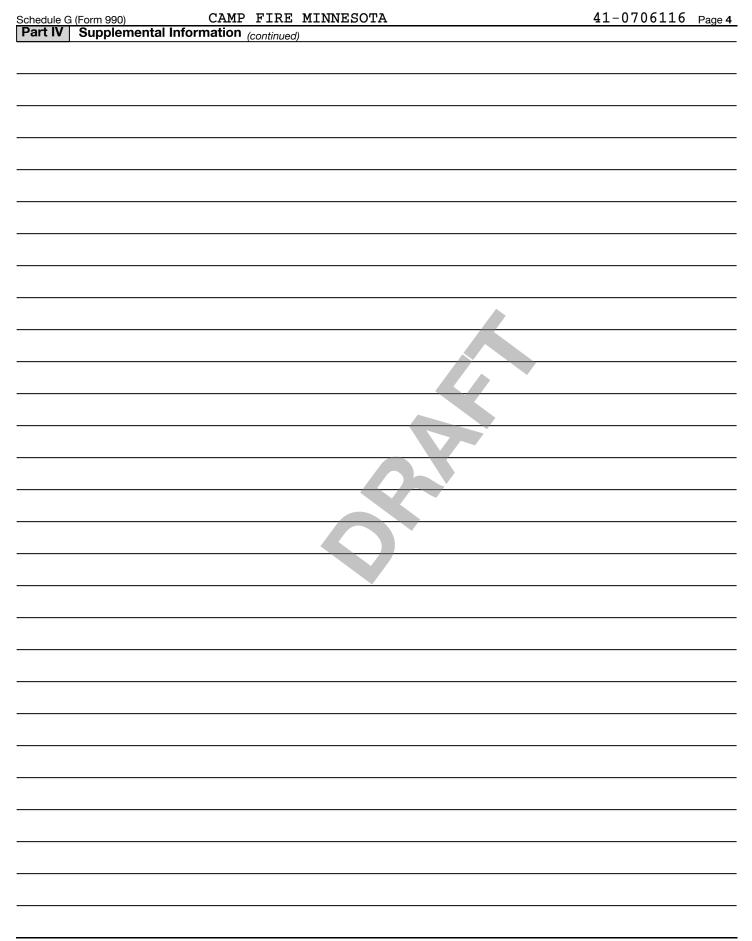
Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro							
			(a) Event #1	(b) Event #2	(c) Other events				
			UNDER THE	COFFEE WITH	NONE	(d) Total events			
			STARS	CAMP FIRE		(add col. (a) through			
ø)			(event type)	(event type)	(total number)	col. (c))			
Revenue	1	Gross receipts	205,442.	69,757.		275,199.			
Œ	2	Less: Contributions	183,992.	69,757.		253,749.			
		Gross income (line 1 minus line 2)	21,450.			21,450.			
		Cash prizes							
ses	5	Noncash prizes							
xpens	6	Rent/facility costs							
Direct Expenses	7	Food and beverages	20,637.	2,900.		23,537.			
⊡	0	Entortoinment	250.			250.			
		Entertainment Other direct expenses		801.		20,199.			
		Direct expense summary. Add lines 4 through				43,986.			
		Net income summary. Subtract line 10 from li				-22,536.			
Pa	rt I	II Gaming. Complete if the organization				22,0001			
		\$15,000 on Form 990-EZ, line 6a.		, , , , , , , , , , , , , , , , , , , ,					
			(a) Dinas	(b) Pull tabs/instant	(a) Other mariner	(d) Total gaming (add			
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Revenue		Groce revenue			1,500.	1,500.			
		Gross revenue			1,300.	1,500.			
	2	Cash prizes							
Direct Expenses		Noncash prizes			450.	450.			
ct Exp					430.	4300			
Dire	4	Rent/facility costs							
	5	Other direct expenses							
			Yes %						
	6	Volunteer labor	No	No	X No				
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
						1 050			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			1,050.			
_	Г м	tor the state(s) in which the examination condu	uata gamina aativitiaa. N	(TNT					
		ter the state(s) in which the organization condu	· · · -			Yes X No			
a Is the organization licensed to conduct gaming activities in each of these states?									
,	EVENT DOES NOT EXCEED \$5,000								
	_		,						
10a	We	ere any of the organization's gaming licenses re	evoked, suspended. or te	erminated during the tax v	/ear?	Yes X No			
		Yes," explain:							
	_								

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 CAMP FIRE MINNESOTA	41-0	<u>/06116</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	X No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	X No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a 100	.00 %
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			,,
•	Enter the hame and address of the person who prepares the organization organization of gaming special events books and record	· · ·		
	Name			
	Address			
	Addition			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
ıJa				22 110
h	If "Yes," enter the amount of gaming revenue received by the organization \$ and the am-	ount		
b		ount		
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	News			
	Name			
	Address			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the		
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			



SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2023

	CAMP FIRE	MINNESOT	A					41-0706116	
Part I	General Information on Grants a	nd Assistance							
1 Doe	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection								
crite	criteria used to award the grants or assistance?							X Yes No	
2 Des									
Part II									
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a)	Name and address of organization or government	(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	
2 Ent	er total number of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table					
3 Ent	er total number of other organizations	s listed in the line 1	table						

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

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FIELD TRIP FINANCIAL ASSISTANCE	2919	83,078.	0.	N/A	N/A
SUMMER AND SCHOOL-BREAK CAMP SCHOLARSHIP	321	36,500.	0.	N/A	N/A
		O			
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
CAMP FIRE MINNESOTA IS COMMITTED TO	OFFERIN	G PROGRAMS	THAT ARE	ACCESSIBLE	
AND INCLUSIVE. WE REMOVE FINANCIAL	BARRIERS	TO PARTIC	CIPATION TH	ROUGH OUR	
FINANCIAL ASSISTANCE PROGRAM.					
WE GRANT SUMMER CAMP SCHOLARSHIPS T	O FAMILI	ES EXPERIE	NCING FINA	NCIAL	
HARDSHIP. SCHOLARSHIPS ARE AWARDED	BASED ON	THE NUMBE	R OF APPLI	CANTS,	
FINANCIAL NEED OF THE APPLICANT BAS	SE, OTHER	CIRCUMSTA	NCES WHICH	WOULD PLACE	
A FAMILY IN NEED, AND FUNDS AVAILAR	BLE.				

Part IV Supplemental Information
ADDITIONALLY, FINANCIAL ASSISTANCE IS AWARDED TO SCHOOLS PARTICIPATING IN
OUR K-12 ENVIRONMENTAL EDUCATION PROGRAM BASED ON A SLIDING SCALE FEE
MODEL. A SCHOOL'S FEE IS BASED ON THE PERCENTAGE OF STUDENTS THEY SERVE
THAT QUALIFY FOR FREE-AND-REDUCED PRICE LUNCH. SCHOOLS TAKE THE FOLLOWING
INTO ACCOUNT WHEN DETERMINING IF A STUDENT QUALIFIES FOR FREE AND
REDUCED-PRICE SCHOOL MEALS: FEDERAL INCOME ELIGIBILITY GUIDELINES,
HOUSEHOLDS THAT RECEIVE BENEFITS SUCH AS SNAP, AND ANY OTHER DEFINITIONS OF
HOMELESS, RUNAWAY OR MIGRANT.

Schedule I (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990.

rt IV, line 23.

Internal Revenue Service

Name of the organization

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

Inspection
Employer identification number

OMB No. 1545-0047

CAMP FIRE MINNESOTA

41-0706116

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			77
а	Receive a severance payment or change-of-control payment?	<u>4a</u>		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			v
a	The organization?	5a		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
•		6a		х
	The organization? Any related organization?	6b		X
J	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	– –		_ -
5	in this contract constitution described in Devolutions and the FO 4050 4/4/000 If IIVes II describe in Devt III	8		х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KORI REDEPENNING	(i)	166,428.	0.	0.	0.	4,196.	170,624.	0.
CEO & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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-	(ii)							
	(i)							
	(ii)						-	
	(i)							
	(ii)							
	(i) (ii)							
	(II)						L	l

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
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 2022.
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 2022 AS A PART OF THE FORMAL CEO SEARCH PROCESS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

	CAMP FIRE MI	NNESOT.	A		41-0	706	116	
Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
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 (SPECIAL EVENT D)	X	62	44,752.				
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organization	zation durino	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement 29			0_	
						\Box	Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 through	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used f	or			
	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 p	policy that re	equires the review	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			. [
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,			
	describe in Part II							

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

CAMP FIRE MINNESOTA

Employer identification number 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. 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, 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 BOARD OF DIRECTORS REVIEWING THE 990. THE REVIEW IS CONDUCTED BEFORE THE 990 IS FILED WITH THE IRS.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization

CAMP FIRE MINNESOTA

Employer identification number

41-0706116

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 2023.

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 FALL OF 2023.

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.

SCHEDULE R (Form 990)

Name of the organization

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CAMP FIRE MINN	ESOTA				41-070	6116	
Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-yea		(f) et controlling entity	g
		2					
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, b	pecause it had one	or more related tax-e	xempt	
(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	cont	g) 512(b)(13) rolled tity?
	· ·	,,		501(c)(3))		Yes	No
THE MINNESOTA CAMP FIRE FOUNDATION - 41-1889037, 3300 TANADOONA DRIVE, EXCELSIOR, MN 55331	SUPPORTING ORGANIZATION	MINNESOTA	501(C)(3)	LINE 12A, I	CAMP FIRE MINNESOTA	х	

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	ո)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	managi partnei	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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	(i Sector 512(b contr enti	tion b)(13) rolled tity?
		country)		2				Yes	No
	-								
	-								
	-								
	-								
	-								
	-								
	-								
									<u> </u>

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
	b Gift, grant, or capital contribution to related organization(s)						X		
С	c Gift, grant, or capital contribution from related organization(s)				1c	X			
							X		
е	e Loans or loan guarantees by related organization(s)				1e		X		
f	f Dividends from related organization(s)				1f		X		
	g Sale of assets to related organization(s)						X		
	h Purchase of assets from related organization(s)						X		
	i Exchange of assets with related organization(s)						X		
	j Lease of facilities, equipment, or other assets to related organization(s)						X		
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
Performance of services or membership or fundraising solicitations for related organization(s)									
n	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		X		
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					X			
o Sharing of paid employees with related organization(s)									
р	Reimbursement paid to related organization(s) for expenses				1p		X		
	Reimbursement paid by related organization(s) for expenses					X			
r	r Other transfer of cash or property to related organization(s)				1r		X		
	s Other transfer of cash or property from related organization(s)						X		
	If the answer to any of the above is "Yes," see the instructions for information on who must com-								
	(a) (b) Name of related organization Transac type (a	ction	(c) Amount involved	(d) Method of determining amou	ınt involved				
	1,752 (4								
41 1	THE MINNESOTA CAMP FIRE FOUNDATION C		30,322.	FMV					
''			30,3221						
2)									
3)									
4)									
5)									
6)									
3216	163 09-28-23			Sche	dule R (Forn	n 990) 2023		

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.?	(f) Share of total	(g) Share of end-of-year	(h) Dispro tiona allocation	por- te ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	ral or aging ner?	(k) Percentage ownership
		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes	No	
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E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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PIN: check one box only

Form 8879-TF

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer 41-0706116 CAMP FIRE MINNESOTA KORI REDEPENNING Name and title of officer or person subject to tax

PRESIDENT & CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,

r 10a hiche	below, and the amount on that I	ine for t	the	return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5 ut, if you entered -0- on the return, then enter -0- on the applicable line below	b, 6b, 7	b, 8b, 9b, or 10b,
1a	Form 990 check here		b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	. 1b _	
2a	Form 990-EZ check here		b	Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here			Total tax (Form 1120-POL, line 22)		
4a	Form 990-PF check here		b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b _	
5a	Form 8868 check here		b	Balance due (Form 8868, line 3c)	5b _	
6a	Form 990-T check here	X		Total tax (Form 990-T, Part III, line 4)		0.
7a	Form 4720 check here		b	Total tax (Form 4720, Part III, line 1)	. 7b _	
8a	Form 5227 check here		b	FMV of assets at end of tax year (Form 5227, Item D)	. 8b _	
9a	Form 5330 check here		b	Tax due (Form 5330, Part II, line 19)	9b _	
10a	Form 8038-CP check here			Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
Part	II Declaration and S	ignatı	ıre	Authorization of Officer or Person Subject to Tax		
nder	penalties of perjury, I declare tha	at X	l ar	n an officer of the above entity or 🔲 I am a person subject to tax with res	spect to	(name
f entit	y)			, (EIN) and that I have	e exami	ned a copy of the
omple terme cknov f any ntry to	ete. I further declare that the ame diate service provider, transmith vledgement of receipt or reason refund. If applicable, I authorize o the financial institution accoun	ount in l er, or e for reje the U.S t indica	Part lect ctio . Tre ted	les and statements, and, to the best of my knowledge and belief, they are transcription is the amount shown on the copy of the electronic return. I consent ronic return originator (ERO) to send the return to the IRS and to receive from of the transmission, (b) the reason for any delay in processing the return easury and its designated Financial Agent to initiate an electronic funds with in the tax preparation software for payment of the federal taxes owed on the int. To revoke a payment, I must contact the U.S. Treasury Financial Agent.	t to allov m the IR or refund ndrawal is return	w my dS (a) an d, and (c) the date (direct debit) , and the

c ir ate 0 later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

X authorize CLIFTONLARSONALLEN LLP	to enter my PIN 55416
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the tax year 2023 electronically filed return. If I have indicat with a state agency(ies) regulating charities as part of the IRS Fed/State progra on the return's disclosure consent screen.	.,

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **** THIS IS NOT A FILEABLE COPY ****

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

41812413127 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

10/02/24 ANN NEIL ERO's signature Date

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2023)

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** 41-0706116 CAMP FIRE MINNESOTA File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 3300 TANADOONA DRIVE return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 55331 EXCELSIOR, MN Enter the Return Code for the return that this application is for (file a separate application for each return) 07 Application Is For Return | Application Is For Return Code Code Form 4720 (other than individual) Form 990 or Form 990-EZ 01 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 8870 12 05 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III, Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of JACK KOLB-WILLIAMS 3300 TANADOONA DRIVE - EXCELSIOR, MN 55331 Telephone No. (612)309-3261 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
. If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning ______, 20 ____, and ending ___ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form		OMB No. 1545-0047				
		For on	(and proxy tax under section 6033(e))			2023
		For ca	lendar year 2023 or other tax year beginning, and ending Go to www.irs.gov/Form990T for instructions and the lates	t information	<u> </u>	ZUZ 3
Departm Internal I	ent of the Treasury Revenue Service		Do not enter SSN numbers on this form as it may be made public if your orga	anization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed.		Name of organization (Check box if name changed and see instruction	s.)	D Fwt	oloyer identification number
B Exe	mpt under section	Print	CAMP FIRE MINNESOTA		4	1-0706116
X	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.			up exemption number e instructions)
	408(e) 220(e)	Туре	3300 TANADOONA DRIVE		,	,
=	408A530(a) 529(a)529A		City or town, state or province, country, and ZIP or foreign postal code EXCELSIOR , MN 55331		F	Check box if
	· /	СВо		4,531.	1	an amended return.
G Ch	neck organization		X 501(c) corporation 501(c) trust 401(a) trust	Other trust	State	college/university
			6417(d)(1)(A) Applicable entity			
H Ch	neck if filing only to	o claim	Credit from Form 8941 Refund shown on Form 2439	Elective paymer	nt amo	unt from Form 3800
I Ch	neck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporati	on		
			ed Schedules A (Form 990-T)			1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary	controlled group?		Yes X No
			d identifying number of the parent corporation		<u> </u>	\200 2061
Parl	ne books are in car		JACK KOLB-WILLIAMS d Business Taxable Income	ephone number (6 ⊥∠)309-3261
				(and instructions)		0.
1 2			ess taxable income computed from all unrelated trades or businesses		2	0.
3	Add lines 1 and 2				3	
4			(see instructions for limitation rules)		4	0.
5			s taxable income before net operating losses. Subtract line 4 from line		5	
6			ting loss. See instructions		6	
7	Total of unrelated	d busin	ess taxable income before specific deduction and section 199A deduc			
	Subtract line 6 fr	om line	5		7	
8	Specific deduction	on (gen	erally \$1,000, but see instructions for exceptions)		8	1,000.
9	Trusts. Section 1	199A de	eduction. See instructions		9	
10			lines 8 and 9		10	1,000.
11			table income. Subtract line 10 from line 7. If line 10 is greater than line	e 7, enter zero	11	0.
Parl						
1			as corporations. Multiply Part I, line 11 by 21% (0.21)		1	0.
2			rates. See instructions for tax computation. Income tax on the amou			
2					3	
3 4			ons instructions		4	_
5			1131140110113		5	
6			acility income. See instructions		6	
7			gh 6 to line 1 or 2, whichever applies		7	0.
Part						
1a	Foreign tax credi	t (corpo	orations attach Form 1118; trusts attach Form 1116)1a			
b	Other credits (see		· · · · · · · · · · · · · · · · · · ·			
С			Attach Form 3800 (see instructions) 1c			
d	Credit for prior-ye	ear mini	imum tax (attach Form 8801 or 8827)			
е	Total credits. Ac	dd lines	1a through 1d		1e	
2			urt II, line 7	 T	2	0.
3a	Amount due from					
b	Amount due from		0007		-	
C C	Amount due from		0000		-	
d	Amount due from Other amounts d				1	
e f		•	I lines 3a through 3e	ı	3f	0.
4			nd 3f (see instructions).			•
•			x amount here		4	0.
5			ility paid from Form 965-A, Part II, column (k)		5	0.
LHA			on Act Notice, see instructions. 323701 11-20-23			Form 990-T (2023)

Form 990-T (2023)
Part III Tax and Payments Page 2

Part	III Tax and Payments (continued)					
6 a	Payments: Preceding year's overpayment credited to the current year	6a				
b	Current year's estimated tax payments. Check if section 643(g) election					
	applies	6b				
С	Tax deposited with Form 8868	6c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	1 1				
е	Backup withholding (see instructions)	6e				
f	Credit for small employer health insurance premiums (attach Form 8941)					
g	Elective payment election amount from Form 3800	6g				
h	Payment from Form 2439	6h				
i	Credit from Form 4136					
j	Other (see instructions)					
7	Total payments. Add lines 6a through 6j			7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount or	verpaid		10		
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax		Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Inform	nation (see ins	structions)			
1	At any time during the 2023 calendar year, did the organization have an interest in	n or a signature o	or other authority		Yes	N
	over a financial account (bank, securities, or other) in a foreign country? If "Yes,"	the organization	may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter	r the name of the	foreign country			
	here					X
2	During the tax year, did the organization receive a distribution from, or was it the	grantor of, or trai	nsferor to, a			
	foreign trust?					X
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year		\$			
4	Enter available pre-2018 NOL carryovers here \$ Do n	not include any p	ost-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here	by any deduction	n reported on Part	I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2	017 NOL carryov	vers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17	7 for the tax year	. See instructions.			
	Business Activity Code	Availab	le post-2017 NOL	carryover		
		\$				
		\$				
		\$				
		\$				
6 a	Reserved for future use					
b	Reserved for future use					
Part	V Supplemental Information					
Provide	e any additional information. See instructions.					

Sign		I declare that I have examined claration of preparer (other than					ny knowledo	ge and belief, it is	true,	
Here				PRESI	DENT &	CEO		y the IRS discuss preparer shown I		with
	Signature of officer		Date	Title			inst	ructions)?	Yes	No
	Print/Type prepare	r's name	Preparer's signature		Date	Check	if	PTIN		
Paid						self-em	ployed			
Preparer	ANN NEIL		ANN NEIL		10/02/2	24		P0181	7922	
Use Only	I =	Firm's name CLIFTONLARSONALLEN LLP				Firm's	EIN	41-07	4674	9
000 0,	′	220 S 6TH	STREET, SUI	TE 300						
	Firm's address	MINNEAPOLI	s, MN 55402			Phone	no. 6 2	12-376-	<u>4500</u>	
									~~~ =	

Form **990-T** (2023)

### **SCHEDULE A** (Form 990-T)

### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

41-0706116

Department of the Treasury Internal Revenue Service

Name of the organization

CAMP FIRE MINNESOTA

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only B Employer identification number

532000 **D** Sequence: Unrelated business activity code (see instructions)

RENTAL INCOME Describe the unrelated trade or business

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6	151,839.		151,839.
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	151,839.		151,839.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	196,794.
3	Repairs and maintenance	3	342.
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 1	14	36,556.
15	Total deductions. Add lines 1 through 14	15	233,692.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	-81,853.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-81,853.
Earl	Panarwork Paduation Act Natice, see instructions	Schodul	o A (Form 990-T) 2022

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Pac	ıe	4

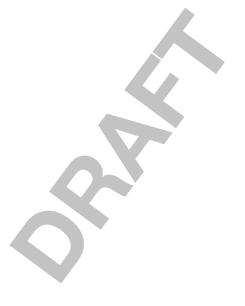
Part	III Cost of Goods Sold Fnter metl	nod of inventory valuat	ion		Page Z
1				1	
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p				Yes No
Part		•			
1	Description of property (property street address, city, s				
	A RENTAL INCOME 3300 TANAI B RENTAL INCOME 37508 BLUI				
		EWAIER RD, C	KAND KAPIDS	, MIN 33/44	
	<u> </u>				
	D	Α	В	С	D
2	Rent received or accrued		ь	•	<u> </u>
a	From personal property (if the percentage of				
u	rent for personal property is more than 10%				
	but not more than 50%)	0.	0.		
b	From real and personal property (if the	-			
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)	134,068.	17,771.		
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D	134,068.	17,771.		
3	Total rents received or accrued. Add line 2c, columns A	through D. Enter here	e and on Part I, line 6, c	column (A)	151,839.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)	0.	0.		
					•
Dord.	Total deductions. Add line 4, columns A through D. Er	nter here and on Part I	, line 6, column (B)		0.
Part	/0		Nanali if a divalivas. Cas		
1	Description of debt-financed property (street address, o	city, state, ZIP code). C	neck if a dual-use. See	instructions.	
	В —				
	c —				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed		_	-	<del>-</del>
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	rt I, line 7, column (A)	<u> </u>	0.
-					
9	Allocable deductions. Multiply line 3c by line 6	Lands D. Frederick	diam David Library 7 11	(D)	0.
10	<b>Total allocable deductions.</b> Add line 9, columns A thr <b>Total dividends-received deductions</b> included in line				0.
11	Total dividends received deductions included in line	10			· ·

Part VI	Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)										
	Exen						xempt Contro	lled Organiz	ations	3	
<ol> <li>Name of controlled organization</li> </ol>		2. Employer			tal of specified ments made 5. Part of column that is included controlling organization.				6. Deductions directly		
		identification							connected with		
			number	(see ins	tructions)			tion's gro			income in column 5
(1)											
(2)											
(3)											
(4)											
				· · · ·	Controlled Or		ons				
<b>7.</b> Taxa	able Income		Net unrelated		tal of specif			of column 9			Deductions directly
			icome (loss)	pay	yments mad	е	controlling	luded in the organization			connected with
		(see	e instructions)					income		inc	ome in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here	ins 5 and 10			columns 6 and 11.
								and on Pan olumn (A).	. 1,	Enter here and on Part I, line 8, column (B).	
								( )	_		, , ,
Part VII	Investment I		of a Section 50	1(0)(7) (	0\ or (17\	Organ	nization (		0.		0.
rait VII		cription of		1(0)(1), (	1			ee instructi			5. Total deductions
	i. Desc	inplion of	iricome		2. Amou incon		3. Deduction			asides atemen	
							(attach stater				(add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
<u>, ,                                  </u>					Add amou						Add amounts in
					column 2.						column 5. Enter here and on Part I,
					line 9, colu						line 9, column (B).
Totals						0.					0.
Part VIII	Exploited E	xempt A	ctivity Income,	Other T	han Adve	ertising	g Income (	see instruc	tions)		
1 Desc	cription of exploite	ed activity:									
2 Gros	ss unrelated busin	ess incom	e from trade or busir	ness. Enter	here and or	n Part I,	line 10, columi	n (A)	[	2	
<b>3</b> Expe	enses directly con	nected wit	h production of unre	elated busii	ness income	e. Enter l	nere and on Pa	art I,			
line	10, column (B)									3	
	line 10, column (B)  4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete										
	lines 5 through 7							4			
			s not unrelated busi							5	
			entered on line 5 $$							6	
			act line 5 from line 6								
4. Er	nter here and on P	art II, line	12							7	

Schedule A (Form 990-T) 2023

Part	IX	Advertising Income					g
1	Nam	e(s) of periodical(s). Check box if reportin	g two or more perio	dicals on a	consolidated basis		
	<b>A</b>						
	в						
	c [						
	D [						
Enter	amoun	ts for each periodical listed above in the	corresponding colu	mn.			
		·		A	В	С	D
2	Gros	ss advertising income					
		columns A through D. Enter here and on		mn (A)		<u>.</u>	0.
а		· ·		. ,			
3	Direc	ct advertising costs by periodical					
а		columns A through D. Enter here and on	Part I, line 11, colu	mn (B)			0.
4	Adve	ertising gain (loss). Subtract line 3 from lin	ne				
	2. Fc	or any column in line 4 showing a gain,					
	com	plete lines 5 through 8. For any column in	۱				
	line 4	4 showing a loss or zero, do not complete	e				
	lines	5 through 7, and enter -0- on line 8					
5	Read	dership costs					
6	Circu	ulation income					
7	Exce	ess readership costs. If line 6 is less than					
	line 5	5, subtract line 6 from line 5. If line 5 is les	ss				
	than	line 6, enter -0-					
8	Exce	ess readership costs allowed as a					
	dedu	uction. For each column showing a gain o	on				
		4, enter the lesser of line 4 or line 7					
_	۸ ۵۵	line 8, columns A through D. Enter the gr	reater of the line 8a	columns to	tal or -0- here and o	n	
а							
	Part	II. line 13					0.
	Part			ustees (s	see instructions)		
	Part	Compensation of Officers, Dir		ustees (s	see instructions)	3. Percentage	4. Compensation
	Part	II. line 13		ustees (s	see instructions)	3. Percentage of time devoted	4. Compensation attributable to
Part	Part	Compensation of Officers, Dir		ustees (s	see instructions)	3. Percentage of time devoted to business	4. Compensation
Part (1)	Part	Compensation of Officers, Dir		ustees (s	see instructions)	3. Percentage of time devoted to business	4. Compensation attributable to
Part (1) (2)	Part	Compensation of Officers, Dir		ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3)	Part	Compensation of Officers, Dir		ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3)	Part	Compensation of Officers, Dir		ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	Part X	II, line 13		ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part X	II, line 13	ectors, and Tru	ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	Part X	II, line 13		ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part X	II, line 13	ectors, and Tru	ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part X	II, line 13	ectors, and Tru	ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part X	II, line 13	ectors, and Tru	ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part X	II, line 13	ectors, and Tru	ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part X	II, line 13	ectors, and Tru	ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part X	II, line 13	ectors, and Tru	ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part X	II, line 13	ectors, and Tru	ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part X	II, line 13	ectors, and Tru	ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part X	II, line 13	ectors, and Tru	ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part X	II, line 13	ectors, and Tru	ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part X	II, line 13	ectors, and Tru	ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part X	II, line 13	ectors, and Tru	ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part X	II, line 13	ectors, and Tru	ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part X	II, line 13	ectors, and Tru	ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part X	II, line 13	ectors, and Tru	ustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
MARKETING DEPRECIATION INSURANCE OTHER OFFICE EXPENSES TRAVEL PROGRAM SUPPLIES OCCUPANCY STAFF DEVELOPMENT		134. 5,496. 7,304. 17,293. 1,656. 350. 905. 1,799. 1,619.
TOTAL TO SCHEDULE A, PART	II, LINE 14	36,556.



#### Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

# character Street, Suite 1200 CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

**STATE OF MINNESOTA** 

C2
----

Website Address:

www.ag.state.mn.us/charity

SECTION A: Organization Information	
Legal Name of Organization <u>CAMP_FIRE_MINNE</u>	SOTA
Federal EIN: 41-0706116	Fiscal Year-End: 12312023
	mm/dd/yyyy
	Did the organization's fiscal year-end change? Yes X No
Mailing Address: KORI REDEPENNING	Physical Address: KORI REDEPENNING
Contact Person 3300 TANADOONA DRIVE	Contact Person 3300 TANADOONA DRIVE
Street Address EXCELSIOR, MN 55331	Street Address EXCELSIOR, MN 55331
City, State, and ZIP Code 612-235-7284	City, State, and ZIP Code 612-235-7284
Phone Number KORIR@CAMPFIREMN.ORG	Phone Number KORIR@CAMPFIREMN.ORG
Email Address	Email Address
Organization's website:	
	Alternate Former Alternate Former
3. List all names under which the organization solicits contrib  CAMP FIRE MINNESOTA; CAMP FIRE  THE MINNESOTA CAMP FIRE FOUNDA	E USA, MINNESOTA COUNCIL
Is the organization incorporated pursuant to Minn. Stat. ch	. 317A? X Yes No
5. Total amount of contributions the organization received from	m Minnesota donors: \$ 553,329.
6. Has the organization's tax-exempt status with the IRS charmony.  Yes X No If yes, attach explanation.	nged?
7. Has the organization significantly changed its purpose(s) o  Yes X No If yes, attach explanation.	r program(s)?

_								
8.	. Has the organization been denied the right to solicit contributions by any court or government agency?  Yes X No If yes, attach explanation.							
9.	Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes X No If yes, provide the following information for each (attach list if more space is needed):							
	Name of Professional Fundraiser	Compensation						
	Street Address	City, State, and ZIP Code						
	10. Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached No Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.							
11.	Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000?    X Yes   No If yes, provide the following information for the five highest paid individuals:							
	Name and title	Compensation*	Other compensation					
	KORI REDEPENNING CEO & PRESIDENT	166,428.	4,196.					
	BECCA FINK VICE PRESIDENT OF PROGRAM	106,361.	2,612.					
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1 issued by the organization and its related organizations to the individual. See Minn. S 3(i) and Minn. Stat. § 317A.011 for definitions.							
12.	A full list of the organization's board of directors, including names, addresses, and total each (attach list if more space is needed).	al compensation paid to						
	SEE STATEMENT 1							

13. A full list of the names of all banks or other financial institutions in which the organization's funds are deposited. DO NOT include account numbers. (Attach list if more space is needed.) BREMER BANK

BANKCHEROKEE

#### **SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

#### **INCOME**

1.	Contributions Received	\$		_ 1
2.	Government Grants	\$		_ 2
3.	Program Service Revenue	\$		3
4.	Other Revenue	\$		_ 4
5.	TOTAL INCOME	\$		_ 5
EXPE	ENSES			
6.	Program Expenses	\$		_ 6
7.	Management & General Expenses	\$		_ 7
8.	Fund-raising Expenses	\$		_ 8
9.	TOTAL EXPENSES	\$		_ 9
10.	EXCESS or DEFICIT	\$		10
	(Line 5 minus Line 9)			
ASSE	ETS		•	
11.	Cash	\$		11
12.	Land, Buildings & Equipment	\$		12
13.	Other Assets	\$		13
14.	TOTAL ASSETS	\$		14
LIAB	ILITIES			
15.	Accounts Payable	\$		15
16.	Grants Payable	\$		16
17.	Other Liabilities	\$		17
18.	TOTAL LIABILITIES	\$		18
FUNI	D BALANCE/NET WORTH	\$		
		·		_

(Line 14 minus Line 18)

#### Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

1. Grants and other assistance to governments and organizations in the U.S. 2. Grants and other assistance to individuals in the U.S. 3. Grants and other assistance to governments, organizations, and individuals outside the U.S. 4. Benefits paid to or for members 5. Compensation of current officers, directors, trustees, and key employees 6. Compensation not included above, to disqualified persons (as defined under section 4958(t)(1) and persons (as defined under section 4958(t)(1) and persons described in section 4958(c)(3)(B) 7. Other salaries and wages 8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9. Other employee benefits 10. Payroll taxes 11. Fees for services (non-employees): a. Management b. Legal c. Accounting d. Lobbying e. Professional fundraising services f. Investment management fees g. Other 12. Advertising and promotion 13. Office expenses 14. Information technology	<b>(D)</b> Fundraising expenses
2. Grants and other assistance to individuals in the U.S. 3. Grants and other assistance to governments, organizations, and individuals outside the U.S. 4. Benefits paid to or for members 5. Compensation of current officers, directors, trustees, and key employees 6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) 7. Other salaries and wages 8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9. Other employee benefits 10. Payroll taxes 11. Fees for services (non-employees): a. Management b. Legal c. Accounting d. Lobbying e. Professional fundraising services f. Investment management fees g. Other 12. Advertising and promotion 13. Office expenses	·
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.  4. Benefits paid to or for members  5. Compensation of current officers, directors, trustees, and key employees  6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)  7. Other salaries and wages  8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  9. Other employee benefits  10. Payroll taxes  11. Fees for services (non-employees):  a. Management  b. Legal  c. Accounting  d. Lobbying  e. Professional fundraising services  f. Investment management fees  g. Other  12. Advertising and promotion  13. Office expenses	
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a. Management b. Legal c. Accounting d. Lobbying e. Professional fundraising services f. Investment management fees g. Other  12. Advertising and promotion 13. Office expenses	
b. Legal c. Accounting d. Lobbying e. Professional fundraising services f. Investment management fees g. Other  12. Advertising and promotion 13. Office expenses	
c. Accounting d. Lobbying e. Professional fundraising services f. Investment management fees g. Other  12. Advertising and promotion 13. Office expenses	
d. Lobbying e. Professional fundraising services f. Investment management fees g. Other  12. Advertising and promotion 13. Office expenses	
e. Professional fundraising services f. Investment management fees g. Other  12. Advertising and promotion 13. Office expenses	
f. Investment management fees g. Other  12. Advertising and promotion 13. Office expenses	
g. Other  12. Advertising and promotion  13. Office expenses	
12. Advertising and promotion       13. Office expenses	
13. Office expenses	
14. Information technology	
15. Royalties	
16. Occupancy	
17. Travel	
18. Payments of travel or entertainment expenses	
for any federal, state, or local public officials	
19. Conferences, conventions, and meetings	
20. Interest	
21. Payments to affiliates	
22. Depreciation, depletion, and amortization	
23. Insurance	
24. Other expenses. Itemize expenses not covered	
above. Expenses labeled miscellaneous may	
not exceed 5% of total expenses (Line 25).	
a.	
b.	
C.	
d.	
25. Total functional expenses. Add lines 1 through 24d	
26. Joint costs. Check here   if following SOP 98-2. Complete this line only if the organi- zation reported in Column B joint costs from a combined educational campaign and fundraising solicitation	

#### **Section C: Board of Directors Signatures and Acknowledgment**

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat.  $\S$  309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly	constituted officers of this organization, being the
(Title) and	(Title) respectively, and
that we execute this document on behalf of the organization pursu	uant to the resolution of the
	(Board of Directors, Trustees, or Managing Group) adopted on the
day of, 20, approving the contents of the	he document, and do hereby certify that the
	_ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, and ha	we supervised, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is true	, correct and complete to the best of our knowledge.
Name (Print)	Name (Print)
Signature	Signature
_	_
Title	Title
Date	 Date

ANNUAL REPORT INITIAL REGISTRATION	BOARD OF DIRECTORS	STATEMENT 1
NAME AND ADDRESS		COMPENSATION
MARIE BECKER		0.
TAMMY BUCHERT		0.
SCOTT BOTZET		0.
SHANNON RUSK		0.
TOM BECKER		0.
ADRIANE BROWN		0.
LALO EDMONDSON		0.
KAREN FELTON		0.
ANGIE FENSKE		0.
CODY FLEISCHFRESSER		0.
TARA FLOREK		0.
DONALD FORD		0.
HEATHER GEORGE		0.

CAMP FIRE MINNESOTA	41-0706116
DOMINIQUE HOLWERDA	0.
SARAH JENSEN	0.
REBEKAH JOHNSON	0.
NIKKI KRAKOW	0.
WIAAA IAAIN	0.
COLLEEN MAHONEY	0.
KATE MUELLER	0.
NICOLLE NACEY	0.
TERI RICHARDSON	0.
	_
CHETNA TANDON	0.

0.

BETH WINTER





### 2023 M4NP, Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. Refer to 2023 Unrelated Business Income Tax Return Instructions on our website at www.revenue.state.mn.us.

Tax year beginning (MM/DD/YYYY) 01/01 /2023, and ending (MM/DD/YYYY) 12/31 /2023 (required) CAMP FIRE MINNESOTA 410706116 Minnesota Tax ID (required) Name of Organization 3300 TANADOONA DRIVE Mailing Address This Organization Files Federal Form (Check one) Check if New Address 55331 EXCELSIOR MN990-T 1120-C 1120-POL County State Exempt Under IRS Section (Check one) 501(c)(**3** Check All Filing Under Final Return (refer to inst., pg. 4) Enter your NAICS Codes (Refer to inst., pg. 4) an Extension Enter Close Date: That Apply: 532000 Are you filing a combined income return? Was any business conducted outside of Minnesota? X No Yes (Complete and attach schedule M4NPA) Check if reporting Tax Position Disclosure (Enclose Form TPD) 1 Federal taxable income before net operating loss and specific deduction You must round amounts to nearest whole dollar. (total from all federal Form 990-T Schedule As. Part II line 16: 1120-C. line 25c: -81853 Total additions to federal taxable income (from Form M4NPI, line 1) _______2 Total subtractions from federal taxable income (from Form M4NPI, line 2) ...... 4 _ Federal taxable income (loss) after subtractions (refer to instructions). If you conducted business both within and outside Minnesota, complete Form M4NPA (refer to instructions, pg. 4). If 100% of your activities were conducted in Minnesota, do not complete Form MANPA. Enter line 5 on line 6 ______ 5 -81853 Minnesota taxable net income (loss) (from Form MANPA, line 10.) If 100% of your activities were conducted in Minnesota, enter amount from line 5 above. _______6 Minnesota net operating loss deduction (from Form M4NP NOL) 7 Subtract line 7 from line 6 (if zero or less, enter zero). Total deductions from taxable net income (from Form M4NPI, line 3) Taxable income (subtract line 9 from line 8; if zero or less, enter zero) Regular tax (multiply line 10 by 9.8% [0.098]; if zero or less, enter zero) Proxy tax (refer to instructions, pg. 4) Tax before credits (add lines 11 and 12) 13 

Continued next page

Minnesota tax liability (subtract line 14 from line 13; if zero or less, enter zero) 15

# 2023 M4NP, UBIT Return Page 2 (continued)

	MP FIRE MINNESOTA		410706116	0706116
Name	of Organization		FEIN	Minnesota Tax ID
16	Minnesota Nongame Wildlife Fund donation (	refer to instructions, pg. 4) .	16	
17	Add lines 15 and 16		17	
18	Total refundable credits (from Form M4NPI, lin	ne 5) <b>18</b> _		
19	Amount credited from your 2022 Form M4NP,	line 32 <b>19</b> _		
20	2023 estimated tax payments	20 _		
21	2023 extension payment	21 _		
	<b>-</b>			
22	Total refundable credits and payments (add lin	es 18, 19, 20, and 21)	22	
	0.111100 (			
23	Subtract line 22 from line 17		23	
04	Daniello ( )		04	
24	Penalty (determine from worksheet in the instr	ructions, pg. 5)	24	
25	Interest (III) with the second second second second		25	
25	Interest (determine from worksheet in the inst	ructions, pg. 5)	23	
26	Additional charge for underpayment of estima	ted tax from Form MIEND	(inc. 47)	
27	Tax, Nongame Wildlife Fund donation, penalty		iiile 17)20	
_,	charge for underpayment of estimated tax (ad	•	27	
	charge for underpayment of estimated tax (au	d lines 17, 24, 25, and 26) .	21	
28	Amount from line 27		28	
	7 anodate from the 27		20	
29	Amount from line 22		29	
30	AMOUNT DUE. If line 28 is more than or equa	I to line 29, subtract line 29	from 28 <b>30</b>	
	Payment method: Electronic	Check	Ameno	led Return Payment by Check
	(Refer to instructions, page 2.)	<u>—</u>	<del></del>	
31	<b>OVERPAYMENT.</b> If line 29 is more than line 2	8,		
	subtract line 28 from line 29	31 _		
32	Amount of line 31 to be credited to your 2024	estimated tax 32 _		
33	Refund (subtract line 32 from line 31)	33 _		
	ave your refund direct deposited, enter your ba	inking information below.		
Acc	ount Type:			
	Checking Savings			
	Routing Number		per (use an account not associat	ed with any foreign banks)
ı de	clare that this return is correct and complete to	, ,		
A 4*	visad Cimphus	PRESIDENT & CE	Date (MM/DD/YYYY)	6123093261 Davidina Bhana
Autho	•	Title	,	Daytime Phone
	N NEIL	P01817922	10 /02 /2024 Date (MM/DD/YYYY)	6123764500
	ture of Preparer	PTIN	Date (IVIIVI/DD/YYYY)	Preparer's Daytime Phone
	RIR@CAMPFIREMN.ORG		This ome!! address halours	to (chack and)
ciliail	Address for Correspondence, if Desired		This email address belongs	to (check one) X Employee Paid Prepare

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules.

Mail to: Minnesota Department of Revenue, Mail Station 1257, 600 N. Robert St., St. Paul, MN 55146-1257

I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.





## 2023 M4NP NOL, Net Operating Loss Deduction

For tax-exempt organizations and cooperatives that file federal Form 990-T or 1120-C.

CAMP FIRE MINNESOTA	410706116	<u>0706116</u>	
Name of Organization	FEIN	Minnesota Tax ID	

Year	Minnesota Ta	xable N	et Income/Loss	Minnesota Losse	s Used	Minnesota Losses	Carried Back	Losses Remaining
Oldest Loss Year								
12312023	-818	53						-81853
Subsequent Year 1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
	1		2023 Summary:	Net Operating Loss	Deduction	Total Loss	ses Remaining (to be	carried forward)
		•	Louis Gairmany.			_	81853	

Enter on Form M4NP, line 7