# Form **990**

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

OMB No. 1545-0047

Department of the Treasury

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.

Open to Public Inspection

_		2040	- day was beginning 04/04 0042 and anding	42	/21	20 12	
<u> </u>			ndar year, or tax year beginning 01/01 , 2013, and ending		/31 D Employe	, 20 13 or identification n	umber
В		applicable:	C Name of organization Camp Wyandot Inc FKA Camp Fire USA Central Ohio Co	uncii	2 ciliproye		
닏	Address	change	Doing Business As			31-4379434	
Ø	Name ch	ange	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite		E Telephor		
	Initial retu	um .	1890 Northwest Blvd Suite 130			614-481-8227	
	Terminate	ed	City or town, state or province, country, and ZIP or foreign postal code				
	Amended	d return	Columbus, OH 43212		G Gross re	celpts \$	370,753
	Application	on pending	F Name and address of principal officer: Lindsey Christ	H(m) is this a gr	roup return for s	subordinates? 🔲 Yes	√ No
			1890 Northwest Blvd, Suite 130, Columbus, OH 43212	H(b) Are all	subordinates	s included? 🔲 Yes	l □ No
ī	Tax-exen	npt status:	√ 501(c)(3)	If "No," art	tach a list. (1	see instructions)	
J	Website:		o://www.campwyandot.org	H(c) Group	exemption	number 🕨	
K	Form of o	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	: 1928	M State	of legal domicile:	ОН
P	art I	Summ	ary				
	1	Briefly de	escribe the organization's mission or most significant activities: See Sch	edule O, S	tatement	1	
ጽ		•					
Activities & Governance							
툹	2	Check th	is box ▶☐ if the organization discontinued its operations or disposed of	more than	25% of	its net assets.	
Š	3		of voting members of the governing body (Part VI, line 1a)				6
•5	4		of independent voting members of the governing body (Part VI, line 1b)				6
8	5		mber of individuals employed in calendar year 2013 (Part V, line 2a)				47
뤃	6		mber of volunteers (estimate if necessary)		6		125
ᇴ	7a		related business revenue from Part VIII, column (C), line 12		7a		0
•	, a		lated business taxable income from Form 990-T, line 34		7b		0
_	1 0	1401 01110	lated business taxable income indirection of the court, into one in the court of th	Prior Y		Current Y	
		Contribu	tions and grants (Part VIII, line 1h)	· · · · · · · · · · · · · · · · · · ·	105,844		147,001
3	8		service revenue (Part VIII, line 2g)	· · · · · · · · · · · · · · · · · · ·	224,089		170,147
Revenue	9		ent income (Part VIII, column (A), lines 3, 4, and 7d)		85		0
æ	10		· · · · · · · · · · · · · · · · · · ·	····	0		
	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				53,605
	12			· · · · · · · · · · · · · · · · · · ·	330,018		370,753
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		0		0
	14		paid to or for members (Part IX, column (A), line 4)	193,519 0			0
8	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)				137,206
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)			Page of the second	0
8	b			11 6	ROMANISMY, EC.3 V.	Least section and the Man	
	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		135,032		117,516
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		328,551		254,722
_	19	Revenue	less expenses. Subtract line 18 from line 12	-1	1,467	P-1-4V	116,031
Assets or	6		<del> </del>	ginning of C		End of Y	
2	20		sets (Part X, line 16)		140,844		186,374
₹			pilities (Part X, line 26)		106,299	<del>                                     </del>	35,799
Z	22		ets or fund balances. Subtract line 21 from line 20		34,545	<u> </u>	<u> 150,575</u>
	art II	Signa	ture Block				
U	nder pena	ities of perj	ury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to	the best of	my knowledge an	d belief, it is
-	ue, correc	it, and comp	plete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any know	rieuge.	1,-1,1	
11-5/10/10							
	gn	Sign	nature of officer	Ð	ate		
H	ere		ki Spretnak, Treasurer				
_			e or print name and title	···			
P	aid	Print/T	ype preparer's name Preparer's signature Date	•	Check		
	repare	er			self-em	ployed	
	se Onl		name >	Fin	m's EIN ▶		
		Firm's	address ▶	Ph	one no.		
M	ay the IF	RS discus	s this return with the preparer shown above? (see instructions)			🔲 Ye	■ No

Part									
	Check if Schedule O contains a response or note to any line in this Part III								
1	Briefly describe the organization's mission:								
	Camp Wyandot Inc. provides an inclusive nurturing environment for youth to have fun, make friends, serve others and explore the great outdoors.								
	great outdoors.								
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?								
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program								
	services?								
	If "Yes," describe these changes on Schedule O.								
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,								
	the total expenses, and revenue, if any, for each program service reported.								
4-	(Code)								
4a	(Code: ) (Expenses \$ 111,176 including grants of \$ 0 ) (Revenue \$ 156,370 )  We sponsor, administer, and staff an overnight camp on our property located in the Hocking Hills in Rockbridge, Ohio called Camp								
	Wyandot. In 2013, we had 329 youth in attendance at our summer camp program of which 267 youth paid their own way and 62								
	youth attended on a subsidized program or received a campership. Founded in 1928, Camp Wyandot is a fun, educational, and								
	nurturing place where all children ages 8-18, are welcomed. As evidenced by a returning camper rate of about 60%, which is								
	higher than the national average, kids enjoy and benefit from the camp experience we provide.								
4b	(Code: ) (Expenses \$ 29,911 including grants of \$ 0 ) (Revenue \$ 41,552 )								
40	(Code: ) (Expenses \$ 29,911 including grants of \$ 0 ) (Revenue \$ 41,552 )  We sponsor, administer, and staff a day camp for boys and girls at Highbanks Metro Park in Central Ohio. In 2013, the camp was								
	held for eight weeks and 280 campers attended, some of which were the same camper attending more than one session. We focus								
	on building outdoor living skills and developing a greater sense of self-reliance while working in a small group setting. Campers								
	experience the joy of nature, try new things, and develop deep friendships.								
	•								
4-	(Code) \(\( \sum_{\text{Constant}} \) \( \sum_{\text{Constant}} \) \( \sum_{\text{Constant}} \) \( \sum_{\text{Constant}} \)								
4c	(Code:) (Expenses \$ 2,445 including grants of \$) (Revenue \$ 9,034)								
	We sponsor Wyandot Explorer Clubs. These are neighborhood volunteer lead clubs for boys and girls that offer a progression of								
	rank and achievement. Wyandot Explorer Club aims to provide a quality youth development experience that builds competencies and creates positive life-long memories in a safe and supportive environment. The program focuses on four Explorer Categories:								
	Community Exploration, Self-Exploration, Environmental and Science Exploration, and Creative Exploration.								
	Other program conject /Deparths in Schodule (C.) Con Schodule (C.)								
4d	Other program services (Describe in Schedule O.) See Schedule O, Statement 2								
4e	(Expenses \$ 20,867 including grants of \$ 0 ) (Revenue \$ 21,599 )  Total program service expenses ▶ 164,399								
	Total program service expenses ► 164,399								

Part	Checklist of Required Schedules			
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	Yes	No
2 3	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> (see instructions)? 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	2	<b>√</b>	
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	3		<b>√</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>✓</b>
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		<b>√</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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	_	✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		A STATE OF	
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	1	
	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		1
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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		1
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		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b> </b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
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		1
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		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	Checklist of Required Schedules (continued)		V 1	N-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<b>-</b>	Yes	No
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>√</u> √
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		<u>√</u>
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		✓
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>✓</b>
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		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>✓</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
		Fon	n <b>99</b> 0	(2013)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
10	Entenths asserbed as Box 0 of Form 1000 February 0 March and the ball		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			推走
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			7 E.
_	reportable gaming (gambling) winnings to prize winners?	1c	1	
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 47	JE 3		- 连
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		<del> </del>
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶		97	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			4
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>/</b>
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Ť
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	71	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	316	
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e	7.79	#2
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	<del> </del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	<del> </del>
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1.0	
	<b>organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	. A 1	TT.
9	Sponsoring organizations maintaining donor advised funds.	##		
a b	Did the organization make any taxable distributions under section 4966?	9a 9b		<del> </del>
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		١.	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			- 4
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120	2.5	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		4	
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.			- A - 1
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			i ji
С	100			
14a	Enter the amount of reserves on hand	14a		-/
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a		-
	,		990	(2013)

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 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 in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? . . . . . . . . 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 in Schedule O. . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Another's website Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Gregory Kellison, (614)481-8227

Page 6

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

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ted any currer	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Peter Lytle	10									
Chair	0	1	_		_	L	_	0	0	0
Nikki Spretnak Treasurer	10	1						0	o	0
Sally Dellinger	4		<del>                                     </del>		Г		$\vdash$			
Secretary	0	1			İ			0	0	0
Valerie Mitrione	5						Π			
Director	0	1						0	0	o
Jessica Pierfelice	10									
Director	0	✓				ł	1	0	0	o
Sue Lavitchka	5						Π			
Director	0	✓					l	0	0	0
Lindsey Christ	20						Г			
Executive Director	0	✓		1	1	✓		29,018	0	0
	<b></b>				-					

(A) Name and title		(B) Average hours per week (list any	per officer a			rson irect	is both or/trust	an ee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
		hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compensation from the organization and related organizations
						$\vdash$		 				
						_						
				-		-			-			
						ļ						
				_								
			1	_	<u> </u>	_						
			·									
1b c	Sub-total	VII, Section	n A					<b>▶</b>	29,018		0	0
d	Total (add lines 1b and 1c)	t not limited	d to th					e) w	/ho received m	<del></del>		0 00 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc	tor, c					emp	oloyee, or high	est compe	nsate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											ne la
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind	lividu	
	n B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compensation
2	Total number of independent contractor received more than \$100,000 of compen							) th	nose listed ab	ove) who		The state of the s

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Form **990** (2013)

Form 990 (2013)							Page 9		
Part	VIII	Statement of Reve	nue				<del> </del>		
		Check if Schedule O	contains a	respo	nse or note to	any line in this	Part VIII	<u></u> <u></u>	🗆
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns		1a	0				
S S	b			1b	285	医阴极 多维格	激肽器 震激	医黑唇色质	DEPART OF THE
, ₹	С	Fundraising events .		1c	0	医格雷氏征 计	<b>森林</b> 美 新雄		教理等分别是
	d	Related organizations	<del></del>	1d	0	医骶囊 医多基	用 化氯化物	進身 特別基	
ě, Ë	е	Government grants (con		1e	0		18	整理 也 放款	
P S	f	All other contributions, gi				医维基型质的	经基础基础	医辐射 数乘	(2) 首次教育者(
夏春		and similar amounts not inc	luded above	1f	146,716		医复数复数		<b>自己的基本方式</b>
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions includ	led in lines 1a-11	f: \$	0		4. 快速系数:	4. 数表表表现	<b>多点图文多表</b> 。
	h	Total. Add lines 1a-11	<u>f</u>		<u>.</u> ▶	147,001	据 高雅 电流	農雅 医毛龙属	<b>建设有限制长</b> 型
3					Business Code				化多层设置 扩音
₹	2a	Overnight camp campo	er fees		624110	104,080	104,080	0	0
æ	Ь	Day camp camper fees			624110	41,552	41,552	0	0
.ŏ	С	Camp Wyandot clubs t	fees & dues		624110	7,431	7,431	0	0
35	d								
Program Service Revenue	е								
Ď,	f	All other program sen				17,084	17,084	0	
<u>~</u>	g	Total. Add lines 2a-2	<u>f</u>	<del></del>	▶	170,147			
	3	Investment income				1			
		and other similar amo							
	4	Income from investment		-	d proceeds >				
	5	Royalties	(i) Real	· ·	(ii) Personal	11/0-11/14/2019 - 11/14 This 25/14	- A Carlon Selection	7.464.75 Inc. 1250.75 St 1777.75	
			(I) riedi		(ii) Personal	<b>业开发 表练</b> 套	<b>服务表表型</b>	36 花香罗多。	<b>有基础是是</b>
	6a	Gross rents				798J151	最高级多数	<b>医脂类形成</b>	
	b	Less: rental expenses							
	C	Rental income or (loss)		0		THAT SHEET, S.			4.4.1
	d	Net rental income or (	(i) Securities		(ii) Other			fully spin state of	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	-	(ii) Other	医乳肿质蛋白	化非系统系	图 特 截 多 数	· 在教育的发展。
	ь	Less: cost or other basis					推 医多生物	<b>在复数要数</b>	16 1 FB 42 1
	D	and sales expenses .				化氢基基基 医	化性温度长	8 J. P. W.	<b>日本教育工程</b> :
	1 _	· ·		-		<b>毛黎及瓦斯</b>	化环苯基基:	· 公支事 產品	<b>三月以</b> 主、三年
	C	Gain or (loss)		0		A 15 15 15 15 15 15 15 15 15 15 15 15 15			
	d	Net gain or (loss) .		·	• • • •		Mercania de la Companya de la Compan		
Other Revenue	8a	Gross income from fu events (not including \$	0 ed on line 1c)		0				
Ě	ь	Less: direct expenses		b	0	<b>克里里等</b>	· 医生长病。	主要集 集	<b>建工财富产工</b> 製
O	C	Net income or (loss) f		sing ev	rents . >	o	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	o	0
	9a	•	,	a					
	b	Less: direct expenses					自身有限		
	С	Net income or (loss) for			ties ►				
	10a			- 1		南亚香糖 影			
		returns and allowance		a			CARL FI	医毒性原子	医外支性多角层
	b	Less: cost of goods s		, b_			<b>建工器的</b> 基	Park Ist	
	_ <u>c</u>	Net income or (loss) for							
		Miscellaneous R			Business Code		李松 罗 连 福县	·清香·沙克 2	TO HELD THE STATE OF THE
	11a	Forgiveness of debt in	come	L	624110	53,605	53,605	0	0
	b								
	С	A U - AL					ļ		
	d	All other revenue .		L		0		0	0
		Total, Add lines 11a-	11 <b>0</b> .			I 53 RAS		age to the great state of	The state of the s

370,753

223,752

12

Total revenue. See instructions.

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	· · · · · · · · · · · · · · · · · · ·	ne in this Part IX .	<u> </u>	<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	·			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	29,018	16,161	7,714	5,143
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 8	Other salaries and wages	95,821	58,675	37,146	
9	Other employee benefits	248	248		
10	Payroll taxes	12,119	7,265	4,355	499
11	Fees for services (non-employees):				
a	Management			····	
b	Legal				
C	Accounting	5,812		5,812	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	11 630	4 210	7 44 4	
		11,630	4,216	7,414	
12	Advertising and promotion	2,438	2,071	367	
13	Office expenses	1,355		1,355	
14	Information technology	4,627	1,479	3,148	
15	Royalties				
16	Occupancy	27,840	21,030	6,810	
17	Travel	2,632	2,467	165	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		2,100		
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	7,114	7,114		
23	Insurance	6,597	1,085	5,512	
24	Other expenses. Itemize expenses not covered	<b>计算要数性规则</b> 。			
	above (List miscellaneous expenses in line 24e. If	20 基金型	1. 医多层性多元的	化 化混合图像	
	line 24e amount exceeds 10% of line 25, column		(我的最高)	医医外胚 化重	
	(A) amount, list line 24e expenses on Schedule O.)	1. 提展 (Br. 4.1)		· 医皮膜透亮。	医乳蛋蛋素 医囊体
_	• • • • • • • • • • • • • • • • • • • •		G 2 43 At 1 4		
a	Camp food supplies	30,131	30,131	0	0
b	Camp program supplies	12,457	12,457	0	0
C	Fundraising expense	4,780	0	0	4,780
d	Misc expense	103	0	103	0
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	254,722	164,399	79,901	10,422
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				.0,.22

Form **990** (2013)

	artA	Dalance Sneet					
		Check if Schedule O contains a response or	r note t	o any line in this Pa	rt X		<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			18,211	1	66,355
	2	Savings and temporary cash investments		[		2	
	3	Pledges and grants receivable, net	[		3		
	4	Accounts receivable, net	r		4		
	5	Loans and other receivables from current and t	former	officers, directors,	医多数多耳直孔		基本 建原生产 医生产
		trustees, key employees, and highest co		· •		5	
ts	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volun organizations (see instructions). Complete Part II of Sche	ibuting employers and nployees' beneficiary		6		
Assets	7	Notes and loans receivable, net		[		7	
¥	8	Inventories for sale or use		[		8	
	9	Prepaid expenses and deferred charges			720	9	720
	10a	Land, buildings, and equipment: cost or			医水黄 新茅 蓝毛		医复数医多种皮肤
		other basis. Complete Part VI of Schedule D	10a	381,653	经基本的支票基	18 9	图 學情報 原建金属
	ь	Less: accumulated depreciation	10b	262,354	121,913	10c	119,299
	11	Investments—publicly traded securities				11	
	12	Investments-other securities. See Part IV, line	11 .			12	
	13	Investments-program-related. See Part IV, line	11 .			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa			140,844	16	186,374
	17	Accounts payable and accrued expenses			99,799	1	35,299
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ģ	22	Loans and other payables to current and for				- 100	BARRS 64E
Liabilities		trustees, key employees, highest compendisqualified persons. Complete Part II of Schedu	nsated		6,000	22	0
2	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		·	500		500
	25	Other liabilities (including federal income tax,		•	300		300
	25	parties, and other liabilities not included on lines of Schedule D	s 17-24	l). Complete Part X		25	
	26	Total liabilities. Add lines 17 through 25			106,299	<del> </del>	25 700
	20	Organizations that follow SFAS 117 (ASC 958	i) cher	k here ▶ 🗸 and	100,233	20	35,799
ces		complete lines 27 through 29, and lines 33 and	d 34.				<b>建设设置</b>
<u>a</u>	27	Unrestricted net assets			28,699		107,940
8	28	Temporarily restricted net assets			2,346	28	42,635
ā	29	Permanently restricted net assets			3,500	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 96 complete lines 30 through 34.	58), che	eck here ► ∐ and			
\$3	30	Capital stock or trust principal, or current funds				30	
SS6	31	Paid-in or capital surplus, or land, building, or ed				31	
Ţ	32	Retained earnings, endowment, accumulated in				32	
2	33	Total net assets or fund balances			34,545	33	150,575
_	34	Total liabilities and net assets/fund balances .			140,844	34	186,374

Page	1	2
raye		-

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Part					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u> </u>	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		370	0,753
2	Total expenses (must equal Part IX, column (A), line 25)	2		254	4,722
3	Revenue less expenses. Subtract line 2 from line 1	3		116	6,031
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		34	4,545
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		150	0,575
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 Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in 🔚		
	Schedule O.				T =
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <b>2</b> a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or 💮		
	reviewed on a separate basis, consolidated basis, or both:		J.		10
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				4
b	Were the organization's financial statements audited by an independent accountant?		. 2b	, /	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a 🗐		
	separate basis, consolidated basis, or both:			1 1	17.2
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1	4.5	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				l
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant	? 20	ا د	✓
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in 🗔	1	
	Schedule O.		· P		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		ĺ
	the Single Audit Act and OMB Circular A-133?		. 38	3	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3t	<b>.</b>	<u></u>
			F	orm <b>990</b>	(2013)

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

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

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

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.
➤ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization						E	mployer id	entification	number		
			Central Ohio Council						31-43			
Par			rity Status (All orga			<del></del>		<del></del>	nstructio	ns.		
The c 1 2 3 4	☐ A church, conv☐ A school desci☐ A hospital or a☐ A medical rese	vention of church ribed in <b>section</b> cooperative ho	ntion because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches th Schedi	describe ule E.) cribed in s	ed in sec section 1	tion 170(  70(b)(1)(	b)(1)(A)(i) A)(iii).		(iii). Ento	er the	
5	☐ An organizatio	•	the benefit of a colle	ge or uni	versity ov	vned or	operated	by a go	vernment	al unit	describ	ed in
6 7	☐ A federal, state ☐ An organizatio	e, or local govern	nment or government receives a substantia (A)(vi). (Complete Par	l part of					it or fron	n the ge	eneral p	oublic
8	☐ A community t	trust described i	n section 170(b)(1)(A)	<b>(vi).</b> (Cor	nplete Pa	rt II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt function ont income and unrelater June 30, 1975. See	ions-sul lated bus	bject to d siness ta	ertain ex xable inc	ceptions	s, and (2) ss section	no more	than 3	31/3%	of its
10 11	An organization	on organized ar one or more pub	l operated exclusively nd operated exclusive blicly supported organ describes the type of	ely for th	e benefi describe	t of, to p	oerform t ion 509(a	the funct 1)(1) or se	ions of, ection 50	9(a)(2).		
е	other than fou or section 509	ndation manage (a)(2).	that the organization ers and other than one	is not co e or more	ntrolled o	lirectly or support	indirectly ed organi	izations c	or more diescribed	disquali in sect	fied pe ion 509	rsons 9(a)(1)
f	organization, o	check this box	a written determination							e III su 	pportir	ig
g	following person	ons?	he organization accep	•	_			•				
			ndirectly controls, eitlody of the supported of								Yes	No
			on described in (i) abo	_						11g(		<del> </del>
		•	a person described in							11g(i		<del> </del>
h		-	on about the support							- · • ·		
(1)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ col. (I)	ou notify nization in of your port?	organizat (I) organi	s the ion in col. zed in the S.?	(vii) Amo	unt of mo support	netary
			,	Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												
Tota		1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<b>表现</b> 。	812							

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	ion A. Public Support	y quality unde	31 the tests he	ited below, p	case comple	terarin.j	
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(-)			(4) 2 - 1 -	(3, 2010	(7)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	整理 医乳腺					
	ion B. Total Support			·	<b>Y</b>		
Calen	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4					<u> </u>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the	_			•		
<u> </u>	organization, check this box and stop he					• • • • •	· · • U
	ion C. Computation of Public Support			11 column (6)		144	
14	Public support percentage for 2013 (line Public support percentage from 2012 Sci					14	<u>%</u>
15 16a							
	box and <b>stop here.</b> The organization qua						
b		nization did no	ot check a box	k on line 13 o	r 16a, and line		
17a	10%-facts-and-circumstances test —2 10% or more, and if the organization me Part IV how the organization meets the "torganization	ets the "facts- facts-and-circu	and-circumsta	inces" test, che st. The organiz	eck this box ar	nd <b>stop here.</b> (	line 14 is Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization m supported organization	tion meets the neets the "fact	e "facts-and-c	ircumstances" tances" test. T	test, check th	nis box and <b>st</b>	, and line op here.
18	Private foundation. If the organization dinstructions	id not check a	box on line 13	, 16a, 16b, 17a			· ► □ see · · ► □

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization rails to quality	under the tes	sta liated Delo	w, please co	ilipiete Fait i	1.)	
	on A. Public Support	1 2 2 2 2 2 2 2 1					
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	154,406	92,486	115,125	93,875	146,716	602,608
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	309,114	230,900	193,782	236,058	170,432	1,140,286
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	463,520	323,386	308,907	329,933	317,148	1,742,894
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified	:					
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	在某些体系	4.8.2.3.3.3.3.	1. 图像 4. 图	1. 沙克 混造		
	line 6.)		医液晶体素	高級 化磷基	表表熟意意	<b>基金基金</b>	1,742,894
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	463,520	323,386	308,907	329,933	317,148	1,742,894
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.			5	85		90
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	0	0	5	85	0	90
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						···
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	463,520	222 206	200 012	330.018	247.440	4.740.004
14	First five years. If the Form 990 is for toganization, check this box and stop he	he organization			, or fifth tax ye	317,148 ear as a section	* * : : *
Secti	on C. Computation of Public Suppo			•			<u> </u>
15	Public support percentage for 2013 (line			3, column (fl)		15	100 %
16	Public support percentage from 2012 Sc					16	100 %
	on D. Computation of Investment In				<del></del>		
17	Investment income percentage for 2013			y line 13, colun	nn (f))	17	0 %
18	Investment income percentage from 201	<b>2</b> Schedule A, f	Part III, line 17			18	0 %
19a	331/3% support tests-2013. If the organ	nization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organizatio	on . 🕨 🔽
b	331/3% support tests—2012. If the organi						3 <sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this	box and stop h	<b>ere.</b> The organi	zation qualifies	as a publicly su	upported organi	zation 🕨 🔲
20	Private foundation. If the organization d	id not check a	box on line 14,	19a, or 19b, c	heck this box	and see instruc	tions ► 🗍

Chedule A (F	rom 990 or 990-E2) 2013	Page 4
Part IV	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17 Part III, line 12. Also complete this part for any additional information. (See instructions).	7b; and
	······································	
	······································	
	······································	
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#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Departm	ent of the Treasury		► Attach to Form 990.			Open to Public
Internal F	Revenue Service	► Information about Schedule	B D (Form 990) and its instructions is at www		3	Inspection
Name o	f the organization			Employe	r identificatio	n number
Camp		A Camp Fire USA Central Ohio C				79434
Par			r Advised Funds or Other Similar Fu		Accounts.	
	Compl	ete if the organization answ	ered "Yes" to Form 990, Part IV, line 6	S		
			(a) Donor advised funds	(1	b) Funds and c	ther accounts
1	Total number	at end of year				
2	Aggregate cor	ntributions to (during year) .				
3	Aggregate gra	nts from (during year)				
4	Aggregate val	ue at end of year				
5	Did the organ	ization inform all donors and	donor advisors in writing that the assets	held in d	onor advis	ed
	funds are the	organization's property, subjec	t to the organization's exclusive legal con	trol?		☐ Yes ☐ No
6	Did the organi	ization inform all grantees, dor	ors, and donor advisors in writing that gi	rant funds	can be use	ed
	only for charit	able purposes and not for the	benefit of the donor or donor advisor, or	r for any c	other purpo	se
	conferring imp	permissible private benefit? .	· · · <u>· · · · · · · · · · · · · · · · </u>	· · ·		☐ Yes ☐ No
Part	Conse	rvation Easements.				
	Compl	ete if the organization answ	ered "Yes" to Form 990, Part IV, line 7	7		
1	Purpose(s) of	conservation easements held b	by the organization (check all that apply).			
	☐ Preservation	on of land for public use (e.g., r	recreation or education)   Preservation	of an hist	orically imp	ortant land area
	□ Protection	of natural habitat	☐ Preservation	of a certif	fied historic	structure
	☐ Preservation	on of open space				
2			tion held a qualified conservation contribu	ition in the	form of a	conservation
	easement on 1	the last day of the tax year.			Held at	the End of the Tax Year
а	Total number	of conservation easements .		[	2a	
b	Total acreage	restricted by conservation eas	ements	[	2b	
C	Number of co	nservation easements on a cer	tified historic structure included in (a)	[	2c	
d	Number of co	onservation easements includ	ed in (c) acquired after 8/17/06, and no	otona [		
	historic struct	ure listed in the National Regist	ter		2d	
3	Number of co	nservation easements modified	d, transferred, released, extinguished, or te	erminated	by the orga	anization during the
	tax year ►					
4	Number of sta	ates where property subject to	conservation easement is located ▶			
5			icy regarding the periodic monitoring, i			
	violations, and	d enforcement of the conservat	ion easements it holds?			🗌 Yes 🗌 No
6	Staff and volu	nteer hours devoted to monito	ring, inspecting, and enforcing conservation	on easem	ents during	the year
	<b>&gt;</b>					
7	Amount of exp	penses incurred in monitoring,	inspecting, and enforcing conservation ea	sements	during the y	ear ear
	▶\$		-			
8		•	on line 2(d) above satisfy the requirement	s of section	on 170(h)(4)	(B)
	(i) and section	170(h)(4)(B)(ii)?				☐ Yes ☐ No
9	In Part XIII, de		ports conservation easements in its reven			ement, and
	balance sheet	t, and include, if applicable, the	text of the footnote to the organization's	financial s	tatements	that describes the
	organization's	accounting for conservation e	asements.			
Part	III Organ	izations Maintaining Colle	ctions of Art, Historical Treasures,	or Other	Similar A	ssets.
	Compl	ete if the organization answ	ered "Yes" to Form 990, Part IV, line 8	3		
1a	If the organiza	ation elected, as permitted und	der SFAS 116 (ASC 958), not to report in	its revenu	e statemer	t and balance sheet
			similar assets held for public exhibition,			
	public service	, provide, in Part XIII, the text o	of the footnote to its financial statements t	hat descri	bes these i	tems.
b	If the organiz	ation elected, as permitted ur	nder SFAS 116 (ASC 958), to report in it	ts revenue	statemen	t and balance sheet
			similar assets held for public exhibition,			
	public service	, provide the following amount	s relating to these items:			
	(i) Revenues	included in Form 990, Part VIII,	line 1		. > \$	
2			of art, historical treasures, or other simi			al gain, provide the
	-		nder SFAS 116 (ASC 958) relating to these			<u> </u>
а			e1		. ▶ \$	
		ed in Form 990 Part X			<b>▶</b> ¢	

Part	Organizations Maintaining	Collections of	Art, Hist	orical T	reasures, o	r Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):							
а	☐ Public exhibition		d [	Loan	or exchange	oroar	ams	
b	☐ Scholarly research							
	☐ Preservation for future generations	<b>,</b>	- •	_	*************			
4	Provide a description of the organizat		and expla	in how th	hey further the	e org	anization's exe	mpt purpose in Part
	XIII.		•		•	Ū		
5	During the year, did the organization	solicit or receive	donation	s of art,	historical trea	sures	s, or other simi	ilar
	assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra	ngements.	***					
	Complete if the organization		" to Forn	n 990, P	art IV, line 9	, or r	eported an ar	nount on Form
	990, Part X, line 21.						•	
1a	Is the organization an agent, trustee,	custodian or oth	ner interm	ediary fo	or contribution	ns or	other assets i	not
	included on Form 990, Part X?							Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing ta	able:			
		·		_				Amount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					11		
2a	Did the organization include an amour							
b	If "Yes," explain the arrangement in Pa							
Par								
	Complete if the organization	answered "Yes	" to Forr	n 990, P	Part IV, line 1	0.		
		(a) Current year		or year	(c) Two years b		(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance				· · · · · · · · · · · · · · · · · · ·			
b	Contributions							
c	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
e	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	the current year er	nd balanc	e (line 1g	, column (a)) l	held	as:	
а	Board designated or quasi-endowmen		%					
b		%						
C	Temporarily restricted endowment ▶							•
	The percentages in lines 2a, 2b, and 2	c should equal 1	00%.					
3a	Are there endowment funds not in the			zation the	at are held an	d ad	ministered for	the
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" to 3a(ii), are the related organ	izations listed as i	required o	on Sched	ule R?			. 3b
4	Describe in Part XIII the intended uses	s of the organizati	on's endo	owment f	unds.			<del></del>
Par	VI Land, Buildings, and Equip	ment.						
	Complete if the organization	answered "Yes	" to Forr	n 990, F	Part IV, line 1	1a. S	See Form 990	, Part X, line 10.
	Description of property	(a) Cost or o	ther basis	(b) Cost of	or other basis	(c)	Accumulated	(d) Book value
		(investn	nent)	(0	other)	d	epreciation	
1a	Land		4,821		0		AT 40. 45 名。	4,821
b	Buildings		326,943		0		216,704	110,239
С	Leasehold improvements		0		0		0	0
d	Equipment		49,889		0		45,650	4,239
е	Other		0		0	<del></del>	0	0
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90. Part 2	X. column	n (B), line 10(c	).)		119,299

Part VII	Investments - Other Securities		000 Dort IV lin	a 11h Can Farm	OOO Dord V line 10
	Complete if the organization ans		T		
	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation: -of-year market value
(1) Financial	derivatives				
	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -				
	b) must equal Form 990, Part X, col. (B) line 12.)	.,	<u> </u>		
Part VIII	Investments—Program Related		m 000 Dort IV lis	o 11a Cao Farm	000 Dort V line 10
	Complete if the organization ans  (a) Description of investment	wered tes lo ror			
	(a) Description of Investment		(b) Book value		thod of valuation: I-of-year market value
44)					
(1)				<del> </del> -	
(2)					
(3)					
(4)					
<u>(5)</u>					
(6)					
<u>(7)</u>					
<u>(8)</u> (9)		<del></del>		<del></del>	
	b) must equal Form 990, Part X, col. (B) line 13.)		<del>                                     </del>		
Part IX	Other Assets.		L		
	Complete if the organization ans	wered "Yes" to For	m 990. Part IV. lir	ne 11d. See Form	990. Part X. line 15.
		a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)_					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		>	
Part X	Other Liabilities.				
	Complete if the organization ans	wered "Yes" to For	m 990, Part IV, lii	ne 11e or 11f. See	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value		<b>"我们还有多</b> "	
(1) Federal in	ncome taxes				
(2)				· 新麦斯瑟斯原	
(3)			万. 至 至 原	<b>建国际联系</b>	
(4)				1376363	
(5)				表色数层差层	
(6)					<i>二大公共</i> 75年2月
(7)		ļ <u>-</u>			
(8)					
(9)	b) must sound from 000 Part V and Pillian of the			3. 基品 爱情感	
	b) must equal Form 990, Part X, col. (B) line 25.)	ido the tout of the fort	型 製 型	and dinametric state	Abot was a second
LIAUHILY 10	r uncertain tax positions. In Part XIII, prov	ino nie rayr ni rug 100ft	wie with organizati	un s iinanciai statem	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

r an t	XI Reconciliation of Revenue per Audited Financial Statem		er Return.	
	Complete if the organization answered "Yes" to Form 990, I			
1	Total revenue, gains, and other support per audited financial statements		. 1	370,753
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a	0	
b	Donated services and use of facilities	2b	0	
C	Recoveries of prior year grants	2c	0	
đ	Other (Describe in Part XIII.)	2d	0	
е	Add lines 2a through 2d		. 2e	0
3	Subtract line <b>2e</b> from line <b>1</b>		. 3	370,753
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		2.2	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	0	
C	Add lines <b>4a</b> and <b>4b</b>		. 1 1	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	<u> </u>		370,753
Part			per Return.	
	Complete if the organization answered "Yes" to Form 990, I	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		. 1	254,722
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	0	
b	Prior year adjustments	2b	0	
C	Other losses	2c	0	
d	Other (Describe in Part XIII.)	2d	<u> </u>	
е	Add lines 2a through 2d		. 2e	0
3	Subtract line 2e from line 1		. 3	254,722
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	4a	0	
b	Other (Describe in Part XIII.)	4b	_ <b>O</b>	
C	Add lines 4a and 4b		.   4c	0
_				
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	ne 18.)	. 5 I 2b; Part V, line	254,722 4; Part X, line
Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	ne 18.)	J 2b; Part V, line al information.	4; Part X, line
Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	J 2b; Part V, line al information.	4; Part X, line
Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	J 2b; Part V, line al information.	4; Part X, line
Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	J 2b; Part V, line al information.	4; Part X, line
Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	J 2b; Part V, line al information.	4; Part X, line
Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	J 2b; Part V, line al information.	4; Part X, line
Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	J 2b; Part V, line al information.	4; Part X, line
Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	J 2b; Part V, line al information.	4; Part X, line
Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	J 2b; Part V, line al information.	4; Part X, line
Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	J 2b; Part V, line al information.	4; Part X, line
Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	J 2b; Part V, line al information.	4; Part X, line
Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	J 2b; Part V, line al information.	4; Part X, line
Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	J 2b; Part V, line al information.	4; Part X, line
Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.)	J 2b; Part V, line al information.	4; Part X, line

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

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

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

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

OMB No. 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number Camp Wyandot Inc FKA Camp Fire USA Central Ohio Council 31-4379434 Form 990, Part III, Line 3 - As Camp Fire USA Central Ohio Council, we operated a before and after school child care program at various charter schools in Columbus called Camp Fire Kids. That program ended in January 2013. Form 990, Part VI, Section A, Line 4 - As of April 24, 2013, Camp Wyandot Inc. became an independent organization and is no longer affiliated with Camp Fire USA (EIN 13-1623921). After our disaffiliation, we changed our name to Camp Wyandot Inc. from Camp Fire USA Central Ohio Council, Inc. and we restated our corporation registration with the Ohio Secretary of State. Our by-laws were amended and restated. Form 990, Part VI, Section A, Line 6 - Membership is open to anyone 18 years of age or older. According to our bylaws, members may vote on certain issues Form 990, Part VI, Section A, Line 7a - Members may vote on board members and on members of the nominating committee Form 990, Part VI, Section A, Line 7b - The following actions of the board require approval of a two-thirds (2/3) vote of the members present at a special meeting: the decision to sell Camp Wyandot (the property), the decision to affiliate the corporation with another corporation or, if affiliated, to disaffiliate from that or another corporation, the decision to dissolve the corporation and the decision to dissolve core programs (overnight camp, day camp, club programs). Form 990, Part VI, Section B, Line 11b - Before filing, we provided a copy of Form 990 to our Treasurer, Executive Director, and Board Chair. Form 990, Part VI, Section B, Line 12c - The board of directors signs an annual statement affirming compliance with this policy. Form 990, Part VI, Section B, Line 15 - We have reviewed compensation for Executive Director and other positions with comparable organizations Form 990, Part VI, Section C, Line 19 - Our bylaws, conflict of interest policy and board minutes are available upon request. Our organizing documents are posted online with the Ohio Secretary of State. Form 990, Part XI, Line 9 - To balance

Schedule O, Statement 1

Camp Wyandot Inc 31-4379434

Form: 990 Page: 1

Line Number: Part I Line 1

#### **Activity Or Mission Description**

#### Description

Camp Wyandot Inc., FKA Camp Fire USA Central Ohio Council, was founded as a Camp Fire council in 1913. In 1928, the Council became an Ohio non-profit and purchased Camp Wyandot in the Hocking Hills in Rockbridge, Ohio. We have managed the property and held overnight camps and events for youth at that site since 1928. The organization focuses on nature education, outdoor skills, confidence, and cooperation skills in all of the programs. Each summer, we run a day camp for youth at Highbanks Metro Park in Lewis Center, Ohio also focused on outdoor skills and nature education with weekly field trips. We sponsor an after school program called Wyandot Explorers Club which aims to provide a quality youth development experience that builds competencies and creates positive life-long memories in a safe and supportive environment. The program focuses on four Explorer Categories: Community, Environmental & Science, Creativity, and Self-Exploration. The clubs are led by adult volunteer leaders.

Schedule O, Statement 2

Form: 990 Page: 2

Line Number: Part III Line 4d

Camp Wyandot Inc 31-4379434

#### **Other Program Services Accomplishments**

Activity Code	Description	Expense	Grants	Revenue
	We sponsor weekend camping for Clubs, families, and alumni at Camp Wyandot. We rent the camp to youth groups and other organizations with a similar purpose. In January 2013, we ceased our Camp Fire Kids program, providing before and after school care.	20,867	0	21,599
Total:		20,867	0	21,599