Form 9

Department of the Treasury Internal Revenue Service

** 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 2021 calendar year, or tax year beginning and	ending		
B C	heck if oplicab	e: C Name of organization		D Employer identific	ation number
	Addre	Se CAMP WYANDOT INC.			
	Name chang	e Doing business as		31-437943	34
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Final return		413	614-481-8	3227
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	507,939.
	Amen return	COLOMBOS, OH 43214		H(a) Is this a group re	
	Applic dition			for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🚺 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	
		organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1928 N	State of legal domicile: OH
Pa	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities:			
anc		INCLUSIVE NURTURING ENVIRONMENT FOR YOUTH			
Activities & Governance	2	Check this box Image: Check this box	sed of more	I	
) VO	3				<u> </u>
8 8	4	Number of independent voting members of the governing body (Part VI, line 1b)			
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		18	
ivit	6	Total number of volunteers (estimate if necessary)			280
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	
	8	Contributions and grants (Part VIII, line 1h)		184,623.	Current Year 209,765.
ani	9			169,863.	298,080.
Revenue	9 10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		450.	68.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,755.	-4,352.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		387,691.	503,561.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		100.	100.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
6	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		167,627.	170,543.
)se:	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		194,716.	280,428.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	362,443.	451,071.	
	19	Revenue less expenses. Subtract line 18 from line 12		25,248.	52,490.
or ces			Ве	ginning of Current Year	End of Year
Net Assets		Total assets (Part X, line 16)		368,837.	468,153.
t As d B	21	Total liabilities (Part X, line 26)		3,980.	83,506.
	22	Net assets or fund balances. Subtract line 21 from line 20		364,857.	384,647.
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	Signature of officer			Date							
Here	MIKE HADRA, TREASURER										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date								
Paid				self-employed							
Preparer	Firm's name		Firm's EIN 🕨								
Use Only	Firm's address 🕨										
				Phone no.							
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		Yes No							
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) CAMP WYANDOT INC. 31-4379434 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CAMP WYANDOT INC. PROVIDES AN INCLUSIVE NURTURING ENVIRONMENT FOR
	YOUTH TO HAVE FUN, MAKE FRIENDS, SERVE OTHERS AND EXPLORE THE GREAT
	OUTDOORS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 244,366. including grants of \$ 100.) (Revenue \$ 256,110.
14	THE ORGANIZATION PROVIDED SEVEN WEEKLY SESSIONS OF OVERNIGHT CAMP ON
	OUR PROPERTY LOCATED IN THE HOCKING HILLS IN ROCKBRIDGE, OHIO CALLED
	CAMP WYANDOT. IN 2021, A SMALL INCREASE WAS ALLOWED WITH SOME COVID
	PRACTICES STILL REQUIRED. PERMISSION TO OPERATE, GIVEN BY THE GOVERNOR,
	FOR THE 2021 SUMMER, TWENTY CAMPERS ATTENDED ON A SUBSIDIZED PROGRM
	(CAMPERSHIP). FOUNDED IN 1928, CAMP WYANDOT IS A FUN, EDUCATIONAL AND
	NURTURING PLACE, WHERE ALL CHILDREN AGES 7 TO 17 LEARN SOCIAL AND
	OUTDOOR SKILLS AND FEEL A SENSE OF BELONGING, THE 23 TO 26 TRAINED
	SUMMER STAFF PROVIDE A QUALITY CAMP EXPERIENCE IN A SAFE SUPPORTIVE
	ENVIRONMENT.
	ENVIRONMENT.
	(Code:) (Expenses \$ 30,744. including grants of \$) (Revenue \$ 34,766.
4b	
	CAMP WYANDOT, INC. ALSO HAS A SUMMER DAY CAMP CALLED CAMP OTONWE.THE
	PROGRAM IS FOR SCHOOL AGE BOYS AND GIRLS AND IS HELD AT THE JOHN BELTZ
	RETREAT CENTER IN GALENA, OHIO. DUE TO THE PANDEMIC, CAMP OTONWE COULD
	ONLY TAKE 22 CHILDREN EACH OF THE 7 WEEKS. DAY CAMP WAS GIVEN
	PERMISSION BY THE GOVERNOR TO OPEN. MANY OF THE CHILDREN ATTENDED MORE
	THAN ONE WEEK. WE FOCUS ON BUILDING OUTDOOR LIVING AND NATURE SKILLS
	AND DEVELOP A SENSE OF SELF-RELIANCE WHILE WORKING IN A SMALL GROUP
	SETTING. THE DAY CAMP RAN FROM MONDAY TO FRIDAY WITH 4 TRAINED STAFF.
4c	(Code:) (Expenses \$ 95,786. including grants of \$) (Revenue \$ 7,230.
	WE SPONSOR WEEKEND CAMPING FOR GROUPS, FAMILIES, AND ALUMNI AT CAMP
	WYANDOT. WE RENT THE CAMP TO YOUTH GROUPS AND OTHER ORGANIZATIONS WITH
	A SIMILAR PURPOSE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 370,896.
	Form 990 (2021
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2021.05000 CAMP WYANDOT INC.

WYANDOT1

Form 990 (2021) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	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	_		v
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	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,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
_	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
40	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)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			- 23
15	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. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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			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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X 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 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%			
0 -	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			v
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 23
30		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization required, errinnate, or dissorte and cease operations? <i>If 'res, 'complete Schedule N, Part 1</i>			
UL.	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on 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	000	
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	n 990 (2021) CAMP WYANDOT INC. 31-	43794	134	P	_{age} 5						
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Vee							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Г		Yes	No						
	filed for the calendar year ending with or within the year covered by this return 2a	18									
b			2b		X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.										
	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	·····	3b		<u> </u>						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	····· -	4a		X						
b	If "Yes," enter the name of the foreign country	— I									
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x						
b		ГГ	5b		X						
			5c		<u> </u>						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sol										
	any contributions that were not tax deductible as charitable contributions?		6a		x						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Γ									
	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	e payor?	7a		X						
b		······ -	7b		┝───						
С					37						
		·····	7c		X						
			7.								
e f		·····	7e 7f		├───						
f g		F	7g	N/	A						
9 h		···· Γ	79 7h	N/							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
		J/A	8								
9	Sponsoring organizations maintaining donor advised funds.	F									
а		I/A	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	I/A	9b		<u> </u>						
10	Section 501(c)(7) organizations. Enter:										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter:										
a L											
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a								
		l h									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а		1/A [13a								
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
С											
14a		····· F	14a		x						
		······	14b		<u> </u>						
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		x						
	If "Yes," see the instructions and file Form 4720, Schedule N.		15								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		x						
	If "Yes," complete Form 4720, Schedule O.	·····									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	J/A	17								
	If "Yes," complete Form 6069.										
	15 12-09-21 6		Form		(2021)						
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			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	<u>)</u>								
	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 1b)								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	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	X							
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
74	more members of the governing body?	7a	x							
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		1						
D		76	x							
~		10								
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0	X							
	The governing body?	8a	X	+						
-	Each committee with authority to act on behalf of the governing body?	8b		+						
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		X						
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			T						
			Yes							
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13		X						
4	Did the organization have a written document retention and destruction policy?	14		X						
5	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		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									
	exempt status with respect to such arrangements?	16b								
ect	tion C. Disclosure									
7	List the states with which a copy of this Form 990 is required to be filed									
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	availa	ble						
•	for public inspection. Indicate how you made these available. Check all that apply.	o only	avanc							
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial							
9		u iiriai	ICIAI							
0	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records \blacktriangleright									
	CONNIE COUTELLIER - 614-481-8227									
	4400 N. HIGH STREET, 413, COLUMBUS, OH 43214									
		-	000	1000						
2006	7	For	m 990	(202						

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.

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Page 6

X

CAMP WYANDOT INC.

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

Form 990 (2021)

Form 990 (2		31-4379434	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.										

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than d		ne	Reportable	Reportable	Estimated			
	hours per	box	box, unless pers		s person is both an d a director/trustee)		n an	compensation	compensation	amount of
	week				irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		Ð	bensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CONNIE COUTELLIER	40.00			0	Ť	1 0	ш			
EXECUTIVE DIRECTOR		1		х				40,500.	0.	0.
(2) SHARON DELAY	5.00									
DIRECTOR		Х						0.	0.	0.
(3) ALICE FOELLER	5.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(4) JAMIE FOLTZ	5.00									
DIRECTOR		Х						0.	0.	0.
(5) MIKE HADRA	5.00									_
TREASURER		х		Х				0.	0.	0.
(6) KENDRA MCERLEAN	5.00									•
DIRECTOR		Х						0.	0.	0.
(7) EDWARD PSURNY	5.00								0	0
DIRECTOR	F 00	X			<u> </u>			0.	0.	0.
(8) LINA TAYLOR	5.00							•	0	0
VICE CHAIR		X		Х				0.	0.	0.
(9) NIKKI THOMAS SECRETARY	5.00	x		x				0.	0.	0.
(10) VANCE TOPE	5.00	<u> </u>		Λ				0.	0.	0.
DIRECTOR	3.00	x						0.	0.	0.
DIRECTOR		Δ						0.	0.	<u>0.</u>
		1								
		1								
132007 12-09-21										Form 990 (2021)

8

	990 (2021) CAMP WYAI	NDOT INC	•							31-43	3794	34	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	(D) Reportable compensation from	(E) Reportable compensatio from related		am	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fro orga and	pensa om the anizat d relate nizatio	e ion ed
	Subtotal								40,500.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)				·····			► ►	0.40,500.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	•			0
													Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-		-	•	-		Ŭ		2		3		х
4	For any individual listed on line 1a, is the su	um of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										····	4		Λ
Sec	rendered to the organization? If "Yes." corr tion B. Independent Contractors											5		X
1	Complete this table for your five highest co	•	•							, 1	ensati	on fro	m	
	the organization. Report compensation for (A)	the calendar ye	ear e	nair	ng w		or wi	tnin	i the organization's tax y	ear.		(C	;)	
	Name and business	address	NC	ONE	3				Description of s	ervices	Co		nsatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organized strength of the organized strength	•	ot lin	niteo	d to t	thos (ted	above) who received mo	ore than				
											F	orm 9	9 90 (2	2021)

132008 12-09-21

	n 990 (INC.			31-4379	434 Page 9
Pa	rt VII						_
		Check if Schedule O contains a response	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c f g h 2a b c d e	Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f	2,085. 46,270. 161,410. ▶ Business Code 624110	209,765. 298,080.	298,080.		
ц.	a t	All other program service revenue		298,080.			
	3 4 5	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p Royalties	est, and ► roceeds	68.			68.
		Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
svenue	b	Gross amount from sales of assets other than inventory(i) SecuritiesLess: cost or other basis and sales expenses7bGain or (loss)7c	(ii) Other				
Other Re	8 a	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	0.				
		Net income or (loss) from fundraising events	►	-4,378.			-4,378.
		Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9b					
	с 10 а b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold					
eous		OTHER	Business Code 900099	26.	26.		
Miscellaneous Revenue	b c d	All other revenue					
	е	Total. Add lines 11a-11d		26.	209 100		1 210
13200	12	Total revenue. See instructions	▶	503,561.	298,106.	0.	-4,310. Form 990 (2021)

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10 2021.05000 CAMP WYANDOT INC.

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Form 990 (2021)	CAMP	WYANDOT	INC.	3:			
Part IX Statement of Functional Expenses							
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							

	Check if Schedule O contains a response	e or note to any line in t	his Part IX	· · ·	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	100.	100.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	40,500.	35,420.	5,080.	
6	trustees, and key employees	40,500.	55,420.	5,000.	
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	126,419.	110,563.	15,856.	
8	Pension plan accruals and contributions (include	120,1190	110,0000		
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	40.	40.		
10	Payroll taxes	3,584.	207.	3,377.	
11	Fees for services (nonemployees):				
	Management				
	Legal	13,276.	294.	12,982.	
	Accounting	8,775.		8,775.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	2,924.	-3,715.	6,639.	
12	Advertising and promotion	1,199.	127.	1,072.	
13	Office expenses	17,597.	9,357.	8,240.	
14	Information technology	2,977.		2,977.	
15	Royalties				
16	Occupancy	156,200.	147,311.	8,889.	
17	Travel	6,835.	6,835.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	655	655		
19	Conferences, conventions, and meetings	655.	655.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,810.		1,810.	
23		1,010.		1,010.	
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 0.)	E0 E20	40.270	1 1 5 0	
a	OTHER	50,538. 16,045.	<u>49,379.</u> 13,024.	<u>1,159.</u> 3,021.	
b	DUES AND SUBSCRIPTIONS	1,597.	1,299.	298.	
C d	DUES AND SUBSCRIPTIONS	1, 397.	1,299.	290.	
d	All other expenses				
	All other expenses	451,071.	370,896.	80,175.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization		510,090•		0.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight following SOP 98-2 (ASC 958-720)				
10001/) 12-09-21				Form 990 (2021

Form 990 (2021)
Part X Balance Sheet CAMP WYANDOT INC.

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

	31-	4379434	Page 11
(A) Beginning of year		(B) End of y	/ear

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			52,823.	1	177,877.
	2	Savings and temporary cash investments				2	
		Pledges and grants receivable, net				3	
		Accounts receivable, net		I		4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	•				
		under section 4958(f)(1)), and persons described				6	
<u>,</u>	7	Notes and loans receivable, net				7	
499619		Inventories for sale or use				8	
2		B			120.	9	120
		Land, buildings, and equipment: cost or other					
	iou	basis. Complete Part VI of Schedule D	10a	651.377.			
	b	Less: accumulated depreciation	10b	<u>651,377.</u> 361,221.	315,894.	10c	290,156
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -				13	
						14	
		Intangible assets				14	
	15 16	Other assets. See Part IV, line 11			368,837.	15	468,153
	16 17	Total assets. Add lines 1 through 15 (must equa			3,980.	17	58,506
	17 10	Accounts payable and accrued expenses			5,500.	17	50,500
		Grants payable					
	19 00	Deferred revenue				19	
		Tax-exempt bond liabilities		Note and the D		20	
		Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
ź١,		controlled entity or family member of any of thes		F		22	25,000
4		Secured mortgages and notes payable to unrela		·····		23	25,000
		Unsecured notes and loans payable to unrelated				24	
2	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). C	omplete Part X			
		of Schedule D		I	2 000	25	02 506
<u> </u> 2	26	Total liabilities. Add lines 17 through 25			3,980.	26	83,506
<u>,</u>		Organizations that follow FASB ASC 958, che	ck here				
2		and complete lines 27, 28, 32, and 33.					210 005
<u>i</u> 2	27				325,251.	27	319,095
3 2	28	Net assets with donor restrictions			39,606.	28	65,552
ŝ		Organizations that do not follow FASB ASC 9	58, check	here 🕨 🗌			
-		and complete lines 29 through 33.					
2 2	29	Capital stock or trust principal, or current funds				29	
3 3	30	Paid-in or capital surplus, or land, building, or eq				30	
έla	31	Retained earnings, endowment, accumulated inc				31	
	~~	Total net assets or fund balances			364,857.	32	384,647
-	32		• • • • • • • • • • • • • • • • • • • •	····· ⊢	368,837.		468,153

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Form	990 (2021) CAMP WYANDOT INC.	31-43'	79434	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	503		
2	Total expenses (must equal Part IX, column (A), line 25)	2	451		
3	Revenue less expenses. Subtract line 2 from line 1	3			90.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	364	.,8!	<u>57.</u>
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	-32	2,70	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	384	.,64	<u>47.</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 on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		. 3a		_X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

ĺ	OMB No. 1545-0047
	2021
	Open to Public Inspection

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

Name	ame of the organization Employer identification number								
	_		WYANDOT I						1-4379434
Par	tI	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The o	rgan	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3 [A hospital or a cooperative							
4		A medical research organiza	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_		city, and state:							
5 [An organization operated for		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 [A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7 [An organization that normal	•	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	public described in
-		section 170(b)(1)(A)(vi). (C							
8 [A community trust describe							
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
г	77	university:							
10 [X	An organization that normal							
		activities related to its exem		-					-
		income and unrelated busir		(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	fter June 30, 1975.
г	_	See section 509(a)(2). (Cor							
11 L		An organization organized a							
12		An organization organized a	-	-	-			•	
		more publicly supported org	-						check the box on
_		lines 12a through 12d that o				-		-	- t. t
а		Type I. A supporting orga	-	-	• • • •	-			
		the supported organization			i majority c	of the aired	tors or truste	es of the st	ipporting
L		organization. You must c			lion with it		d arganizatio	n(a) hy hay	ina
b		Type II. A supporting organization							
		control or management or			ame perso	ns that co	Introl of Inaria	ge the supp	Joned
с		organization(s). You mus	-		in connoc	tion with	and functional	lly intograte	d with
C		its supported organization	• •					ily integrate	
d		Type III non-functionally				-		ted organiz	ration(s)
u		that is not functionally int						-	
		requirement (see instructi			-		-		61633
е		Check this box if the orga						II. Type III	
č	L	functionally integrated, or					rype i, rype	n, rype m	
f	Ente	er the number of supported of	51	hany integrated capportin	ng organiz				
		vide the following information	•	d organization(s).					
	(i) Name of supported (ii) EIN (iii) Type of organization is to granization listed (v) Amount of monetary (vi) Amount of other							(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tatat									
Total	or P	Paperwork Reduction Act N	latica see the last	uctions for Form 990 or	990 57	120001 01	04.22	Saha	dule A (Form 990) 2021
		aper work neurolion ACLN		actions for Forth 330 0	330-EZ.	132021 01-	04-22	ache	uuit A (I UIIII 33U) 2U2 I

Schedule	A (Form 99	90) 202
Part II	Supp	ort Sc

CAMP WYANDOT INC.

31	-4379	434	Page 2
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
-	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4			(0) 2010	(4) 2020		
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
٩	Net income from unrelated business						
Ŭ	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.)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
	First 5 years. If the Form 990 is for th			fourth or fifth tax y			
10	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2020. If the o		•				
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						or more.
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	vinte organiz	
h	10% -facts-and-circumstances test	-		• • • •	-		10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization				••••		
				,,, 0, 170	,		

Schedule A (Form 990) 2021

132022 01-04-22

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.)

Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2019 (d) 2020 (a) 2017 (b) 2018 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 134,542 114,231. 113,359. 184,623. 209,765. 756,520. 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 254,720. 264,874. 169,863. 298,080. 209,786. 1197323. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the 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 354,486. 507,845. 344,328. 368,951. 378,233. 1953843. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 6,000. 15,000. 10,000 42,000. 11,000. 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 11,000. 6,000. 15,000. 10,000. 42 000 1911843 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 344,328. 368,951. 378,233. 507,845 354,486. 1953843. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 900. 450. 68. 1,418. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 900. 450 68. 1,418. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 32,755. 20,106. 26. 52,887. assets (Explain in Part VI.) 344,328. 368,951. 399,239. 387,691. 939. 2008148. 507, 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 95.20 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 93.88 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .07 17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f)) % 17 .07 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. 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 - 2020. 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 gualifies 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) 2021 132023 01-04-22 16

16441115 786250 WYANDOT

CAMP WYANDOT INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A	(Form 990) 2021	CAMP	WYANDOT	INC
Part IV	Supporting (rganizations (continued)	

2

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

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

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

SUDEIVISEU			u uluanization.	
Section C. Ty	pe II Supp	orting Org	anizations	

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

 1
 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 managed

 1
 1

Section D	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

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

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

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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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

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

3b | | Schedule A (Form 990) 2021

2a

2b

3a

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2021.05000 CAMP WYANDOT INC.

Yes No

Гd	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1 a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		Type III supporting orga	

CAMP WYANDOT INC.

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Sche	dule A (Form 990) 2021 CAMP WYANDOT			3	1-4379434	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)		
Secti	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer	npt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
_3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	;	3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
-	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
-	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
-						

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	CAMP	WYANDOT	INC.			31-437943	4 Page 8
Part VI	Supplemental In Part IV, Section A, lin line 1; Part IV, Sectio	es 1, 2, 3b, 3c, n D, lines 2 and	4b, 4c, 5a, 6, 9a 3; Part IV, Sect	a, 9b, 9c, 11; ion E, lines 1	a, 11b, and 110 c, 2a, 2b, 3a, a	c; Part IV, Section B and 3b; Part V, line ⁻	e 17a or 17b; Part III, line 12; 8, lines 1 and 2; Part IV, Sect 1; Part V, Section B, line 1e; additional information.	on C,
	(See instructions.)	and 0, and Fan	v, Section E, in	165 2, 3, and	o. Also compl	ete this part for any		
	_						0-1-1-1-4/5	- 000\ 000
132028 01-04-2	z			23	1		Schedule A (Forr	n 990) 202 [.]

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

2021

Employer identification number

31-4379434

CAMP	WYANDOT	INC
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Filers of:	Section:
Form 990 or 990-EZ	\fbox 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), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2021)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u> 1</u>		\$46,270.	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		
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c) Total contributions	(d)		
<u>No.</u>	Name, address, and ZIP + 4	\$52,000.	Type of contribution Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4_		\$17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
123452 11-11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

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23 2021.05000 CAMP WYANDOT INC.

Schedule	B (Form	990)	(2021)

CAMP WYANDOT INC.

Name of organization

Employer identification number

31-4379434

16441115 786250 WYANDOT

Noncash Property (see instructions). Use duplicate copies of Part	· · · · · · · · · · · · · · · · · · ·	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
	Description of noncash property given (b) Description of noncash property given	(b) FMV (or estimate) (See instructions.)

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Schedule B (Form 990) (2021)

WYANDOT1

Page 3

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CAMP WYANDOT INC.

Name of organization

Name of or	rganization		Employer identification number
AMP V	WYANDOT INC.		31-4379434
Part III		a) through (e) and the following line entricharitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No.	Use duplicate copies of Part III II additiona	space is needed.	
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	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
123454 11-11-	-21	25	Schedule B (Form 990) (202

SCI	HEDULE D	Supplementa	al Financial Statements		OMB No.	1545-00)47
(Forn	n 990)		anization answered "Yes" on Form 990,		20	21	
Departi	nent of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.			to Pub	lic
Internal	Revenue Service		90 for instructions and the latest information		Inspe		
Nam	e of the organizati	on CAMP WYANDOT INC.			ridentificat 31-4379		
Par	t I Organiza		d Funds or Other Similar Funds or A				
		n answered "Yes" on Form 990, Part IV, lin				uio	
	-		(a) Donor advised funds	(b) Funds ar	d other acc	ounts	
1	Total number at er	nd of year					
2		f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4	Aggregate value a	t end of year					
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advised fu	nds			_
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes		No
6	•	•	dvisors in writing that grant funds can be used	2			
			r donor advisor, or for any other purpose confe	•	—		٦
Par	impermissible priv		ganization answered "Yes" on Form 990, Part I		Yes		No
				v, line 7.			
1		servation easements held by the organization of land for public use (for example, recrea	· · · ·	torically impo	rtant land a	~~~	
		of natural habitat	tion or education) Preservation of a his			ea	
		n of open space			Siluciule		
2			ied conservation contribution in the form of a c	onservation e	asement on	the las	st
-	day of the tax year	. .			at the End of		
а	Total number of co	onservation easements		2a			
b	Total acreage rest						
с	Number of conser		ucture included in (a)				
d	Number of conser	vation easements included in (c) acquired a	after 7/25/06, and not on a historic structure				
	listed in the Nation	nal Register		2d			
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	nization durin	g the tax		
	year 🕨						
4		where property subject to conservation eas					
5		tion have a written policy regarding the per					٦
~	•	orcement of the conservation easements it	holds? handling of violations, and enforcing conservat				No
6		r nours devoted to monitoring, inspecting,	narioning of violations, and enforcing conservat	ion easement	s during the	year	
7	Amount of expens	es incurred in monitoring inspecting hand	lling of violations, and enforcing conservation e	acomonte dui	ing the year		
•	► \$	is incurred in morntoning, inspecting, hand			ing the year		
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(l	3)(i)			
-		1 ()		707	Yes		No
9			on easements in its revenue and expense state				_
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's financial statements t	hat describes	the		
		ounting for conservation easements.					
Par		-	Art, Historical Treasures, or Other	Similar As	sets.		
	Complete it	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	•		8, not to report in its revenue statement and ba				
	,	, , , , , , , , , , , , , , , , , , , ,	blic exhibition, education, or research in further	ance of public	;		
	· •		ncial statements that describes these items.		(
b	-		8, to report in its revenue statement and balan				
			exhibition, education, or research in furtherand	ce of public se	ervice,		
	-	ing amounts relating to these items:		•			
				N A			
2	.,		asures, or other similar assets for financial gain				
-		unts required to be reported under FASB A		, 2, 3, 100			
а	-			▶ \$			
		eduction Act Notice, see the Instructions			dule D (For	m 990)) 2021
132051	10-28-21					-	

		ANDOT INC.						31-43	7943	4 Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	rical Tre	asures, or	[•] Other	r Similaı	⁻ Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	ny of the f	ollowing that	make si	gnificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	I 🔄 La	oan or exc	hange progra	ım					
b	Scholarly research	e	• 🗌 o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they	/ further th	e organizatio	n's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o					r similar	assets		-		-
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the c	organizatio	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi								-		7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	ole:					-		
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on Fo								Yes		1
							ity?	∟] Yes		No ∣
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										_
		(a) Current year		or year	(c) Two year		(d) Three y	ears back	(e) Fou	vears	hack
10	Beginning of year balance	(4) 000	(~) · · ·	er jeu.	(0)	o suon	()		(0) ! 0	Jouro	Juon
	Contributions										
c c	Net investment earnings, gains, and losses										
о Ь	Grants or scholarships										
	Other expenditures for facilities										
č	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a.	column (a)) held as:	I					
	Board designated or quasi-endowment		%	с с і а.і.і. (а.))						
	Permanent endowment										
		<u></u> /-									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	-	ation that a	are held ar	d administer	ed for th	e organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV, I	ine 11a. S	ee Form 990,	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		basis	or other (other)	• • •	ccumulate preciation	d	(d) Boo		
1a	Land				4,821.					4,82	
	Buildings			56	7,240.		322,5'	71.	24	4,60	59.
с	Leasehold improvements										
d	Equipment				0,197.		38,6	50.		1,54	
e	Other			1	9,119.					9,11	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column	(B), line 1	0c.)		<u></u>		29	0,15	56.
								<u> </u>	- /-		

Schedule D (Form 990) 2021

16441115 786250 WYANDOT

Devit V/II		Other Cee		
Schedule D	(Form 990) 2021	CAMP	WYANDOT	INC

Complete if the organization answered "Yes	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.	•		
Complete if the organization answered "Yes	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	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			- 1
) Description	(b) Book va	aiue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	ne 15.)		
Complete if the organization answered "Yes	" on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of lightlike		(b) Book va	alue
(1) Federal income taxes			
(1) Federal income taxes (2)			
(2)			
(4)			
(4)			
(6)			
(7)			
(8)			
(9)			
T otal. (Column (b) must equal Form 990, Part X, col. (B) lii			

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

Schedule D (Form 990) 2021

132053 10-28-21

X

	dule D (Form 990) 2021 CAMP WYANDOT INC.			79434 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta		ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	503,561.
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			503,561.
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		
			4c	0.
	Add lines 4a and 4b		·····	
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2)		503,561.
с 5		2)		503,561.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.) tatements With Expen		
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St	2.) tatements With Expen ine 12a.	ses per Return.	503,561.
с 5 Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I	2.) tatements With Expen ine 12a.	ses per Return.	
с 5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements	2.) tatements With Expen ine 12a.	ses per Return.	
c 5 Pa 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 St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2.) tatements With Expen ine 12a.	ses per Return.	
c 5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I 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	2) tatements With Expen ine 12a. 2a 2b	ses per Return.	
c 5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial SI Complete if the organization answered "Yes" on Form 990, Part IV, I 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	2.) tatements With Expen ine 12a. 2a 2b 2c	ses per Return.	
c 5 Pa 1 2 a 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 St Complete if the organization answered "Yes" on Form 990, Part IV, I 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	2.) tatements With Expen ine 12a. 2a 2b 2c 2c 2d	5 ses per Return.	451,071.
c 5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I 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	2.) tatements With Expen ine 12a. 2a 2b 2b 2c 2c 2d	5 ses per Return. 1 2e	451,071.
c 5 Pa 1 2 a b c d e	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 St Complete if the organization answered "Yes" on Form 990, Part IV, I 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.)	2.) tatements With Expen ine 12a. 2a 2b 2b 2c 2c 2d	5 ses per Return. 1 2e	451,071.
c 5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12 t XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I 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	2.) tatements With Expen ine 12a. 2a 2b 2c 2d	5 ses per Return. 1 2e	451,071.
c 5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial SI Complete if the organization answered "Yes" on Form 990, Part IV, I 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:	2.) tatements With Expen ine 12a. 2a 2b 2c 2d 2d	5 ses per Return. 1 2e	451,071.
c 5 Pa 1 2 a b c d e 3 4	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 St Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other losses Other statements 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	2.) tatements With Expen ine 12a. 2a 2b 2c 2c 2d 2d 4a 4b	5 ses per Return. 1 2e 3	451,071. 0. 451,071. 0.
c 5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I 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.)	2.) tatements With Expen ine 12a. 2a 2b 2c 2c 2d 2d 4a 4b	5 ses per Return. 1 2e 3 3	451,071. 0. 451,071.

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
132054 10-28-21 Schedule D (Form 990) 2021

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Schedule D (Form 990) 2	021 CAMP	WYANDOT INC.			31-43794	134 Page 5
Part XIII Supplem	ental Information (continued)				
THE TAX-EXEMI	PT STATUS OF	CAMP WYANDOT	INC. AND	VARIOUS	POSITIONS RELA	ATED
TO THE POTENT	TIAL SOURCES	OF UNRELATED	BUSINESS	TAXABLE	INCOME (UBIT).	THE
TAX BENEFITS	RECOGNIZED I	N THE FINANC	IAL STATE	MENTS FRO	M SUCH A POSIT	TION
ARE MEASURED	BASED ON THE	LARGEST BEN	EFIT THAT	HAS A GF	REATER THAN 508	\$
LIKELIHOOD OH	F BEING REALI	ZED UPON ULT	IMATE SET	FLEMENT.	THERE WERE NO)
UNRECOGNIZED	TAX BENEFITS	IDENTIFIED	OR RECORDI	ED AS LIA	ABILITIES FOR 7	THE
FISCAL YEAR H	ENDING DECEMB	ER 31. 2021	AND 2020.			

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, 2018.

132055 10-28-21

SCHEDULE O (Form 990)

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



31-4379434

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) 2021

 132211
 11-11-21
 21

31

Name of the organization CAMP WYANDOT INC.								Employer ider 31-43	ntification numb	
DISSOLVE	CORE	PROGRAMS	(OVERNIGHT	CAMP,	DAY	CAMP,	GROUP	PRC	GRAMS).	

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

BEFORE FILING, WE PROVIDED A COPY OF FORM 990 TO OUR TREASURER, EXECUTIVE

DIRECTOR AND BOARD CHAIR.

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

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.

132212 11-11-21