

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2020

PREPARED FOR:

CAMP WYANDOT INC. 4400 N. HIGH STREET NO. 413 COLUMBUS, OH 43214

PREPARED BY:

SCHNEIDER DOWNS & CO., INC. 65 EAST STATE STREET, SUITE 2000 COLUMBUS, OH 43215

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

| Form | 990 |
|---------|-----|
| 1 01111 | |

Department of the Treasury Internal Revenue Service

T.

** 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.

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



| AF | or th | e 2020 calendar year, or tax year beginning and | ending | | |
|-----------------------------|-------------------------|---|---------------|--------------------------------------|---------------------------------|
| B C a | heck if pplicab | C Name of organization | | D Employer identific | ation number |
| X | Addre | CAMP WYANDOT INC. | | | |
| | Name | pe Doing business as | | 31-437943 | 34 |
| | Initial return | | Room/suite | E Telephone number | |
| | Final return | | 413 | 614-481-8 | 3227 |
| | termin ated | | | G Gross receipts \$ | 389,639. |
| | Amen | COLOMBOS, OH 43214 | | H(a) Is this a group re | |
| | Applie tion pendi | F Name and address of principal officer: CONNIE COULEDITER | | for subordinates | ? Yes X No |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No |
| | | empt status: $X = 501(c)(3) = 501(c) () $ (insert no.) $4947(a)(1)$ | or 527 | If "No," attach a | list. See instructions |
| | | te: WWW.CAMPWYANDOT.ORG | | H(c) Group exemption | |
| | | f organization: X Corporation Trust Association Other ► | L Year | of formation: 1928 N | State of legal domicile: OH |
| Pa | rt I | Summary | | | |
| ė | 1 | Briefly describe the organization's mission or most significant activities: CAMP INCLUSIVE NURTURING ENVIRONMENT FOR YOUTH | | | |
| anc | | | | | |
| /ern | 2 3 | Check this box | | 1.1 | ets. 9 |
| ğ | 3 4 | Number of independent voting members of the governing body (Part VI, line 1a) | | | 9 |
| 8 | - - 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | | | 18 |
| Activities & Governance | 6 | Total number of volunteers (estimate if necessary) | | | 280 |
| ctiv | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| Ă | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | | | | Prior Year | Current Year |
| đ | 8 | Contributions and grants (Part VIII, line 1h) | | 113,359. | 184,623. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 264,874. | 169,863. |
| eve | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 900. | 450. |
| œ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 20,106. | 32,755. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 399,239. | 387,691. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 100. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 171,452. | 167,627. |
| ens | | Professional fundraising fees (Part IX, column (A), line 11e) | <u> </u> | 0. | 0. |
| Expenses | | Total fundraising expenses (Part IX, column (D), line 25) | | 205 507 | 104 716 |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 205,587. 377,039. | <u> 194,716.</u> 362,443. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 22,200. | 25,248. |
| <u>ي</u> ب | 19 | Revenue less expenses. Subtract line 18 from line 12 | | | |
| ets or ances | 20 | Total assets (Part X, line 16) | | ginning of Current Year 345,481 • | End of Year 368,837. |
| Net Assets (Fund Balanc | 20 21 | Total liabilities (Part X, line 16) | | 5,872. | 3,980. |
| Net / | 21 | Net assets or fund balances. Subtract line 21 from line 20 | | 339,609. | 364,857. |
| Pa | rt 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.

| Sign Here | Signature of officer MIKE HADRA, TREASURER Type or print name and title | | | Date | | | |
|---|---|---|------|---|--|--|--|
| Paid | Print/Type preparer's name KATHY D. PETRUCCI | Preparer's signature KATHY D. PETRUCCI | Date | Check PTIN if self-employed PO0290706 | | | |
| Preparer | Firm's name SCHNEIDER DOWNS | & CO., INC. | | Firm's EIN 🕨 25-1408703 | | | |
| Use Only | Firm's address 🕨 65 EAST STATE ST | REET, SUITE 2000 | | | | | |
| | COLUMBUS, OH 432 | 15 | | Phone no. 614-621-4060 | | | |
| May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | |
| 032001 12-23 | LHA For Paperwork Reduction Act Notic | ce, see the separate instructions. | | Form 990 (2020) | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| orm | | 31-43 | 379434 | Page 2 |
|-------------|--|---------|--------------|------------------|
| Pai | t III Statement of Program Service Accomplishments | | | |
| | Check if Schedule O contains a response or note to any line in this Part III | <u></u> | | |
| 1 | Briefly describe the organization's mission: CAMP WYANDOT INC. PROVIDES AN INCLUSIVE NURTURING ENVIRON | MENT | FOR | |
| | YOUTH TO HAVE FUN, MAKE FRIENDS, SERVE OTHERS AND EXPLORE | | | |
| | OUTDOORS. | | | |
| | | | | |
| | Did the organization undertake any significant program services during the year which were not listed on the | | | |
| | prior Form 990 or 990-EZ? | | Yes | XNo |
| | If "Yes," describe these new services on Schedule O. | | Yes | V |
| | Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. | | | |
| | Describe the organization's program service accomplishments for each of its three largest program services, as me | easured | bv expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, | | | nd |
| | revenue, if any, for each program service reported. | | | |
| a | (Code:) (Expenses \$225,907. including grants of \$) (Revenue | | | 801.) |
| | THE ORGANIZATION PROVIDED SEVEN WEEKLY SESSIONS OF OVERNIC | | | |
| | OUR PROPERTY LOCATED IN THE HOCKING HILLS IN ROCKBRIDGE, CAMP WYANDOT. IN 2020, 301 A REDUCTION FROM 2019 DUE TO CO | | | |
| | PERMISSION TO OPERATE BY GIVEN BY THE GOVERNOR THE 5TH OF | | | |
| | FOURTEEN CAMPERS ATTENDED ON A SUBSIDIZED PROGRM (CAMPERS) | | | ED |
| | IN 1928 , CAMP WYANDOT IS A FUN, EDUCATIONAL AND NURTURING | | | |
| | ALL CHILDREN AGES 7 TO 17 LEARN SOCIAL AND OUTDOOR SKILL | | | |
| | | ROVII | DE A | |
| | QUALITY CAMP EXPERIENCE IN A SAFE SUPPORTIVE ENVIRONMENT. | | | |
| | | | | |
| | | | | |
| <u> </u> | (Code:) (Expenses \$ 28,921. including grants of \$) (Revenue | ¢ | 23 | 738.) |
| | CAMP WYANDOT, INC. ALSO HAS A SUMMER DAY CAMP CALLED CAMP | - | | , , , |
| | PROGRAM IS FOR SCHOOL AGE BOYS AND GIRLS AND IS HELD AT T | HE JO | OHN BEL | TZ |
| | RETREAT CENTER IN GALENA, OHIO. DUE TO THE PANDEMIC ONLY | | | |
| | CHILDREN EACH OF THE 7 WEEKS. DAY CAMP WAS GIVEN PERMISSIO | | | |
| | GOVERNOR TO OPEN IN MAY. MANY OF THE CHILDREN ATTENDED MOD WEEK. WE FOCUS ON BUILDING OUTDOOR LIVING AND NATURE SKILL | | | |
| | A SENSE OF SELF-RELIANCE WHILE WORKING IN A SMALL GROUP SI | | | |
| | DAY CAMP RAN FROM MONDAY TO FRIDAY WITH 4 TRAINED STAFF. | | | |
| | | | | |
| | | | | |
| | | | | |
| | 20 102 | | | 074 |
| > | (Code:) (Expenses \$ 20,183. including grants of \$) (Revenue WE SPONSOR WEEKEND CAMPING FOR GROUPS, FAMILIES, AND ALUM | | | 874.) |
| | WYANDOT. WE RENT THE CAMP TO YOUTH GROUPS AND OTHER ORGAN | | | ІТН |
| | A SIMILAR PURPOSE. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| d | Other program services (Describe on Schedule O.) | | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | |) | |
| e | Total program service expenses ► 275,011. | | <u>г</u> 0 | 90 (2020) |
| າດເ | 2 12-23-20 | | Form 3 | 2020) |
| <u>د</u> ں. | 3 | | | |
| .1 | 12 786250 WYANDOT 2020.05000 CAMP WYANDOT IN | C. | | WYANDO |

10171112 786250 WYANDOT

Form 990 (2020) CAMP WYANDOT INC.
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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | _X_ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | 37 |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | 37 |
| _ | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | • | | v |
| | 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 | 10 | | v |
| | 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, | 44- | х | |
| h | Part VI | 11a | Δ | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 116 | | х |
| • | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| C | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 11c | | х |
| А | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 | TIC | | - 23 |
| u | | 11d | | х |
| • | Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | TIE | | - 21 |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 1 2 2 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 120 | Schedule D, Parts XI and XII | 12a | х | |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | 120 | | |
| 5 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | <u> </u> |
| ~ | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | 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 |
| 032003 | 12-23-20 | Form | 990 | (2020) |

032003 12-23-20

| Form | aan | (2020) |
|--------|-----|--------|
| FUIIII | 990 | (2020) |

| | | | Yes | No |
|------------|---|---------|-----|--------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete | | | |
| | Schedule L. Part I | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | x |
| h | 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 lines 28a or 28b? If | 200 | | |
| Ŭ | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | x |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 25 | | |
| 50 | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization requidate, terminate, or dissolve and cease operations? <i>If 'Yes, 'complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes, ' complete</i> | - 51 | | |
| 32 | | 32 | | x |
| 22 | Schedule N, Part II | 32 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 22 | | x |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | x |
| 05 - | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| a | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 254 | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 00 | | v |
| 0- | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | v |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | 77 | |
| Dor | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| | | | Yes | No |
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | - | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |
| 032004 | - 12-23-20 - | Form | 990 | (2020) |
| | 5 | | | |

2020.05000 CAMP WYANDOT INC. WYANDOT1

| Form | 990 (2020) CAMP WYANDOT INC. 31-4379 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) 31-4379 | 434 | P | _{age} 5 | | |
|------|--|-----|-----------|------------------|--|--|
| Fai | | | M | | | |
| 0- | Enter the number of employees reported on Form W/Q. Transmittel of Wess and Tay Statements | | Yes | No | | |
| Zđ | 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 18 | | | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | |
| b | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions) | 20 | | | | |
| 39 | | 3a | | х | | |
| | a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T 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 | 3b | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | х | | |
| b | If "Yes," enter the name of the foreign country | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | 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 | | | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | |
| | to file Form 8282? | 7c | | X | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | <u> </u> | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | 4 | X | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | <u>N/</u> | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | N/ | A | | |
| 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 | | X | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | 77 | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | X | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | X | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a | | | | | |
| | | | | | | |
| D | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | | | | |
| 122 | amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 120 | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? N/A | 13a | | | | |
| u | Note: See the instructions for additional information the organization must report on Schedule O. | Iou | | | | |
| 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 | | Х | | |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "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 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 | | Х | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |
| | | | 000 | | | |

| Form 990 (202 | 20) |
|----------------------|-----|
|----------------------|-----|

032005 12-23-20

| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | 9 | | | |
|----------|---|--------------|-------|----------|--------|
| | 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. | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 9 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | |
| | officer, director, trustee, or key employee? | | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | 6 | Х | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | |
| | more members of the governing body? | | 7a | Х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | |
| | persons other than the governing body? | | 7b | Х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| а | The governing body? | | Ba | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | |
| | | _ | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 1 | 0a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | . 1 | 0b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 1 | 1a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 1 | 2a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | . [1 | 2b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | |
| | in Schedule O how this was done | <u>1</u> | 2c | Х | |
| 13 | Did the organization have a written whistleblower policy? | Ľ | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | Ŀ | 14 | | X |
| 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? | | | | |
| | The organization's CEO, Executive Director, or top management official | <u>1</u> | 5a | <u>X</u> | |
| b | Other officers or key employees of the organization | 1 | 5b | Х | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | |
| | taxable entity during the year? | 1 | 6a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | |
| <u> </u> | exempt status with respect to such arrangements? | 1 | 6b | | |
| | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright OH | 0\ | | | h l n |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(| 5)5 0 | riiy) | avalla | bie |
| | for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O) | | | | |
| 10 | | nd fi | | ial | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year. | | anc | Idl | |
| 20 | Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records | | | | |
| 20 | CONNIE COUTELLIER - 614-481-8227 | | | | |
| | 4400 N. HIGH STREET, NO. 413, COLUMBUS, OH 43214 | | | | |
| 030004 | 3 12-23-20 | 1 | Orm | 990 | (2020) |
| 002000 | 7 | ' | 0.111 | | (2020) |

| 10171112 786250 WYANI | 00 | г |
|-----------------------|----|---|
|-----------------------|----|---|

WYANDOT1

| 3 | 1-4 | 379 | 434 | Page 6 |
|---|-----|-----|-----|---------------|
| - | | | | rage - |

9

X

Yes No

CAMP WYANDOT INC.

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

Section A. Governing Body and Management

Form 990 (2020)

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.

^{2020.05000} CAMP WYANDOT INC.

| Form 990 | (2020) CAMP WYANDOT INC. | 31-4379434 | Page 7 |
|-----------|---|------------------------------|-----------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp | pensated | |
| | 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 Compl | ete 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.

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

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

| (A) Name and title | (B) Average hours per | | (C) Position (do not check more than one box, unless person is both an | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|-------------------------------------|--|------------------|---|----|--------|---------------------|------|--|--|---|
| | veek (list any hours for related organizations below line) | stee or director | cer ar | | irecto | Highest compensated | tee) | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) CONNIE COUTELLIER | 40.00 | | | 37 | | | | 40 500 | 0 | 0 |
| EXECUTIVE DIRECTOR (2) SHARON DELAY | 5.00 | | | X | | | | 40,500. | 0. | 0. |
| (2) SHARON DELAY DIRECTOR | 5.00 | х | | | | | | 0. | 0. | 0. |
| (3) ALICE FOELLER | 5.00 | ^ | | | | | | 0. | 0. | 0. |
| BOARD CHAIR | 5.00 | x | | x | | | | 0. | 0. | 0. |
| (4) JAMIE FOLTZ | 5.00 | | | 1 | | | | 0. | 0. | <u></u> |
| DIRECTOR | 5.00 | х | | | | | | 0. | 0. | 0. |
| (5) MIKE HADRA | 5.00 | - 11 | | | | | | Ŭ • | | U |
| TREASURER | | x | | x | | | | 0. | 0. | 0. |
| (6) KENDRA MCERLEAN | 5.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (7) EDWARD PSURNY | 5.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (8) LINA TAYLOR | 5.00 | | | | | | | | | |
| VICE CHAIR | | х | | X | | | | 0. | 0. | 0. |
| (9) NIKKI THOMAS | 5.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (10) VANCE TOPE | 5.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| | | - | | | | | | | | |
| | | - | | | | | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| 032007 12-23-20 | | | 1 | | I | l | | | | Form 990 (2020) |

8

032007 12-23-20

Form 990 (2020)

31-1379131

| | 990 (2020) CAMP WYAN | NDOT INC | • | | | | | | | 31-43 | 3794 | 134 | Pa | age 8 |
|--------|---|---|--------------------------------|------------------------|---------|-------------------------|---------------------------------|-----------|--|---|--------|-------------------|--|----------------|
| Par | t VII Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | and | l Hig | ghes | st C | ompensated Employee | s (continued) | | | | |
| | (A) Name and title | (B) Average hours per week (list any | box offic | not c , unle: | ss per | itior more rson i | than o s both pr/trus | n an | (D) Reportable compensation from the | (E) Reportable compensation from related | | tion amo ed ot | | of |
| | | hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MIS | | fr org and | om the anizat d relate anizatie | e ion ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | 0.44.44 | | | | | | | | 40,500. | | 0. | | | 0. |
| с | Subtotal Total from continuation sheets to Part VI | I, Section A | | | | | | | 0. | | 0. | | | 0. |
| d 2 | Total (add lines 1b and 1c) Total number of individuals (including but n | | | | | | | ► o re | 40,500. | 000 of reportable | | | | 0. |
| | compensation from the organization | | | | | | | | | | | | Yes | 0 No |
| 3 | Did the organization list any former officer, | - | | - | • | • | | Ŭ | • • | | | 0 | | X |
| 4 | line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su | m of reportabl | e co | mpe | ensa | tion | and | oth | ner compensation from t | he organization | | 3 | | |
| 5 | and related organizations greater than \$150 Did any person listed on line 1a receive or a | accrue compen | sati | on fr | om | any | unre | elate | ed organization or individ | dual for services | | 4 | | <u>x</u> |
| Sec | rendered to the organization? If "Yes." com tion B. Independent Contractors | plete Schedule | e J fo | or sı | ich r | oers | on . | | | | | 5 | | Х |
| 1 | Complete this table for your five highest co the organization. Report compensation for | | • | | | | | | | , 1 | ensati | on fro | m | |
| | (A) Name and business | | | ONE | | | | | (B) Description of s | | Co | (C | ;) nsatio | n |
| | | | 110 | /111 | - | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | \neg | | | | | | |
| 2 | Total number of independent contractors (ii | • | ot lin | nited | d to f | | | ted | above) who received mo | ore than | | | | |
| | \$100,000 of compensation from the organiz | zation 🕨 | | | | (| J | | | | | -orm ⁹ | 990 (ž | 2020) |

032008 12-23-20

WYANDOT1

| | n 990 (| | INC. | | | 31-4379 | 434 Page 9 |
|---|----------|--|---------------------|-----------------------------|--------------------------|------------------|-------------------------|
| Pa | rt VII | Statement of Revenue | | | | | |
| | | Check if Schedule O contains a response | or note to any line | 7.1.5 | (B) | (C) | |
| | | | | (A) Total revenue | (B) Related or exempt | Unrelated | (D) Revenue excluded |
| | | | | | | business revenue | from tax under |
| | | | | | | | sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns 1a | 740 | | | | |
| Gra | b | Membership dues 1b | 740. | | | | |
| ts, An | c | Fundraising events | | | | | |
| Gif İlar | d | Related organizations 1d | 17,500. | | | | |
| ns, Sim | e | Government grants (contributions) 1e | 17,500. | | | | |
| utio | t | All other contributions, gifts, grants, and | 166,383. | | | | |
| Oth | | | 100,303. | | | | |
| pu l | g | Noncash contributions included in lines 1a-1f | | 184,623. | | | |
| <u>0</u> a | n | Total. Add lines 1a-1f | Business Code | 104,023. | | | |
| | 0.0 | PROGRAM FEES/CAMP FEES | 624110 | 169,863. | 169,863. | | |
| /ice | za b | | 024110 | 105,005. | 105,005. | | |
| Ser. | и 2 | | | | | | |
| m S ver | d | | | | | | |
| Program Service Revenue | u a | | | | | | |
| Pro | f | All other program service revenue | | | | | |
| | a . | Total. Add lines 2a-2f | | 169,863. | | | |
| | 3 | Investment income (including dividends, intere | | | | | |
| | - | other similar amounts) | | 450. | | | 450. |
| | 4 | Income from investment of tax-exempt bond p | | | | | |
| | 5 | Royalties | F | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | с | Rental income or (loss) 6c | | | | | |
| | d | Net rental income or (loss) | ► | | | | |
| | 7 a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a | | | | | |
| | b | Less: cost or other basis | | | | | |
| anu | | and sales expenses 7b | | | | | |
| venue | с | Gain or (loss) 7c | | | | | |
| Re | | Net gain or (loss) | 🕨 | | | | |
| Other Ro | 8 a | Gross income from fundraising events (not | | | | | |
| ō | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | 1 225 | | | | |
| | | Part IV, line 18 | | | | | |
| | | Less: direct expenses 8b | 1,948. | -613. | | | -613. |
| | | Net income or (loss) from fundraising events | ▶ | -013. | | | -013. |
| | яa | Gross income from gaming activities. See | | | | | |
| | L. | Part IV, line 19 9a Less: direct expenses 9b | | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| | | Gross sales of inventory, less returns | | | | | |
| | iu a | and allowances | | | | | |
| | b | Less: cost of goods sold 10b | | | | | |
| | | Net income or (loss) from sales of inventory | | | | | |
| | | | Business Code | | | | |
| snc | 11 a | INSURANCE CLAIM | 900099 | 17,551. | 17,551. | | |
| nec | b | WORKERS COMP REBATE | 900099 | 15,817. | | | 15,817. |
| ella evel | c | | | • | | | |
| Miscellaneous Revenue | d | All other revenue | | | | | |
| Σ | е | Total. Add lines 11a-11d | | 33,368. | | | |
| | 12 | Total revenue. See instructions | | 387,691. | 187,414. | 0. | 15,654. |
| 03200 | 9 12-23- | -20 | | | | | Form 990 (2020) |

10 2020.05000 CAMP WYANDOT INC.

WYANDOT1

| Form 990 (2020) |
|-----------------|
|-----------------|

| Form 990 (2020) | | WYANDOT | | | 31 | | | | |
|---|--|--------------|-----|-----|-----|--|--|--|--|
| Part IX Statement | of Function | nal Expenses | 6 | | | | | | |
| Section 501(c)(3) and 501(c | 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 | | | | | | | | | |
| | | | (A) | (B) | (C) | | | | |

| | Check if Schedule O contains a respons not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|----|--|-----------------------|-------------------------------|------------------------------|---------------------------|
| | 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations | | expenses | general expenses | expenses |
| 1 | and domestic governments. See Part IV, line 21 | 100. | 100. | | |
| 2 | Grants and other assistance to domestic | 100. | 100. | | |
| 2 | individuals. Cas Datt IV line 00 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| Ū | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| Č | 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 | 153,971. | 131,754. | 22,217. | |
| 8 | Pension plan accruals and contributions (include | , . | | , | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 2,736. | 430. | 2,306. | |
| 10 | Payroll taxes | 10,920. | 8,983. | 1,937. | |
| 11 | Fees for services (nonemployees): | | , | | |
| a | | | | | |
| b | | 24,698. | | 24,698. | |
| с | • | 7,675. | | 7,675. | |
| d | Lobbying | | | | |
| е | | | | | |
| f | Investment management fees | | | | |
| g | | | | | |
| - | column (A) amount, list line 11g expenses on Sch O.) | 10,388. | 8,764. | 1,624. | |
| 12 | Advertising and promotion | 1,477. | 778. | 1,624. 699. | |
| 13 | Office expenses | 6,481. | 874. | 5,607. | |
| 14 | Information technology | 1,270. | | 1,270. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 66,847. | 56,297. | 10,550. | |
| 17 | Travel | 6,398. | 5,992. | 406. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 101. | 94. | 7. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 24,095. | 24,095. | | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered 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.) | | | | |
| а | | 36,543. | 35,137. | 1,406. | |
| b | | 6,780. | | 6,780. | |
| С | | 1,549. | 1,299. | 250. | |
| d | | 414. | 414. | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 362,443. | 275,011. | 87,432. | 0 |
| 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 Figure if following SOP 98-2 (ASC 958-720) | | | | |

12 2020.05000 CAMP WYANDOT INC.

WYANDOT1

| 4 Accounts receivable, net 4 5 Loars and other receivables from other any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or tamily member of any of these persons (as defined under section 49588(f(1)), and persons described in section 49588(c(3)(5) 5 6 Loars and other receivables from other disqualified persons (as defined under section 49588(c(3)(5) 7 10a Loard object (1), and persons described in section 4958(c(3)(5) 7 10a Loars and other receivables from other disqualified persons (as defined under section 49588(c(3)(5)) 7 10a Loars accumulated depreciation 10a 653, 897. 11 Investments - publicly traded securities 11 12 11 Investments - publicly traded securities 11 13 12 Investments - publicly traded securities 14 15 13 Investments - publicly traded securities 14 15 14 Intrastents - publicly traded securities 11 13 15 Other assets. See Part IV, line 11 13 14 16 Total assets. Add lines 1 through 15 (must qual line 33) 345, 481. 16 368, 837. 16 | | 3 | Pledges and grants receivable, net | | | | 3 | |
|--|-------|-----|---|------------------|-----------------|-----------|-----|------------------------|
| S Laars and other receivables from any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (a director, trustes, key employee), creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (a director, trustes, key employee), creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (a director, trustes, key employee), creator or founder, substantial contributor, or 35% controlled entities on ther disqualifies on the disqualine satistic entities (a director), trustes, key employee, creator or founder, substantial contributor, or 35% controlled entities on the disqualine satistic entities (a director, trustes, key employee), creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (a director), trustes, key employee, creator or founder substantial contributor, or 35% controlled entity or family member of any of these persons (a director), trustes, key employee, creator or founder substantial contributor, or 35% controlled entity or family member of any of these persons (a director), trustes, key employee, creator or founder substantial contributor, or 35% controlled entity or family member of any of these persons (a director), trustes, key employee, creator or founder substantial contributor, or 35% controlled entity or family member of any of these persons (a director), trustes, key employee, creator or founder substantial contributor, or 35% controlled entity or family member of any of these persons (a director), trustes, key employee, creator or founder substantial contributor, or 35% controlled entity or family member of any of these persons (a director), trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (a di | | 4 | | | | | 4 | |
| get 6 Loars and other receivables from other disqualined persons (as defined under section 4958(r)(3)(6) 7 7 Notes and loars receivable, net 7 8 Investries for sale or use 408.9 9 Prepaid expenses and deferred charges 408.9 10a Lans, buildings, and equipment cost or other 8 10a Complete Part VI of Schedule D 10a 10b 338,003. 299,428.10c 11 Investments - other scurifies. See Part IV, line 11 11 11 13 11 Investments - other scurifies. See Part IV, line 11 13 12 Investments - other scurifies. See Part IV, line 11 13 14 Intagible assets 14 15 Other assets. Add lines 1 through 15 (must equal line 33) 345,481.16 368,837. 17 Accourts payable and accourd expenses 5,872.17 3,980.1 18 Grants payable 19 2 21 Escrow or custodial account liability. Complete Part V of Schedule D 21 22 22 Escrow or custodial account liability. Complete Part V of Schedule D 22 22 | | 5 | | | | | | |
| 6 Loans and other receivables from other disqualified persons (as defined under section 4956)(7)(1), and persons described in section 4956)(3)(8) 6 7 Notes and loans receivable, net under the section 4956)(3)(8) 7 10 Land, buildings, and equipment cost or other basis. Complete Part V of Schedule D 100 10 Land, buildings, and equipment cost or other basis. Complete Part V of Schedule D 100 11 Investments - publicly traded securities 11 12 Investments - publicly traded securities 11 13 Investments - publicly traded securities 11 14 Intangible assets 114 15 114 12 16 Total assets. Add Insets 1 through 15 (must equal line 33) 345, 481. 16 16 Total assets. Add Inset 1 through 15 (must equal line 33) 345, 481. 16 19 Deferred revenue 19 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 22 Laas and other payables to any othese persons 22 23 23 Secured mortagaes and notes payable to unrelated third parties 24 24 Unsecured notes | | | trustee, key employee, creator or founder, substa | tributor, or 35% | | | | |
| gege under section 4958(l)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 investments controls for sale or use 8 9 Pepaid expenses and defered charges 408.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 11 investments - publicity traded securities 111 12 investments - publicity traded securities 114 13 investments - publicity traded securities 114 14 intagible assets 164 15 Other assets. Scie Part IV, line 11 13 16 Total assets. Add lines 1 through 15 (must equal line 32) 345, 481.1 16 368, 837.1 17 Accounts payable and accrued expenses 5, 872.17 3, 980.0 20 21 21 Ecorw or custodial account liability. Complete Part IV of Schedule D 21 21 20 21 22 Lass and other payable to any current or former of ficer, director, trustee, kay employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 22 24 26 27 | | | controlled entity or family member of any of thes | e persons | s | | 5 | |
| 9 7 Notes and loans receivable, net 7 9 Prepaid expenses and deferred charges 408. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 653, 897. 11 Investments - publicly traded securities 11 12 12 Investments - publicly traded securities 11 13 Investments - publicly traded securities 11 14 13 13 15 Other assets. See Part IV, line 11 13 16 Total assets. 14 17 Accounts payable and accound labilities 5, 872. 18 Grants payable 19 21 Exerce or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or former after, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured motigages and notes payable to unrelated third parties 24 24 Unsecured notes and bans sysable to unrelated third parties 24 25 Other liabilities not incl | | 6 | Loans and other receivables from other disqualif | ied perso | ns (as defined | | | |
| 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 408. 9 120. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 653,897. b Less: accumulated depreciation 10b 338,003. 299,428. 10c 315,894. 11 Investments - other securities. See Part IV, line 11 11 12 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 16 Total assets. See Part IV, line 11 15 345,481. 16 368,837. 18 Grants payable and accrued expenses 5,872. 17 3,980. 11 Boefered revenue 19 20 22 20 21 20 Lask-exempt bond liabilities 20 24 20 24 20 24 21 Loss and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 23 23 24 24 24 24 24 24 24 24 25 2 | | | under section 4958(f)(1)), and persons described | in sectio | n 4958(c)(3)(B) | | 6 | |
| set 1 replane base and equipment costs or other basis. Complete Part Vi of Schedule D 10a 653,897. b Less: accumulated depreciation 10b 338,003. 299,428. 10c 315,894. 11 Investments - publicly traded securities 11 12 11 12 11 12 11 12 11 12 11 12 12 13 13 14 13 14 13 14 13 14 13 14 14 13 15 368,837. 345,481. 16 368,837. 345,481. 16 368,837. 3980. 19 9 20 12 20 21 20 21 20 21 20 21 20 21 20 21 20 21 22 20 21 22 20 21 22 23 24 20 22 22 23 23 24 24 24 24 24 24 24 24 24 24 24 24 25 315,820,820,820,820,820,820,820,820,820,820 | ts | 7 | Notes and loans receivable, net | | | | 7 | |
| set 1 replane base and equipment costs or other basis. Complete Part Vi of Schedule D 10a 653,897. b Less: accumulated depreciation 10b 338,003. 299,428. 10c 315,894. 11 Investments - publicly traded securities 11 12 11 12 11 12 11 12 11 12 11 12 12 13 13 14 13 14 13 14 13 14 13 14 14 13 15 368,837. 345,481. 16 368,837. 345,481. 16 368,837. 3980. 19 9 20 12 20 21 20 21 20 21 20 21 20 21 20 21 20 21 22 20 21 22 20 21 22 23 24 20 22 22 23 23 24 24 24 24 24 24 24 24 24 24 24 24 25 315,820,820,820,820,820,820,820,820,820,820 | se | 8 | | | | | 8 | |
| basis. Complete Part VI of Schedule D 10a 653,897. 10b 299,428. 338,003. 10c 315,894. 11 Investments - publicly traded securities 11 12 11 12 11 12 Investments - publicly traded securities. 11 12 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 16 Total assets. See Part IV, line 11 13 14 15 16 Total assets. Add lines 11 through 15 (must equal line 33) 345,481. 16 368,837. 17 Accounts payable and accrued expenses 5,872. 17 3,980. 18 Grants payable and accrued expenses 5,872. 17 3,980. 21 Exerce more used account liability. Complete Part IV of Schedule D 21 22 20 22 Loans and other 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 22 23 23 Secured mortgages and notes payable to unrelated third parties, and other liabilities not included on lines 17 | ¥ | 9 | Prepaid expenses and deferred charges | | | 408. | 9 | 120. |
| setup: 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. Add lines 1 through 15 (must equal line 33) 345, 481. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 345, 481. 16 18 Grants payable 18 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account iability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Add lines 17 through 25 5, 872. 26 26 Total liabilities. Add lines 17 through 25 5, 872. 26 3, 980. 29 Capital stoke kor trust principal, | | 10a | Land, buildings, and equipment: cost or other | | | | | |
| setup: 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. Add lines 1 through 15 (must equal line 33) 345, 481. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 345, 481. 16 18 Grants payable 18 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account iability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Add lines 17 through 25 5, 872. 26 26 Total liabilities. Add lines 17 through 25 5, 872. 26 3, 980. 29 Capital stoke kor trust principal, | | | basis. Complete Part VI of Schedule D | 10a | 653,897. | | | |
| setup: 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. Add lines 1 through 15 (must equal line 33) 345, 481. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 345, 481. 16 18 Grants payable 18 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account iability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Add lines 17 through 25 5, 872. 26 26 Total liabilities. Add lines 17 through 25 5, 872. 26 3, 980. 29 Capital stoke kor trust principal, | | b | Less: accumulated depreciation | 10b | 338,003. | 299,428. | 10c | 315,894. |
| 13 Investments - program-related. See Part IV, line 11 14 13 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 345,481. 16 Total assets. Add lines 1 through 15 (must equal line 33) 345,481. 17 Accounts payable and accrued expenses 5,872. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrew or custodial account liability. Complete Part IV of Schedule D 21 22 Loas and other payables to any current or former officer, director, trustee, key employee, creator of ounder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unscurder notes and loans payable to unrelated thrid parties 24 25 Other liabilities not included on lines 17.24). Complete Part X of Schedule D 25 27 Net assets with donor restrictions 325,949. 27 325,25,251. 28 Organizations that follow FASB ASC 958, check here 13,660. 28 39,606. | | 11 | Investments - publicly traded securities | | | | 11 | |
| 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 345, 481. 16 368, 837. 17 Accounts payable and accrued expenses 5, 872. 17 3, 980. 18 Grants payable 18 18 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other 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 22 23 Secured mottgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 24 Unsecured notes and loans payable to unrelated third parties 24 25 25 Other liabilities, Add lines 17 through 25 5, 872. 26 3, 980. 0 Schedule D 25 3, 25, 949. 27 325, 251. 28 Net assets withou donor restrictions 325, 949. </th <th></th> <th>12</th> <td>Investments - other securities. See Part IV, line 1</td> <td>1</td> <td></td> <td></td> <td>12</td> <td></td> | | 12 | Investments - other securities. See Part IV, line 1 | 1 | | | 12 | |
| 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 345,481. 16 368,837. 17 Accounts payable and accrued expenses 5,872. 17 3,980. 18 Grants payable 18 19 19 Deferred revenue 19 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, or trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 5,872. 26 3,980. 27 Net assets without onor restrictions 325,949. 27 325,251. 13,660. 28 39,606. 28 Organizations that do not follow FASB ASC 958, check here 13,660. 28 39,606. 33 | | 13 | Investments - program-related. See Part IV, line 1 | 1 | | | 13 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) 345,481. 16 368,837. 17 Accounts payable and accrued expenses 5,872. 17 3,980. 18 Grants payable 18 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties 24 26 Total liabilities. Add lines 17 through 25 5,872. 26 3,980. 27 Net assets without donor restrictions 325,949. 27 325,251. 28 Net assets with donor restrictions 325,949. 27 325,251. 28 Net assets with donor restrictions 13,660. 28 39,606. 29 Capital stock or tru | | 14 | | | | | 14 | |
| 17 Accounts payable and accrued expenses 5,872.17 3,980. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 5,872.26 3,980. 27 Net assets with donor restrictions 325,949.27 325,251. 28 Net assets with donor restrictions 325,949.27 325,251. 29 Capital stock or trust principal, or current funds 29 30 31 30 Paich in or capital surplus, or land, building, or equipment fund 30 31 <th></th> <th>15</th> <th>Other assets. See Part IV, line 11</th> <th></th> <th></th> <th></th> <th>15</th> <th></th> | | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 5, 872. 26 3, 980. 7 Net assets without donor restrictions 325, 949. 27 325, 251. 28 Net assets with donor restrictions 325, 949. 27 325, 251. 29 Capital stock or trust principal, or current funds 29 39, 606. 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds 319, 609. 32 364, 857. <th></th> <th>16</th> <th></th> <th></th> <th></th> <th></th> <th>16</th> <th>368,837.</th> | | 16 | | | | | 16 | 368,837. |
| 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 5, 872. 26 3, 980. 7 Net assets with donor restrictions 325, 949. 27 325, 251. 28 Net assets with donor restrictions 325, 949. 27 325, 251. 29 and complete lines 29 through 33. 29 29 30 30 31 29 Gapital stock or trust principal, or current funds 31 31 325, 481. 33 368, 837. 29 Total net assets or fund balances <t< th=""><th></th><th>17</th><th>Accounts payable and accrued expenses</th><th></th><th></th><th>5,872.</th><th>17</th><th>3,980.</th></t<> | | 17 | Accounts payable and accrued expenses | | | 5,872. | 17 | 3,980. |
| 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 5,872. 26 3,980. 0rganizations that follow FASB ASC 958, check here X 325,949. 27 325,251. 28 Net assets with donor restrictions 325,949. 27 325,251. 33,660. 39,606. 29 Capital stock or trust principal, or current funds 29 29 33,64,857. 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 345,481. 33,66,8,837. | | 18 | Grants payable | | | | 18 | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 5, 872. 26 3, 980. Organizations that follow FASB ASC 958, check here Image and complete lines 27, 28, 32, and 33. 325, 949. 27 325, 251. 28 Net assets with donor restrictions 3225, 949. 27 325, 251. 29 Capital stock or trust principal, or current funds 29 29 30 31 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 364, 857. 33 Total liabilities and net assets/fund balances 345, 481. 33 368, 837. | | 19 | | | | | 19 | |
| 91 91 92 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 5, 872. 26 3, 980. 97 Net assets without donor restrictions 325, 949. 27 325, 251. 28 Net assets with donor restrictions 325, 949. 27 325, 251. 28 Net assets with donor restrictions 325, 949. 27 325, 251. 29 Capital stock or trust principal, or current funds 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 32 Total net assets or fund balances 339, 609. 32 364, 857. 33 Total liabilities and net assets/fund balances 345, 481. 33 368, 837. <th></th> <th>20</th> <td></td> <td></td> <td></td> <td>20</td> <td></td> | | 20 | | | | 20 | | |
| and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 29 Capital stock or fund paines 21 Dradin or capital surplus, or land, building, or equipment fund 30 Capital stock or fund balances 31 Total liabilities and net assets/fund balances 32 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances | | 21 | Escrow or custodial account liability. Complete F | Part IV of | Schedule D | | 21 | |
| 23 Secured infortigities and indices payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 5 , 872 . 26 3 , 980 . 27 Net assets without donor restrictions 325 , 949 . 27 3225 , 251 . 28 Net assets with donor restrictions 13 , 660 . 28 39 , 606 . 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total liabilities and net assets/fund balances 345 , 481 . 33 368 , 837 . | es | 22 | | | | | | |
| 23 Secured infortigities and indices payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 5 , 872 . 26 3 , 980 . 27 Net assets without donor restrictions 325 , 949 . 27 3225 , 251 . 28 Net assets with donor restrictions 13 , 660 . 28 39 , 606 . 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total liabilities and net assets/fund balances 345 , 481 . 33 368 , 837 . | iliti | | | | | | | |
| 23 Secured infortigities and indices payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 5 , 872 . 26 3 , 980 . 27 Net assets without donor restrictions 325 , 949 . 27 3225 , 251 . 28 Net assets with donor restrictions 13 , 660 . 28 39 , 606 . 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total liabilities and net assets/fund balances 345 , 481 . 33 368 , 837 . | iab | | | - | | | 22 | |
| 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 5,872. 26 3,980. Organizations that follow FASB ASC 958, check here ▶ X 325,949. 27 325,251. 27 Net assets without donor restrictions 325,949. 27 325,251. 28 Net assets with donor restrictions 13,660. 28 39,606. Organizations that do not follow FASB ASC 958, check here ▶ □ 13,660. 28 39,606. Organizations that do not follow FASB ASC 958, check here ▶ □ 13,660. 28 39,606. Organizations that do not follow FASB ASC 958, check here ▶ □ 13,660. 29 29 29 Capital stock or trust principal, or current funds 29 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds 31 364,857. 32 Total net assets or fund balances 345,481. 33 368,837. | - | 23 | | | | | | |
| parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 5,872. 26 3,980. Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 325,949. 27 325,251. 28 Net assets with donor restrictions 13,660. 28 39,606. Organizations that do not follow FASB ASC 958, check here ▶ □ 13,660. 28 39,606. Organizations that do not follow FASB ASC 958, check here ▶ □ 30 29 29 29 Capital stock or trust principal, or current funds 29 29 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 339,609. 32 364,857. 33 Total liabilities and net assets/fund balances 345,481. 33 368,837. | | 24 | | | | | 24 | |
| of Schedule D2526Total liabilities. Add lines 17 through 255,872.2630Paid-in or capital surplus, or land, building, or equipment fund3032Total net assets or fund balances3133368,837. | | 25 | | | | | | |
| 26Total liabilities. Add lines 17 through 255,872.263,980.Organizations that follow FASB ASC 958, check here ▶ Xand complete lines 27, 28, 32, and 33.325,949.27325, 251.27Net assets without donor restrictions325,949.27325, 251.33,660.2828Net assets with donor restrictions13,660.2839,606.Organizations that do not follow FASB ASC 958, check here ▶13,660.2930,606.29Capital stock or trust principal, or current funds292930Paid-in or capital surplus, or land, building, or equipment fund303131Retained earnings, endowment, accumulated income, or other funds31339,609.3233Total liabilities and net assets/fund balances345,481.33368,837. | | | | 17-24). C | Complete Part X | | | |
| Source Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. 325, 949. 27 27 Net assets without donor restrictions 325, 949. 27 28 Net assets with donor restrictions 13, 660. 28 0rganizations that do not follow FASB ASC 958, check here 13, 660. 28 0rganizations that do not follow FASB ASC 958, check here 13, 660. 28 30 Organizations that do not follow FASB ASC 958, check here 29 30 Paid-in or capital stock or trust principal, or current funds 29 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 339, 609. 32 364, 857. 33 Total liabilities and net assets/fund balances 345, 481. 33 368, 837. | | | | | | F 070 | | 2 000 |
| Source and complete lines 27, 28, 32, and 33.325, 949.27325, 251.27Net assets with donor restrictions13, 660.2839, 606.28Net assets with donor restrictions13, 660.2839, 606.0rganizations that do not follow FASB ASC 958, check here□11and complete lines 29 through 33.29292730Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances339, 609.3233Total liabilities and net assets/fund balances345, 481.33 | | 26 | | | | 5,8/2. | 26 | 3,980. |
| 33 Total liabilities and net assets/fund balances 345,481. 33 368,837. | s | | | ck here | | | | |
| 33 Total liabilities and net assets/fund balances 345,481. 33 368,837. | JCe | | | | | 225 040 | | 205 051 |
| 33 Total liabilities and net assets/fund balances 345,481. 33 368,837. | alar | | | | | 343,949. | | 343,431. |
| 33 Total liabilities and net assets/fund balances 345,481. 33 368,837. | ЧB | 28 | Net assets with donor restrictions | | | 13,000. | 28 | 39,000. |
| 33 Total liabilities and net assets/fund balances 345,481. 33 368,837. | ů | | | b8, check | chere 🕨 🛄 | | | |
| 33 Total liabilities and net assets/fund balances 345,481. 33 368,837. | οr F | ~~ | | | | | | |
| 33 Total liabilities and net assets/fund balances 345,481. 33 368,837. | ŝts | | | | | | | |
| 33 Total liabilities and net assets/fund balances 345,481. 33 368,837. | SSE | | | | | | | |
| 33 Total liabilities and net assets/fund balances 345,481. 33 368,837. | ∍t A | | | | | 330 600 | | 361 957 |
| | ž | | | | | | | |
| | | აა | Total habilities and het assets/tund datances | | | JIJ, HUI• | აა | Form 990 (2020) |

CAMP WYANDOT INC.

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

Cash - non-interest-bearing

Savings and temporary cash investments

(B) End of year

52,823.

(A) Beginning of year

45,645.

1

2

| Form 990 (| | | |
|------------|----|-------|-------|
| Part X | Ba | lance | Sheet |

1

2

| | 1 990 (2020) CAMP WYANDOT INC. | 31-437 | <u>9434</u> | Pag | _{je} 12 |
|------------|---|--------|-------------|----------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 387 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 362 | <u> </u> | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | , 24 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 339 | ,60 |)9. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 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, | | 264 | | |
| | column (B)) | 10 | 364 | , 85 | <u>. / c</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | | | 37 |
| 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 | | | | v |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | _ | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| ^ - | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| за | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | • | | | х |
| | Act and OMB Circular A-133? | | 3a | -+ | <u> </u> |
| a | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | _ 3b | | |

Form **990** (2020)

Department of the Treasury

(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

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

| OMB No. 1545-0047 |
|-------------------|
| 2020 |
| Open to Public |

| Intern | al Rever | nue Service | | Go to www.irs.gov | /Form990 for instruction | ons and th | ne latest ir | nformation. | | Inspec | ction |
|----------|-----------|--|----------------------|---|--|------------------|-----------------|---------------------------------|---------------|--------------------------------|------------|
| Nan | ne of t | the organizati | on | | Em | | | | Employer | identificatio | n numbe |
| _ | | | | WYANDOT I | | | | | | 1-43794 | 134 |
| | rtl | | | harity Status. (All organizations must complete this part.) See instructions. | | | | | | | |
| | organ | | | | For lines 1 through 12, c | | | | | | |
| 1 | | | | | n of churches described | | | I)(A)(i). | | | |
| 2 | | | | | Attach Schedule E (Forn | | | | | | |
| 3 | | | | | anization described in se | | | | _ | | |
| 4 | | | | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's | s name, |
| | | city, and state | | | | | | | | | |
| 5 | | 0 | • | | llege or university owned | l or operat | ed by a go | overnmental u | nit describe | ed in | |
| ~ | | | | Complete Part II.) | a such a la such a da such a such a such a | | 70/L-\/.4\/.A\ | 4.5 | | | |
| 6 | H | | - | - | nental unit described in | | | | | | |
| 7 | | - | | - | ntial part of its support fi | om a gove | ernmental | unit or from tr | ne general p | DUDIIC DESCRID | bed in |
| ~ | | | | omplete Part II.) | | | | | | | |
| 8 | \square | - | | | (1)(A)(vi). (Complete Par | | ad in aanii | nation with a | land grant | ممالمحم | |
| 9 | | - | - | - | in section 170(b)(1)(A)(| | - | | - | - | |
| | | or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or | | | | | | | | | |
| 10 | X | university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from | | | | | | | | | |
| 10 | | | | | t to certain exceptions; a | | | | | | |
| | | | | | (less section 511 tax) fro | | | | | • | |
| | | | | mplete Part III.) | | | soos acqui | | Janization a | | 1070. |
| 11 | | | | . , | vely to test for public sa | fetv See | section 50 |)9(a)(4) | | | |
| 12 | H | - | - | - | vely for the benefit of, to | • | | | rry out the | nurnoses of a | one or |
| | | - | - | - | d in section 509(a)(1) c | - | | | - | | |
| | | | | | f supporting organization | | | | | | |
| а | | 7 | - | • • | upervised, or controlled | | | | - | aivina | |
| | | | | - | gularly appoint or elect a | • • • • | - | | | | |
| | | | - | complete Part IV, Se | | , , | | | | 11 5 | |
| b | | ¬ - | | - | or controlled in connect | ion with it: | s supporte | ed organizatio | n(s), by hav | ing | |
| | | | | - | anization vested in the sa | | | - | | - | |
| | | organizatio | n(s). You mus | t complete Part IV, | Sections A and C. | | | | | | |
| с | | Type III fur | nctionally inte | grated. A supportin | g organization operated | in connect | tion with, a | and functional | lly integrate | d with, | |
| | | its supporte | ed organizatior | n(s) (see instructions) |). You must complete I | Part IV, Se | ctions A, | D, and E. | | | |
| d | |] Type III no | n-functionally | vintegrated. A supp | orting organization oper | ated in co | nnection w | vith its suppo | ted organiz | ation(s) | |
| | | that is not f | functionally int | egrated. The organiz | ation generally must sat | isfy a distr | ibution rec | quirement and | l an attentiv | reness | |
| | | requiremen | it (see instructi | ions). You must con | nplete Part IV, Sections | A and D, | and Part | V . | | | |
| е | | Check this | box if the orga | anization received a v | written determination fro | m the IRS | that it is a | Туре I, Туре | II, Type III | | |
| | | functionally | integrated, or | Type III non-function | nally integrated supporti | ng organiz | ation. | | | | |
| f | Ente | er the number | of supported o | organizations | | | | | | | |
| <u> </u> | | | | about the supporte | | (iv) Is the orga | nization listed | | | ()) (| |
| | (| i) Name of suppo organization | | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your governi | ng document? | (v) Amount o support (see ir | 2 | (vi) Amount support (see ii | |
| | | organization | • | | above (see instructions)) | Yes | No | | | | 1311100113 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Tota | ıl | | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990-EZ) 2020 CAMP WYANDOT INC.

31-4379434 Page 2

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

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

| Sec | ction A. Public Support | | | | | | |
|------|---|----------------------|----------------------|----------------------|---------------------------|---------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 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) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | |
| | | (-) 0010 | (1-) 0017 | (-) 0010 | (1) 0010 | (-) 0000 | (6) Tatal |
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Amounts from line 4 Gross income from interest, | | | | | | |
| 0 | | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| 0 | and income from similar sources Net income from unrelated business | | | | | | |
| 9 | | | | | | | |
| | activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| 10 | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | |
| | First 5 years. If the Form 990 is for th | | , | | | · · · · | |
| | organization, check this box and stop | 0 | | , | | ()() | |
| Sec | ction C. Computation of Public | c Support Per | rcentage | | | | |
| 14 | Public support percentage for 2020 (li | ne 6, column (f), c | divided by line 11, | column (f)) | | 14 | % |
| | Public support percentage from 2019 | | • | | | 15 | % |
| | 33 1/3% support test - 2020. If the o | | | | | | ox and |
| | stop here. The organization qualifies a | | | | | | |
| b | 33 1/3% support test - 2019. If the o | rganization did ne | ot check a box on | line 13 or 16a, and | d line 15 is 33 1/3% | % or more, check th | nis box |
| | and stop here. The organization quali | fies as a publicly | supported organiz | ation | | | |
| 17a | 10% -facts-and-circumstances test | - 2020. If the org | ganization did not | | | | |
| | and if the organization meets the facts | s-and-circumstanc | ces test, check this | s box and stop he | ere. Explain in Par | t VI how the organi | zation |
| | meets the facts-and-circumstances tes | st. The organization | on qualifies as a p | ublicly supported of | organization | | |
| b | 10% -facts-and-circumstances test | - 2019. If the org | ganization did not | check a box on lin | ne 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets th | e facts-and-circur | mstances test, che | eck this box and s | stop here. Explain | in Part VI how the | |
| | organization meets the facts-and-circu | imstances test. Tl | he organization qu | alifies as a publicl | y supported organ | ization | > |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | 6a, 16b, 17a, or 17 | b, check this box a | and see instruction | s ► |
| | | | | | Sch | edule A (Form 99 |) or 990-EZ) 2020 |

Schedule A (Form 990 or 990-EZ) 202

Schedule A (Form 990 or 990-EZ) 2020 CAMP WYANDOT INC

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.)

Calendar year (or fiscal year beginning in) (b) 2017 (c) 2018 (d) 2019 (a) 2016 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 216,775. 134,542. 114,231. 113,359. 184,623. 763,530. 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 209,786. 254,720. 264,874. 169,863. 1081858. organization's tax-exempt purpose 182,615. 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 378,233. 1845388. 399,390. 344,328. 368,951. 354,486. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 11,000. 6,000. 15,000. 10,000. 20,000. 62,000. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 20,000. 11,000. 6,000. 15,000. 10,000. 62 000 1783388 Public support. (Subtract line 7c from line 6.) Section B. Total Support (b) 2017 (c) 2018 (e) 2020 (f) Total Calendar year (or fiscal year beginning in) 🕨 (a) 2016 (d) 2019 9 Amounts from line 6 399,390. 344,328. 368,951. 378,233. 354,486. 1845388. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 900. 450. 1,350. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 900. 450. 1,350. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 20,106. 32,755. 52,861. assets (Explain in Part VI.) 399,390. 344,328. 368,951. 399,239. 387,691. 1899599. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► Section C. Computation of Public Support Percentage 93.88 % Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 15 95.05 Public support percentage from 2019 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .07 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 % .05 18 Investment income percentage from 2019 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2020 032023 01-25-21 16

10171112 786250 WYANDOT

| 2020.05000 | CAMP | WYANDOT | INC. |
|------------|------|---------|------|
|------------|------|---------|------|

Section A. Public Support

1

2

3a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

032024 01-25-21

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2020

2020.05000 CAMP WYANDOT INC.

17

| | | | 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 in lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | ction B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | ction C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | ction 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 | | | |
| | | | | |

| 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). |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have a |
| | significant voice in the organization's investment policies and in directing the use of the organization's |

income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the o | ganization used to satisf | y the Integral Part Test du | ring the year (see instructions). |
|---|---|---------------------------|-----------------------------|-----------------------------------|
|---|---|---------------------------|-----------------------------|-----------------------------------|

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

| с | | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instructions). | |
|---|--|---|---|--|
|---|--|---|---|--|

18

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

2

3

2a

2b

3a

3b

Yes No

10171112 786250 WYANDOT

| (Form 990 or 990-EZ) 2020 Type III Non-Function | | Orgonizationa |
|--|--|---------------|
| | | |

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A | A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------|--|----|----------------|--------------------------------|
| 1 Net | short-term capital gain | 1 | | |
| 2 Rec | coveries of prior-year distributions | 2 | | |
| 3 Oth | er gross income (see instructions) | 3 | | |
| 4 Add | d lines 1 through 3. | 4 | | |
| 5 Dep | preciation and depletion | 5 | | |
| 6 Por | tion of operating expenses paid or incurred for production or | | | |
| | ection of gross income or for management, conservation, or | | | |
| | ntenance of property held for production of income (see instructions) | 6 | | |
| | er expenses (see instructions) | 7 | | |
| 8 Adj | usted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| | 3 - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Agg | gregate fair market value of all non-exempt-use assets (see | | | |
| inst | ructions for short tax year or assets held for part of year): | | | |
| a Ave | erage monthly value of securities | 1a | | |
| b Ave | erage monthly cash balances | 1b | | |
| c Fair | market value of other non-exempt-use assets | 1c | | |
| d Tot | al (add lines 1a, 1b, and 1c) | 1d | | |
| e Dis | count claimed for blockage or other factors | | | |
| (exc | plain in detail in Part VI): | | | |
| 2 Acq | uisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Sub | otract line 2 from line 1d. | 3 | | |
| 4 Cas | sh 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 | | |
| | tiply line 5 by 0.035. | 6 | | |
| | coveries of prior-year distributions | 7 | | |
| 8 Min | imum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C | C - Distributable Amount | | | Current Year |
| 1 Adji | usted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Ente | er 0.85 of line 1. | 2 | | |
| 3 Min | imum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Ente | er greater of line 2 or line 3. | 4 | | |
| 5 Inco | ome tax imposed in prior year | 5 | | |
| 6 Dist | tributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| eme | ergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | | | nization (and |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

| Schedule A (Form 990 or 990-EZ) 2020 | CAMP | WYANDOT | INC |
|--------------------------------------|------|---------|-----|
|--------------------------------------|------|---------|-----|

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

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

| Part VI S | upplemental Inform | nation | Drowide the even | anationa rac | |
|----------------|-------------------------|--------|------------------|--------------|--|
| Schedule A (Fo | orm 990 or 990-EZ) 2020 | CAMP | WYANDOT | INC. | |

| Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4d line 1; Part IV, Section D, lines 2 and 3; Pa | de the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, rrt IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, ection E, lines 2, 5, and 6. Also complete this part for any additional information. |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 32028 01-25-21 | Schedule A (Form 990 or 990-EZ) 202 |
| | 21 |

Schedule B

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

Name of the organization

Organization type (check one):

C

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

31-4379434

| סארי | WYANDOT | TNC |
|------|---------|------|
| AMP | WIANDUI | TNC. |

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

Name of organization

Page 2

CAMP WYANDOT INC.

31-4379434 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 17,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person X Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a)

| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
|-----|----------------------------|---------------------|--|
| 4 | | \$ <u>9,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 5 | | \$ <u>5,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 6 | | \$5,000 . | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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

023452 11-25-20

23 2020.05000 CAMP WYANDOT INC.

10171112 786250 WYANDOT

Name of organization

Page **3**

Employer identification number

31-4379434

CAMP WYANDOT INC.

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

| | (see instructions). Use duplicate copies of Part | | 1 |
|------------------------------|--|---|----------------------|
| (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 |
| | | _ | |
| | | | |

10171112 786250 WYANDOT

2020.05000 CAMP WYANDOT INC.

24

| Name of o | rganization | | Employer identification number |
|---------------------------|---|--|--|
| CAMP I | WYANDOT INC. | | 31-4379434 |
| Part III | Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a | ions to organizations described in sec | tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year |
| | completing Part III, enter the total of exclusively religious, | charitable, etc., contributions of \$1,000 or le | ess for the year. (Enter this info. once.) > \$ |
| (a) No. | Use duplicate copies of Part III if additional | space is needed. | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| · | <i>```````````````````````````````</i> | | • |
| | | | |
| | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Part I | | | |
| | | | |
| | | | |
| | | e) Transfer of gift | |
| | | | |
| · | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| | | | |
| (a) No. from | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | — ——— |
| | | | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| | | | |
| ())) | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Farti | | | |
| | | | |
| | | | [|
| · | | (e) Transfer of gift | |
| | T | | |
| | Transferee's name, address, a | ווע בוץ + 4 | Relationship of transferor to transferee |
| | | | |
| | | | |
| 023454 11-25 | 5-20 | | Schedule B (Form 990, 990-EZ, or 990-PF) (2020 |
| | | 25 | |

10171112 786250 WYANDOT

| 60 | HEDULE D | Supplement | al Financial Statements | | OMB No. 1545-0047 |
|---------|---|--|---|-------------|---------------------------------|
| | 1EDULE D n 990) | | anization answered "Yes" on Form 990, | | 2020 |
| (1 011 | | Part IV, line 6, 7, 8, 9, 10 | , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | Open to Public |
| | ment of the Treasury Revenue Service | | Attach to Form 990. 90 for instructions and the latest information | n. | Inspection |
| Nam | e of the organizati | on | | Em | ployer identification number |
| _ | | CAMP WYANDOT INC. | | | 31-4379434 |
| Par | | - | d Funds or Other Similar Funds or <i>I</i> | Accour | its. Complete if the |
| | organizatio | n answered "Yes" on Form 990, Part IV, lin | e 6. (a) Donor advised funds | (h) [| de and other accounts |
| | T . i . i i | | () | (D) Fur | nds and other accounts |
| 1 | | nd of year | | | |
| 2 | | f contributions to (during year) | | | |
| 3 4 | | f grants from (during year) t end of year | | | |
| 5 | | | vriting that the assets held in donor advised fu | inds | |
| • | - | | exclusive legal control? | | Yes No |
| 6 | | | dvisors in writing that grant funds can be used | | |
| | • | • | r donor advisor, or for any other purpose confe | • | |
| | impermissible priv | | | | |
| Par | t II Conserv | ation Easements. Complete if the org | ganization answered "Yes" on Form 990, Part | IV, line 7 | |
| 1 | Purpose(s) of cons | servation easements held by the organization | on (check all that apply) | | |
| | Preservation | n of land for public use (for example, recrea | tion or education) Preservation of a hi | storically | important land area |
| | Protection o | f natural habitat | Preservation of a ce | ertified hi | storic structure |
| | | n of open space | | | |
| 2 | • | e e 1 | ied conservation contribution in the form of a | conserva | |
| | day of the tax year | | | | Held at the End of the Tax Year |
| a | | | | | |
| b | • | | | | |
| ک اہ | | | ucture included in (a) | . <u>2c</u> | |
| d | | | fter 7/25/06, and not on a historic structure | 2d | |
| 3 | | | eased, extinguished, or terminated by the orga | | during the tax |
| Ŭ | year ► | | cased, extinguished, or terminated by the orga | | during the tax |
| 4 | | where property subject to conservation eas | ement is located | | |
| 5 | | tion have a written policy regarding the per | | | |
| | violations, and enf | orcement of the conservation easements it | holds? | | Yes No |
| 6 | Staff and voluntee | r hours devoted to monitoring, inspecting, | handling of violations, and enforcing conserva | | |
| | ▶ | | | | |
| 7 | Amount of expens | es incurred in monitoring, inspecting, hand | ling of violations, and enforcing conservation | easemen | ts during the year |
| | ►\$ | | | | |
| 8 | | | e satisfy the requirements of section 170(h)(4) | | |
| | | | | | |
| 9 | | • | on easements in its revenue and expense state | | |
| | | | ote to the organization's financial statements | that desc | cribes the |
| Par | t III Organization s acc | ounting for conservation easements. Ations Maintaining Collections of | Art, Historical Treasures, or Other | Simila | r Assets. |
| . a | | f the organization answered "Yes" on Form | | 0 | |
| 1a | | | 8, not to report in its revenue statement and b | alance sl | heet works |
| Ĩ | • | · • | lic exhibition, education, or research in further | | |
| | | · · · · · · | icial statements that describes these items. | | |
| b | · • | | 8, to report in its revenue statement and balan | ce sheet | works of |
| | - | | exhibition, education, or research in furtheran | | |
| | | ng amounts relating to these items: | | · | |
| | | | | ► | \$ |
| | | | | • | \$ |
| 2 | If the organization | received or held works of art, historical trea | asures, or other similar assets for financial gair | n, provide | 9 |
| | - | unts required to be reported under FASB A | - | | |
| а | | | | | |
| | | | | 🕨 | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions | s for Form 990. | | Schedule D (Form 990) 2020 |

| LHA I | For Paperwork Reduction Act Notice, see the Instructions for For | m |
|--------|--|---|
| 032051 | 12-01-20 | |

| Sche | | ANDOT INC. | | | | | • | 31-43 | 79434 | 4 Pa | age 2 |
|---------|---|-------------------------------------|---------------|-------------------------------|-----------------|-------------------|--------------------|--------------|----------------|-------------|--------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Histor | rical Trea | sures, or C | Other S | imilar | Assets | (contir | nued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check a | ny of the fol | lowing that m | ake signi | ficant u | ise of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | | | ange program | | | | | | |
| b | Scholarly research | e | e 🗌 Of | ther | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explair | n how they | / further the | organization's | s exempt | purpos | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit of | or receive donations of | of art, histo | orical treasu | res, or other s | similar as | sets | | _ | | _ |
| _ | to be sold to raise funds rather than to be ma | | <u>u</u> | | ection? | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | ete if the o | organization | answered "Ye | es" on Fo | rm 990 | , Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Pa | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | | | | | | | | - | | 7 |
| | on Form 990, Part X? | | | | | | | ∟ | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing tab | ole: | | | | | | | |
| | | | | | | | | | Amoun | t | |
| | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | 1d | | | | |
| - | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1 f | | | | 1 |
| | Did the organization include an amount on F | | | | | • | · | L | Yes | | No ∣ |
| Par | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete | | | | | | <u></u> | <u></u> | | | <u> </u> |
| | | (a) Current year | | | (c) Two vears b | | Three y | ears back | (e) Four | Voare | hack |
| 10 | Beginning of year balance | (a) Guiterit year | | or year | | | тпсс у | Cars Dack | (e) i oui | years | Jack |
| 1a b | Contributions | | | | | | | | | | |
| с С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | | |
| Ũ | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent vear end balance | e (line 1a. (| column (a)) I | held as: | | | | | | |
| a | Board designated or quasi-endowment | | % | o o lan in (a)) i | | | | | | | |
| | Permanent endowment | | | | | | | | | | |
| | Term endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | - uld equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | | tion that a | are held and | administered | for the o | rganiza | tion | | | |
| | by: | | | | | | | | [| Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | | | | | | | | Зb | | |
| 4 | Describe in Part XIII the intended uses of the | | wment fun | nds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | ient. | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 |), Part IV, I | line 11a. See | e Form 990, P | art X, line | e 10. | | | | |
| | Description of property | (a) Cost or o basis (investr | | (b) Cost o basis (o | | (c) Accu depre | umulate ciation | d | (d) Boo | k value | Э |
| 1a | Land | · · · · | | | ,821. | | | | | 4,82 | 21. |
| b | Buildings | | | | ,879. | 30 | 3,68 | 36. | | 0, 19 | |
| | Leasehold improvements | | | | | | ., | | | , | |
| | Equipment | | | 55 | ,197. | 3 | 4,31 | 17. | 2 | 0,88 | 30. |
| | Other | | | | , | | , | | | , | |
| | . Add lines 1a through 1e. (Column (d) must e | | X column | (R) line 104 | ·) | | | | 31 | 5,89 | 94. |
| | | iquari onni 330, Edil. | | 100 عاليا برعي | <i></i> | | | Pala di d | D (F - | , | 00000 |

Schedule D (Form 990) 2020

| Complete if the organization answered "" (a) Description of security or category (including name of secu | | (c) Method of valuation: Cost or | end-of-year market value |
|--|--|--|--------------------------|
| | | | |
| Financial derivatives Closely held equity interests | | | |
| (3) Other | | | |
| | | | |
| (A) (P) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12. | | | |
| Part VIII Investments - Program Related | | | |
| Complete if the organization answered " | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or | end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. | .) 🕨 | | |
| Part IX Other Assets. | | | |
| | | | |
| Complete if the organization answered " | Yes" on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| Complete if the organization answered " | Yes" on Form 990, Part IV, line (a) Description | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Complete if the organization answered "" (1) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) (2) (3) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) (2) (3) (4) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) (2) (3) (4) (5) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) (2) (3) (4) (5) (6) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | (a) Description | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | (a) Description | | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (b) Part X Other Liabilities. | (a) Description | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (f Part X Other Liabilities. Complete if the organization answered " | (a) Description | | ≥ 25. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (f Part X Other Liabilities. Complete if the organization answered " 1. (a) Description of liability | (a) Description | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (f Part X Other Liabilities. Complete if the organization answered " 1. (a) Description of liability (1) Federal income taxes | (a) Description | | ≥ 25. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (f Part X Other Liabilities. Complete if the organization answered " 1. (a) Description of liability (1) Federal income taxes (2) | (a) Description | | ≥ 25. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (f Part X Other Liabilities. Complete if the organization answered " 1. (a) Description of liability (1) Federal income taxes (2) (3) | (a) Description | | ≥ 25. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (f Part X Other Liabilities. Complete if the organization answered " 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) | (a) Description | | ≥ 25. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (f Part X Other Liabilities. Complete if the organization answered " 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | (a) Description | | ≥ 25. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (b) Part X Other Liabilities. Complete if the organization answered " 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) | (a) Description | | ≥ 25. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (f Part X Other Liabilities. Complete if the organization answered " 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | (a) Description | | ≥ 25. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (f Part X Other Liabilities. Complete if the organization answered " 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | (a) Description | | ≥ 25. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (f Part X Other Liabilities. Complete if the organization answered " 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) | (a) Description | 11e or 11f. See Form 990, Part X, line | ≥ 25. |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (f Part X Other Liabilities. Complete if the organization answered " 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | (a) Description (a) Description (b) Description (c) Descriptio | 11e or 11f. See Form 990, Part X, line | ▶ |

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

Schedule D (Form 990) 2020

032053 12-01-20

X

| | dule D (Form 990) 2020 CAMP WYANDOT INC. | | | 79434 Page 4 | | | |
|---|---|---|---|----------------------------------|--|--|--|
| Pa | t XI Reconciliation of Revenue per Audited Financial Stater | | ie per Return. | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | 2a. | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 387,691. | | | |
| 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 | 0. | | | |
| 3 | Subtract line 2e from line 1 | | | 387,691. | | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | | |
| С | Add lines 4a and 4b | | | 0. | | | |
| - | | 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 387,691. | | | |
| 5 Pa | | | ses per Return. | 387,691. | | | |
| 5 Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | ments With Expen | ses per Return. | | | | |
| 5 Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | ments With Expen | ses per Return. | 387,691. | | | |
| | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line | ments With Expen | ses per Return. | | | | |
| 1 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | ments With Expen | ses per Return. | | | | |
| 1 2 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i>) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements | ments With Expen | ses per Return. | | | | |
| 1 2 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2a. 2a 2a 2b | ses per Return. | | | | |
| 1 2 a b | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2a 2b 2c | ses per Return. | | | | |
| 1 2 a b c | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.) | 2a 2b 2c 2d | ses per Return. | 362,443. | | | |
| 1 2 b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2a 2b 2c 2d | ses per Return. | | | | |
| 1 2 b c d e | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.) | 2a 2a 2b 2c 2d | ses per Return. | 362,443. | | | |
| 1 2 b c d 3 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 1 | 2a 2a 2b 2c 2d | ses per Return. | 362,443. | | | |
| 1 2 3 4 3 4 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2a 2b 2c 2d 2d | ses per Return. | 362,443. | | | |
| 1 2 3 4 3 4 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2a 2b 2c 2d 2d 4a 4b | ses per Return. 1 2e 3 | 362,443. 0. 362,443. 0. | | | |
| 1 2 d e 3 4 b c 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d 2d | ses per Return. 1 2e 3 4c | 362,443. | | | |

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

PART X, LINE 2:

CAMP WYANDOT INC. IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR

FEDERAL INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS.

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO

BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS.

UNDER THAT GUIDANCE, CAMP WYANDOT INC. MAY RECOGNIZE THE TAX BENEFIT FROM

AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX

POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON

THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE
032054 12-01-20
Schedule D (Form 990) 2020

29

| | CAMP WYANDOT INC. | 31-4379434 Page 5 |
|--------------------------------|----------------------------------|----------------------|
| Part XIII Supplemental Informa | ation (continued) | |
| THE TAX-EXEMPT STATUS | OF CAMP WYANDOT INC. AND VARIOU | IS POSITIONS RELATED |
| TO THE POTENTIAL SOUR | CES OF UNRELATED BUSINESS TAXABI | E INCOME (UBIT). THE |
| TAX BENEFITS RECOGNIZ | ED IN THE FINANCIAL STATEMENTS F | ROM SUCH A POSITION |
| ARE MEASURED BASED ON | THE LARGEST BENEFIT THAT HAS A | GREATER THAN 50% |
| LIKELIHOOD OF BEING R | EALIZED UPON ULTIMATE SETTLEMENT | . THERE WERE NO |
| UNRECOGNIZED TAX BENE | FITS IDENTIFIED OR RECORDED AS I | IABILITIES FOR THE |
| FISCAL YEAR ENDING DE | CEMBER 31, 2020 AND 2019. | |

CAMP WYANDOT INC. FILES ITS FORM 990 WITH THE INTERNAL REVENUE SERVICE AND THE STATE OF OHIO ATTORNEY GENERAL. CAMP WYANDOT INC. IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS ENDING BEFORE DECEMBER 31, 2017.

032055 12-01-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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



31-4379434

OMB No. 1545-0047

CAMP WYANDOT INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVE OTHERS AND EXPLORE THE GREAT OUTDOORS.

CAMP WYANDOT, INC., FKA CAMP FIRE USA CENTRAL OHIO COUNCIL, WAS FOUNDED

AS 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 THE 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 ALSO

FOCUSED ON OUTDOOR SKILLS AND NATURE EDUCATION WITH WEEKLY FIELD TRIPS.

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

ADULT 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:

ADULT MEMBERS MAY VOTE ON BOARD MEMBERS AND ON MEMBERS OF THE NOMINATING

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

THE FOLLOWING ACTIONS OF THE BOARD REQUIRE APPROVAL OF TWO-THIRDS 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

10171112 786250 WYANDOT

032211 11-20-20

³¹

| DISSOLV | /E CORE | PROG | GRAMS | (OVER | NIGHT | CAI | MP, DA | AY C | AMP, | GRC | OUP E | ROGRA | MS |). | |
|---------|----------|--------------|--------|-------|-------|------|--------|------|------|-----|-------|-------|-----|-----------|--|
| FORM 99 | 90, PAR' | r vi, | , SECI | ION B | , LIN | E 1: | 1B: | | | | | | | | |
| BEFORE | FILING | <u>, WE</u> | PROVI | DED A | COPY | OF | FORM | 990 | то | OUR | TRE | SURER | , 1 | EXECUTIVE | |
| DIRECTO | OR AND | <u>30ARI</u> | CHAI | R. | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| FORM 99 | 90, PAR | Γ VI, | , SECI | ION B | , LIN | E 11 | 1B: | | | | | | | | |

MEMBERS OF THE GOVERNING BODY WERE EACH GIVEN A COPY OF THE FORM 990 FOR

THEIR REVIEW AND COMMENTS BEFORE THE FILING OF THE RETURN.

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

THE BOARD OF DIRECTORS SIGN 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.

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

CAMP WYANDOT INC.