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Department of the Treasury

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.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990 A For the 2014 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Address change CAMP FIRE MINNESOTA X Name change 41-0706116 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/surte E Telephone number Final return/ 4829 MINNETONKA BOULEVARD 202 612-235-7284 2,109,806. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende ST. LOUIS PARK, MN 55416 H(a) Is this a group return Applica-F Name and address of principal officer: MARNIE K. Yes X No for subordinates? pending SAME AS C ABOVE ا Yes لا No H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.CAMPFIREMN.ORG H(c) Group exemption number ▶ K Form of organization; X Corporation Trust Association Other -Year of formation: 1924 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE OPPORTUNITY FOR YOUTH TO REALIZE THEIR POTENTIAL AND TO BE CARING, CONFIDENT INDIVIDUALS. Check this box Lift the organization discontinued its operations or disposed of more than 25% of its net assets 16 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) $\overline{143}$ Total number of individuals employed in calendar year 2014 (Part V, line 2a) 565 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 1,517,743. 1,328,335. Contributions and grants (Part VIII, line 1h) SCANNEL 641,870. 598,439. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 35,707. 35,318. 47,381. -3,185. 2,009,473. 12 Total revenue - add lines 8 through 11 (must equal art VIII, column (A), line 12) 2,192,135. 13 Grants and similar amounts paid (Part M. Slumn (A), lines 1-3)

14 Benefits paid to Offer members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee panefits (Part IX, column (A), lines 5-10) 100,039. 78,764. 0. 832,238. 946,210. 16a Professional fundraising lees Part X column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 611,605. 604,394. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 543,882. 1,629,368. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 648,253. 380,105. 19 Revenue less expenses. Subtract line 18 from line 12 or Ses **Beginning of Current Year End of Year** 3,087,112. 20 Total assets (Part X, line 16) 3,476,413. 109,152. 128,422. 21 Total liabilities (Part X, line 26) 2,977,960. 22 Net assets or fund balances. Subtract line 21 from line 20 3,347,991 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign MARNIE K. WELLS, CEO Here Type or print name and title Print/Type preparer's name Preparer's signature 4-29-Kachel Paid RACHEL FLANDERS P01591790 Firm's name CLIFTONLARSONALLEN LLP Preparer 41-0746749 Firm's EIN Firm's address 220 SOUTH SIXTH STREET, Use Only SUITE 300

X Yes No Form 990 (2014)

Phone no. 612-376-4500

May the IRS discuss this return with the preparer shown above? (see instructions)

MINNEAPOLIS, MN 55402

Form	990 (2014) CAMP FIRE MINNESOTA	41-0706116	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:	C DEODIE MAN	
	CAMP FIRE MINNESOTA'S (CAMP FIRE) PROMISE STATES, "YOUN	G PEOPLE WAT	7
	TO SHAPE THE WORLD. CAMP FIRE PROVIDES THE OPPORTUNITY		
	FIND THEIR SPARK, LIFT THEIR VOICE, AND DISCOVER WHO TH	EY ARE. AT (CAMP
	FIRE, IT BEGINS NOW. LIGHT THE FIRE WITHIN."		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.	•	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, as	managered by avanage	_
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses,	, and
	revenue, if any, for each program service reported.	<u> </u>	7.67
4a	(Code) (Expenses \$ 666 , 394 . including grants of \$ 78 , 764 .) (Rever	rue \$	<u>,767.</u>)
	OUTDOOR PROGRAM		
	CAMP FIRE'S OUTDOOR PROGRAMS INCLUDE DAY AND OVERNIGHT		
	CAMP TANADOONA IN CHANHASSEN, NORTHWOODS TRIPS TO CAMP		1 THE
	CHIPPEWA NATIONAL FOREST, AS WELL AS YEAR-ROUND CLUB TO		
	TRIPS FOR CLUB PARTICIPANTS. AT CAMP, YOUTH AND TEENS "	LIGHT THE SI	PARK
	WITHIN" THROUGH PROGRESSIVE, HANDS-ON ENVIRONMENTAL EDU		
	ACTIVITIES THAT FOSTER CONFIDENCE AND SKILL-BUILDING.		
		· · · · · · · · · · · · · · · · · · ·	
			
	F01 414		672
4b	(Code) (Expenses \$ 581,414 · including grants of \$ 0 ·) (Rever	iue \$69 /	<u>,672.</u>)
	YOUTH CLUBS & TEENS IN ACTION CLUBS	MEDAG LITMIT	
	CAMP FIRE'S OUT-OF-SCHOOL TIME CLUBS PROVIDE YOUTH AND		
	OPPORTUNITIES TO BUILD ACADEMIC, SOCIAL AND LEADERSHIP		
	PREPARE THEM FOR SUCCESS IN SCHOOL AND LIFE. YOUTH RECE		
	LITERACY SUPPORT, PARTICIPATE IN HANDS-ON LEARNING, LEA		
	THE ENVIRONMENT, AND PREPARE FOR THEIR FUTURE. OUR CLUB		
	YEAR-ROUND IN AFFORDABLE HOUSING COMMUNITIES AND ARE FR		IES.
	OUR PROGRAMS ARE RESEARCH-BASED AND DESIGNED TO HELP YO	UTH.	
		- · -	
4c	(Code) (Expenses \$ including grants of \$) (Rever	nue \$	<u> </u>
		•	
			
			
			
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1,247,808.		
		F (990 (2014)

11-07-14

		1-0706116	Р	age
Pai	t IV Checklist of Required Schedules	· · · · · · · · · · · · · · · · · · ·	T.,	T
	1. 11		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		_v	
_	If "Yes," complete Schedule A	····· 1 -	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	··. 2	 ^	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candida		1	x
_	public office? If "Yes," complete Schedule C, Part I	. 3	-	_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election of the control of the		1	
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessment	1		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the ri	- 1		₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule	e D, Part I 6	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		_v ,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," compless Schedule D, Part III	ere 8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodial	ın for		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation service	ces?		
	If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, pe	ermanent		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, I	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 Sched	dule D,		
	Part VI	11a	X	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its tol	tal		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its to	otal		
	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	ed in		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	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 address	es		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	. 12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, but	siness,		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$1	00,000		
	or more? If "Yes," complete Schedule F, Parts I and IV	. 14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	у		
	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	to		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII	I, lines		
	1c and 8a? If "Yes," complete Schedule G, Part II	. 18	X	L_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>	1	

Form 990 (2014)

X

complete Schedule G, Part III

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Part IV	Checklist of	Required	Schedules (continued)
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21 but 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 27 if "Pies," complete Schedule J. Parts 1 and II 22 bit the organization apport more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Pies," complete Schedule J. Parts II and III 22 bit the organization answer "Yes" to Part VII, Section A. Ine 3, 4, or 5 about compensation of the organization accurrent and former officers, directors, trustees, key employees, and highest compensation of more than \$100,000 as of the bast day of the year, that was issued after December 31, 2002? If "Yes," inswer lines 24th through 24d and complete Schedule K. If "No!, yo to line 25a 24b b. Did the organization inwate vary proceeds of tax-exempt bonds beyond a temporary period exception? 24d b. Did the organization inwate vary proceeds of tax-exempt bonds beyond a temporary period exception? 25d b. Did the organization inwate vary proceeds of tax-exempt bonds beyond a temporary period exception? 25d b. Did the organization marks and are account offer than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25d b. Did the organization marks and are account offer than a refunding escrow at any time during the year? 25d b. Is the organization aware that the angaged in an excess benefit transaction with a desqualified person during the year? If "Yes, complete Schedule L, Part II b. Is the organization aware that the angaged in an excess benefit transaction with a desqualified person of any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former office, directors, trustee, key employees, or disqualified person in a prior year, and that the transaction shall one of particular provide a grant or or other assistance to an orficer, director, trustee, key employees, or disqualified person in a prior year, and that the transaction shall provide a grant or or				Yes	No
2 \(\text{2} 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 2 \(\text{Dt 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 Schedule Is the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", got to line 25a 2 \(\text{Dt the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 \(\text{Dt the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 2 \(\text{Dt the organization maintain an escrow account other than a refunding escrow at any time during the year? 2 \(\text{Dt the organization maintain an escrow account other than a refunding escrow at any time during the year? 2 \(\text{Dt the organization maintain an escrow account other than a refunding escrow at any time during the year? 2 \(\text{Dt the organization maintain an escrow account other than a refunding escrow at any time during the year? 2 \(\text{Dt the organization maintain an escrow account other than a refunding escrow at any time during the year? 2 \(\text{Dt the organization maintain an escrow account other than a refunding escrow at any time during the year? 2 \(\text{Dt the organization maintain an escrow account other than a refunding escrow at any time during the year? 2 \(\text{Dt the organization maintain an escrow account other than a refunding escrow at any time during the year. 2 \(\text{Dt the organization maintain an escrow account other and the organization escribe person of the organization than a secres benefit transaction and the organization and account at escretion of the organization organ and accou	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27 II "Yes," complete Schedule I, Parts I and III 2 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, fusteses, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and 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 II" "Mo", go to line 25s bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? city If "Mo", go to line 25s bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? city If "Mo", go to line 25s bid the organization and an account other than a refunding escrow at any time during the year of defease any tax-exempt bonds? did the organization and an account other than a refunding escrow at any time during the year? 24d 24d 24d 24d 24d 24d 24d 24		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
23 Did the organization answer "Yes" to Part VII, Section A, Ine 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 X 24a Did the organization have a tax-exempt bond seue 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 25s 24s X Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 1 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 2 Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25s X 25s X 15s do (16)(3), and 501(6)(39) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25s X 25s X 25s do (16)(3), and 501(6)(39) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of any organization and that the transaction has not been reported on any of the organization 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 25b	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax exempt bond saue 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 I" No.", go to line 25s 24b Z 5b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Z 5b Dd the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? 24b Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Z 5b Section 501(28), 501(24), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 1 "Yes," complete Schedule L, Part I b 1s the organization ware that it engaged in an excess benefit transaction with a disqualified person during the year? 1" Yes," complete Schedule L, Part I b 1s the organization ware 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-E2? If "Yes," complete Schedule L, Part I b 1s the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions or any patched filing thresholds, conditions, and exceptions or any patched filing thresholds, conditions, and exceptions? a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions? b A family member of a current or former officer, directo		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
Schedule J 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 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds outstanding at any time during the year? 25c Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25c Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25c Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization with a disqualified person in a prior year, and that the transaction has not bene reported on any of the organizations prior forms 990 or 990-271 "Yes," complete Schedule L, Part II 25d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25d Did the organization provide a grant or other assistance to an officer, director, frustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 25d A animity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25d A remember of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K I"No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any are second control to the any are transaction with a disqualified person and so that the results of the organization and the second of the organization with a disqualified person during the year? 24d 25a Section 501(e/3), 501(e/3), 501(e/3), 501(e/3) organizations. Did the organization engage 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 26c Did the organization report any amount on Part X, Ine 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part III 25b X 27d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, agrant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 25a X 28d X X X X X X X X X		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		!	
as t 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 b Did the organization maintain an escrive account other than a refunding escrew at any time during the year to defease any tax-evempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization are 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 in poor Forms 990 or 90-E27 if "Yes," complete Schedule L, Part I 25b X		Schedule J	23		Х
Schedule K If *No*, go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d 25d 25d 25d 25d 25d 25d 25	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ł		
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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30	~		\vdash	₩	
contributions? If "Yes," complete Schedule M 30		•	29		
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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, Iine 2 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, Iine 2 To 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, Iines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X	30	- · · · · · · · · · · · · · · · · · · ·			v
If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32	24		30	-	Α_
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Schedule N, Part II 32	32		-31		
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Note. All Form 990 filers are required to complete Schedule O	38				
Form 990 (2014)			38	X	
			Form	990 (2014)

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Pai	Charlet & Cabadula Constriant a reserve of material to any the Bat V			
	Check if Schedule O contains a response or note to any line in this Part V	 ,		<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 /		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 143			
L	· · · · · · · · · · · · · · · · · · ·	1 1	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Λ	
22		20		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3a 3b		A
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
***	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country:	-74		-
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	۳		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. 1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	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			
	Enter the amount of reserves on hand Did the experience any payments for indeer tenning converse during the tay year?	16-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	in 166, has it med at offit 25 to report arese payments; in 146, provide all explanation in deficulty of		990	(2014)
				··/

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 in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16			
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, or 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	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b_		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	• • • • • • • • • • • • • • • • • • • •	12a	Х	
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			
	ın Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		:	
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a wrtten 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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MN	-		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Upon request Capital In Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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.			
	LAURA WENDLE - 612-235-7284 4829 MINNETONKA BOULEVARD, NO. 202, ST LOUIS PARK, MN 55416			_
	4043 MINNETUNAA DUULEVAAD, NU. 404, ST LUULS PARA, MN 33410			

<u> Page</u> **7**

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)	(B)			(()			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unie	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week	offi	ceran	dad	recto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	, e			ate		organization	(W-2/1099-MISC)	from the
	related	ustea	trusti		8	Super	ŀ	(W-2/1099-MISC)		organization and related
	organizations below	la E	lional		yoldr	5 e	_			organizations
	line)	Individual trustes or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organization 6
(1) BETH SMITS	1.00	=	_	_	_	-	Ť	-		
PRESIDENT	0.00	X		Х				0.	0.	0
(2) JADE JOHNSON	1.00									
VICE PRESIDENT	0.00	X		Х				0.	0.	0
(3) DANA OLSEN	1.00								<u>.</u> ,	
SECRETARY	0.00	X		Х				0.	0.	0
(4) TERESA MCALPINE	1.00									
TREASURER	0.00	Х		Х				0.	0.	0
(5) PATTY ANDERSON	1.00									
BOARD MEMBER	0.00	Х			L.,			0.	0.	0
(6) YONI BINUS	1.00]	l						_	_
BOARD MEMBER	0.00	X	L				<u> </u>	0.	0.	0
(7) TOBY BISHOP	1.00	l								
BOARD MEMBER	0.00	X	<u> </u>				<u> </u>	0.	0.	0
(8) CRAIG FOX	1.00	l								
BOARD MEMBER		X	L			_	_	0.	0.	0
(9) DARREN HARBAUGH	1.00	١		ĺ						_
BOARD MEMBER	0.00	X	<u> </u>	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	<u> </u>		<u>_</u>	0.	0.	0
(10) MICHAEL HAYMAN	1.00	Į			Ì				_	
BOARD MEMBER	0.00	X	<u> </u>	<u> </u>	L	L	L_	0.	0.	0
(11) DAVID KORDONOWY	1.00	ļ	l		1				_	_
BOARD MEMBER		X	匚	_	<u> </u>	<u> </u>	<u> </u>	0.	0.	0
(12) ANDREW MILLER	1.00	l_]	1			l			
BOARD MEMBER	0.00	X	L	L.,	L.			0.	0.	0
(13) SUZANNE OURADA	1.00							1	_	_
BOARD MEMBER	0.00	X		L	L	L		0.	0.	0
(14) JOE RAMAKER	1.00]	1				l		_	
BOARD MEMBER	0.00	X	$ldsymbol{ld}}}}}}$	<u> </u>	<u> </u>		L	0.	0.	0
(15) SANDY SCHLAPGE	1.00	1						_	_	
BOARD MEMBER (ENDED JANUARY 2014)		X				匚		0.	0.	0
(16) JASON STAUFFENECKER	1.00	1_			l			_	_	
BOARD MEMBER	0.00	X	$oldsymbol{oldsymbol{oldsymbol{eta}}}$	<u> </u>	L	ᆫ	L	0.	0.	0
(17) STEPANIE TUCKER	1.00	 							_	_
BOARD MEMBER	0.00	X						0.	_0.	Form 990 (201

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) (B) (C) (D)								(E)			(F)			
	Name and title	Average	(do	not c	Pos heck	rtion more	than	one	Reportable	Reportable		Estimated		
		hours per week		, unle cer an						compensation		ar	nount	
		(list any	⊢	Π		<u> </u>	П	Γ	from the	from related organization		 	other pens	
		hours for	direct				, E		1	(W-2/1099-MIS			rom th	
		related	tee or	trustee			ensate		(W-2/1099-MISC)	`	•		janiza	
		organizations	al trus	nal t		loyee	ğ e					i	d rela	
		below line)	Individual trustee or director	Institutional t	Officer	Кеу етріоуев	Highest compensated employee	Ē				org	anızat	ions
/18)	MARNIE K. WELLS	40.00	Ē	드	101	S.	포동	윤						
CEO	MARGIE R. WEDUS	3.00			X				109,032.		0.	ŀ	Q 1	42.
	LAURA WENDLE	40.00	┢	├	<u> </u>		┢╾	┢─	105,052.		<u> </u>		J, 1	. 4 2 6
CFO		3.00			х		l		56,405.		0.		5.7	89.
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	Sub-total							▶	165,437.		0.	1	<i>A</i> Q	31.
	Total from continuation sheets to Part V					-			0.		0.		+ ,,	0.
	Total (add lines 1b and 1c)						•		165,437.		0. 14,931			
	Total number of individuals (including but in				ed al	oove	e) wt	no re		.000 of reportab	le			
	compensation from the organization						,			, ,	_			1
													Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or!	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch ındıvıdual										3		Х
4	For any individual listed on line 1a, is the su			•					•	the organization				
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	•						elat	ted organization or indivi	dual for services				۱
Soci	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Scheduk	e J f	or su	ich	pers	son	<u></u>	· · · · · · · · · · · · · · · · · · ·		-	5	<u> </u>	X
		mannatad in	1000	da			ro ot o		that received more than	\$100,000 of som		-41	·	
1	Complete this table for your five highest co the organization. Report compensation for										pens	ation	rom	
	(A)	u ie caleridai y	cai	CITAL	ig v	nu i	<u> </u>	1	(B)	real.		((3)	
	Name and business	address	NO	ONE	3				Description of s	ervices	С	ompe		חמ
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								Ī						
								_						
								4						
										i				
								4	<u></u>					
								-		1				
2	Total number of independent contractors (i	ncluding but n	ot I	mite	d to	the	sa Ire		l above) who received m	ore than				
-	\$100,000 of compensation from the organi		J. 18			u 10.		,1 0 U	a above, who received it	iore urait				

82,699. Form 990 (2014)

2,988.

2,988

2,988.

598,439

2,009,473.

Miscellaneous Revenue 11 a MISCELLANEOUS REVENUE

d All other revenue

Total, Add lines 11a-11d

Total revenue. See instructions

Business Code

900099

	Check if Schedule O contains a respons	se or note to any line in			<u>//</u>
	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		' <u> </u>		
2	Grants and other assistance to domestic				
	ındividuals See Part IV, line 22	78,764.	78,764.		
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			<u> </u>	
5	Compensation of current officers, directors,	183,056.	14,448.	110,754.	E7 0E4
_	trustees, and key employees	103,030	14,440.	110,754.	57,854.
6	Compensation not included above, to disqualified	14			
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	651,806.	592,863.	4,240.	54,703.
7 8	Pension plan accruals and contributions (include	031,000.	332,003.	1,210.	34,703.
٥	section 401(k) and 403(b) employer contributions)	14,600.		14,600.	
9	Other employee benefits	36,965.	29,895.	1,440.	5,630.
10	Payroll taxes	59,783.	46,358.	8,123.	5,302.
11	Fees for services (non-employees):		20,000		3,0020
	' ' '				
b	· · · · · · · · · · · · · · · · ·	8,712.		8,712.	
c	Accounting	9,726.	8,267.	1,459.	····
d	Lobbying	· · · · · · · · · · · · · · · · · · ·			 .
е					
f	[
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	47,731.	11,730.	35,725.	276.
12	Advertising and promotion	25,392.	21,754.	2,814.	824.
13	Office expenses	29,328.	20,965.	4,958.	3,405.
14	Information technology				
15	Royalties				
16	Occupancy	74,675.	54,259.	10,208.	10,208.
17	Travel	30,984.	26,741.	2,719.	1,524.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,355.	10 360	1,355.	
21	Payments to affiliates	52,953.	42,362.	10,591.	4
22	Depreciation, depletion, and amortization	70,727.	63,655.	5,530.	1,542.
23	Insurance	42,757.	35,605.	4,010.	3,142.
24	Other expenses. Itemze expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DROODAN GUDDUTEG	100,778.	100,778.	0.	0.
b	DEDATED AND MATAMENTANCE	46,174.	46,174.	0.	0.
c	DECRUTATIO CON ER	39,501.	39,501.	0.	0.
d	TTODUCTO NUMBERON	9,249.	8,474.	120.	655.
	All other expenses	14,352.	5,215.	8,419.	718.
25	Total functional expenses. Add lines 1 through 24e	1,629,368.	1,247,808.	235,777.	145,783.
26	Joint costs. Complete this line only if the organization	· · · · · ·			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)			}	

Form 990 (2014)
Part X | Balance Sheet

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	937,903.	1	733,092
	2	Savings and temporary cash investments		2	
ı	3	Pledges and grants receivable, net	463,247.	3	276,777
	4	Accounts receivable, net	20,776.	4	26,730
	5	Loans and other receivables from current and former officers, directors,			
ŀ		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
يو		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
۲ĕ	8	Inventones for sale or use	6,191.	8	5,920
	9	Prepaid expenses and deferred charges	20,220.	9	28,112
		Land, buildings, and equipment: cost or other	•		
ļ		basis. Complete Part VI of Schedule D 10a 2,458,868.			
	b	Less. accumulated depreciation 10b 897,316.	784,471.	10c	1,561,552
	11	Investments - publicly traded securities		11	
1	12	Investments - other securities. See Part IV, line 11	854,304.	12	844,230
Į	13	Investments - program-related. See Part IV, line 11		13	_
	14	Intangible assets		14	-
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,087,112.	16	3,476,413
	17	Accounts payable and accrued expenses	69,030.	17	88,568
	18	Grants payable		18	
	19	Deferred revenue	21,610.	19	26,514
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
<u>a</u>		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
1	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	18,512.	25	13,340
	26	Total liabilities. Add lines 17 through 25	109,152.	26	128,422
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es G		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	727,498.	27	1,017,610
Bai	28	Temporarily restricted net assets	1,396,158.	28	1,486,151
힏	29	Permanently restricted net assets	854,304.	29	844,230
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
ğ		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Age	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ę	32	Retained earnings, endowment, accumulated income, or other funds	0 000 000	32	2 245 65
	22	Total net assets or fund balances	2,977,960.	33	3,347,991
_	33 34	Total liabilities and net assets/fund balances	3,087,112.	34	3,476,413

Form	990 (2014) CAMP FIRE MINNESOTA	_41-	070611	L 6	Pag	e 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			[X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			, 47	
2	Total expenses (must equal Part IX, column (A), line 25)	2			, 36	
3	Revenue less expenses. Subtract line 2 from line 1	3				05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,9	<u> 77</u>	<u>,96</u>	50.
5	Net unrealized gains (losses) on investments	5	<u></u>		_	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-10	,07	14.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	3,3	347	,99	<u>}1.</u>
Pa	rt XIII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			l	<u></u>
				Y	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		Т		
	separate basis, consolidated basis, or both:				1	
	Separate basis Consolidated basis Both consolidated and separate basis				İ	
b	Were the organization's financial statements audited by an independent accountant?		2	ь	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		П		
	consolidated basis, or both:		- 1			
	Separate basis		,			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	c :	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	. [Т		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Su	ngle Aud	dit			
	Act and OMB Circular A-133?		. 3	la	ļ	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired auc	int	Т		-
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	- .	з	ь		
			Fo	m 9	90 (2	2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number CAMP FIRE MINNESOTA 41-0706116 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of fisted in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 CAMP FIRE MINNESOTA 41-0706116 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					ľ	
	include any "unusual grants.")	271,718.	1,020,546.	1,340,153.	1,517,743.	1,328,335.	5,478,495.
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			1			
	the organization without charge			l			
4	Total. Add lines 1 through 3	271,718.	1,020,546.	1,340,153.	1,517,743.	1,328,335.	5,478,495.
5	The portion of total contributions				_		
	by each person (other than a	}					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			i			
	amount shown on line 11,						
	column (f)			İ			1,374,340.
6	Public support. Subtract line 5 from line 4						4,104,155.
	ction B. Total Support	·					
_	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	271,718.	1,020,546.	1,340,153.	1,517,743.	1,328,335.	5,478,495.
8	Gross income from interest,			<u> </u>			· · · · · · · · · · · · · · · · · · ·
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	16,638.	33,974.	35,236.	35,707.	39,235.	160,790.
9			44,4			7	
J	activities, whether or not the			j			
	business is regularly carned on						
10	Other income. Do not include gain			· ·			. <u>-</u>
10	or loss from the sale of capital	!					
	assets (Explain in Part VI.)	7,552.	7,588.	1,209.	20,381.	2,988.	39,718.
11	Total support. Add lines 7 through 10	7,7332.	7,3001	1,2000	20,3021	2,300.	5,679,003.
12		ete (see instruction	I			12 1	,960,596.
	First five years. If the Form 990 is for	•					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
13	organization, check this box and stop	-	inst, second, unit	u, iodiui, oi illai ta	A year as a section	11 30 1(0)(3)	
Se	ction C. Computation of Publ	ic Support Pe	rcentage			· ·	
_	Public support percentage for 2014 (olumn (fl)		14	72.27 %
	Public support percentage from 2013					15	78.71 %
	33 1/3% support test - 2014. If the						
	stop here. The organization qualifies						►X
F	33 1/3% support test - 2013. If the		-		 line 15 is 33 1/3%		
•	and stop here. The organization qual	•				•	
17:	10% -facts-and-circumstances tes		• • •	• •			or more
.,,	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				•	it vi now the organ	ıızatıorı ⊾ □
	10% -facts-and-circumstances tes	•	•				1004 or
	more, and if the organization meets the	-				•	
	organization meets the "facts-and-cin		•		• •		·
10	Private foundation. If the organization		-		• • • •		: ·【片
18	Fireate roundation. It the organization	ni dia noi check a	LOCA OIT III IE 13, 10	a, 100, 178, 01 170	· · · · · · · · · · · · · · · · · · ·		
					SCHE	edule A (Form 990	G 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
must be under the tests listed below alone complete Det II)

Se	ction A. Public Support	siow, piease com	piete r art ii.)				
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		1	<u> </u>	1 '' '	 ''	
	membership fees received. (Do not						ļ
	include any "unusual grants.")						
2	Gross receipts from admissions,				 	-	
	merchandise sold or services per-						ļ
	formed, or facilities furnished in				ļ		
	any activity that is related to the organization's tax-exempt purpose				1		
2	Gross receipts from activities that				 	 	<u> </u>
3	are not an unrelated trade or bus-						
	iness under section 513					1	
_	· •				<u> </u>	 	
4	Tax revenues levied for the organ-		l				
	ization's benefit and either paid to						
	or expended on its behalf					<u>.</u>	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					<u> </u>	
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and			1			
	3 received from disqualified persons		L	1.			
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		}				
	Add lines 7a and 7b		·			· · · · · ·	
8	Public support (Subtract line 7c from line 6)		<u> </u>	1		1	
	ction B. Total Support		1		'		
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6				1,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7	1	(7 : 5:55)
10	Gross income from interest,						
	dividends, payments received on		1	İ			
	securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income						
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	· · · · · · · · · · · · · · · · · · ·			1	 	 	
	Add lines 10a and 10b				 		
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)					<u> </u>	
	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	l		
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here	- Current De		· · · · · · · · · · · · · · · · · · ·			<u>. • • • • • • • • • • • • • • • • • • •</u>
	ction C. Computation of Publi		.	1 (0)		Tagl	
	Public support percentage for 2014 (lin		•	column (t))		15	%
_	Public support percentage from 2013			<u> </u>		16	%
	ction D. Computation of Inves					T.=1	
						%	
	Investment income percentage from 2	•				18	
198	a 33 1/3% support tests - 2014. If the	•				•	7 is not
	more than 33 1/3%, check this box an	-	-	• •			▶∟
t	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	oorted organization	▶∐
20	D Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

432023 09-17-14

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I, If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A	A. All	Supporting	Orga	nizations

- 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filling 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in part VI.
- c Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)

	Yes	No
ا ا		
1	\vdash	_
]	
2	ĺ	
3a		
3b		-
3с		
"		
4a		
4b		
4c		
50		
5a		
5b		
5c		
6		
7		
8		-
9a		
9b		
ا ہم ا		
9c		
10a		
10b		

- - 			
	-		uctions. Ali
other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
factors (explain in detail in Part VI):	l		
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035	6		
Recovenes of pnor-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
tion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functional	lly-integrate	ed Type III supporting org	anızation (see
instructions).			
	Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must colon A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of secunties Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 Recovenes of pnor-year distributions Minimum Asset Amount (add line 7 to line 6) ion C - Distributable Amount Adjusted net income for pnor year (from Section A, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in pnor year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	Check here if the organization satisfied the Integral Part Test as a qualifying trust on other Type III non-functionally integrated supporting organizations must complete Setion A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 Adjusted Net Income or for management, conservation, or maintenance of property held for production of income (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of other non-exempt-use assets 1 Cotal (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 Recoveries of pnor-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Income tax imposed in pnor year (from Section A, line 8, Column A) 1 Enter greater of line 2 or line 3 Income tax imposed in pno	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See Instruction of the Type III non-functionally integrated supporting organizations must complete Sections A through E. John A - Adjusted Net Income (A) Prior Year Net short-term capital gain 1 Recoveries of prior-year distributions 2 Depreciation income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 John B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of securities 1 Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/296 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 Recovenes of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 John C - Distributable Amount Adjusted net income for prior year (from Section B, line 8, Column A) 1 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 1 Center of line 2 or line 3 1 Lineome tax imposed in prior year (from Section B, line 8, Column A) 1 Center of line 2 or line 3 1 Lineome tax imposed in prior year (from Section B, line 8, Column A) 1 Center of line 2 or line 3 1 Lineome tax imposed in prior year (from Section B, line 8, column A) 1 Center of line 2 or

Schedule A (Form 990 or 990-EZ) 2014

	1 Type in Non-1 anotionally integrated oos	taylo, capporting org	continued)	r
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe		<u>.</u>	
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)		·	
_6	Other distributions (describe in Part VI). See instructions.	-		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which to	he organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		-	
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	on E Blod Button Allocations (See Institutions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
е	From 2013			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
<u>b</u>				
c				
<u>d</u>	Excess from 2013			
<u>e</u>	Excess from 2014			<u> </u>

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 C	CAMP FIRE MINNESOTA	41-0706116 Page 8						
Part VI Supplemental Informa	ation. Provide the explanations required by Part II, line 10; Pa	rt II, line 17a or 17b; and Part III, line 12.						
Also complete this part for a	any additional information. (See instructions).							
SCHEDULE A, PART II,	LINE 10, EXPLANATION FOR OTHER	INCOME:						
MISCELLANEOUS REVENUE								
2010 AMOUNT: \$ 7,55	52.	· · · · · · · · · · · · · · · · · · ·						
2011 AMOUNT: \$ 7,58	88.							
2012 AMOUNT: \$ 1,20	09.							
2013 AMOUNT: \$ 20,3	381.							
2014 AMOUNT: \$ 2,98	88.							
	 							
-								
		· · · · · · · · · · · · · · · · · · ·						
								

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Employer identification number

Nam	e of the organization CAMP FIRE MINNESOTA	Δ	Employer identification number 41-0706116
Pai			
Га			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		(b) Condo and other accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose co	nfernng
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, Part	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str		2c
	Number of conservation easements included in (c) acquired a		
-	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the or	
	year >	, -	g
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		ng the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?	, :(-)(Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	• • • •
•	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	er Similar Assets.
_	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		o o. pasno del vido, provido, in vida vida,
h	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of art, historical
•	treasures, or other similar assets held for public exhibition, ed	•	-
		research in terrender of public	service, provide the following amounts
	relating to these items:		> ¢
	(i) Revenue included in Form 990, Part VIII, line 1		• \$ • \$
^	(ii) Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of art, historical treations following appropriate to be reported under SEAS 1		ain, provide
_	the following amounts required to be reported under SFAS 1	•	. .
a	Association and the Francisco Part V		*
D	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Sche		E MINNESOT							Page 2
Pai	t III Organizations Maintaining Co	ollections of Art	t, Historical Tr	easures, o	r Othe	r Simil	ar Asse	ts(continu	ıed)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items								
	(check all that apply):								
а	Public exhibition	d		hange prograr	ms				
b	Scholarly research	е	U Other						
C	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	how they further the	ne organizatio	n's exer	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit or				r sımilar	assets		_	
	to be sold to raise funds rather than to be ma					•		」 Yes	No_
Pai	t IV Escrow and Custodial Arrang		te if the organization	n answered "\	Yes" to	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia	ın or other intermedi	ary for contribution	s or other ass	ets not	ıncluded	_	٦	
	on Form 990, Part X?			-			느	」Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	owing table:						
						\vdash		Amount	
С	Beginning balance				-	. 1c	_		
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f		1	
	Did the organization include an amount on Fo					rty? .	. 느	∐ Yes	⊢ No
Pai	If "Yes," explain the arrangement in Part XIII (
<u> </u>	t V Endowment Funds. Complete if			(c) Two years			roore book	(-) Four	ones book
4-	Paginnian of war halana	(a) Current year	(b) Prior year 31,632.		,036.	(a) Tillee y	ears back 36,081.	(e) Four y	
1a	Beginning of year balance	6,329.	8,831.		,000.		30,001.		37,942.
b	Contributions	3,079.	1,255.		,559.		-614.	 	
C	Net investment earnings, gains, and losses	3,073.	1,233.		,333.		-014.		
a	Grants or scholarships								
е	·	2,130.	1,747.	6	,963.		3,431.		1,861.
	and programs	949.	-,,-,		,,,,,,		3,431.		
'	End of year balance	46,300.	39,971.	31	632.		32,036.		37,942.
2	Provide the estimated percentage of the curre				,		,	<u> </u>	**,***
a	Board designated or quasi-endowment	.00	%	ij) rield as.					
ь	Permanent endowment 100.00	%							
_	Temporarily restricted endowment	,0 0 %							
Ū	The percentages in lines 2a, 2b, and 2c should								
За	Are there endowment funds not in the possess	•	tion that are held a	nd administer	ed for th	ne organiz	zation		
	by:							Г	es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations						•		x
b	If "Yes" to 3a(ii), are the related organizations	isted as required or	Schedule R?						X
4	Describe in Part XIII the intended uses of the					• • • • • • • • • • • • • • • • • • • •	•		
Pai	t VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered		Part IV, line 11a. S	ee Form 990,	Part X, I	ine 10.			
	Description of property	(a) Cost or oth				cumulate	ed	(d) Book	value
		basis (investm	ent) basis ((other)	dep	reciation		•	
1a	Land			7,413.					,413.
ь	Buildings		1,72	8,838.	4	23,5	02.	1,305	,336.
С	Leasehold improvements								
d	Equipment			5,678.	4	173,8	14.		,864.
е	Other			6,939.					,939.
T-4-	Add lines to the color to Column (d) must so	und En COO Doort \	/ column (D) line 1	0-1				1 561	552

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 CAMP FIRE M	INNESOTA		41	-0706116 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) BENEFICIAL INTEREST IN				
(B) HUMPHREY TRUST	844,230.	END-OF-YEA	R MARKET	VALUE
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	844,230.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valua	tion. Cost or end	l-of-year market value
(1)				
(2)				
(3)		.,_,_		
(4)				<u> </u>
<u>(5)</u>			<u></u>	
(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"		1d. See Form 990, Part	X, line 15.	
	Description			(b) Book value
				
(2)		 		
(3)				
(4)				
(5)				
(6)	· - · · · · · · · · · · · · · · · · · ·			
(7)				
(8)				
(9)	<u> </u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15) <u></u>		<u> </u>	
	4 - E 000 B-4 B/ E 4	4446 0 500		
Complete if the organization answered "Yes" (a) Description of liability		b) Book value	J, Part X, line 25.	
		D) BOOK VAIDE		
(1) Federal income taxes (2) CAPITAL LEASE		13,340.		
		13,340.		
(3)				
(4)				
(5)				
(6)				
(8)		 _		
(9)	1	J		

Schedule D (Form 990) 2014

CAMP FIRE MINNESOTA Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 86,167. b Donated services and use of facilities 2c Recovenes of prior year grants 127,227. Other (Describe in Part XIII) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 172,714. Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 86,167. 2a Donated services and use of facilities 2b Prior year adjustments c Other losses 183,799. Other (Describe in Part XIII.) 2d 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: a Investment expenses not included on Form 990, Part VIII, line 7b 172,714.b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2: Part XI. lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: A RELATED ORGANIZATION, THE MINNESOTA CAMP FIRE FOUNDATION HOLDS THE ENDOWMENT FUNDS FOR THE BENEFIT OF CAMP FIRE. PART X, LINE 2: CAMP FIRE MINNESOTA AND FOUNDATION ARE EXEMPT FROM INCOME TAXES AS PUBLIC CHARITIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUTES. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO CAMP FIRE'S TAX-EXEMPT PURPOSE COULD RESULT IN TAXABLE

INCOME. CAMP FIRE FOLLOWS GUIDANCE RELATED TO UNCERTAINTY IN INCOME TAXES, RECOGNIZING TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE

LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY 432054 10-01-14 Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 CAMP FIRE MINNESOTA Part XIII Supplemental Information (continued)	41-0706116 Page 5
TAXING AUTHORITIES. CAMP FIRE HAS IDENTIFIED NO SIGNIFICANT	TNCOME TAY
UNCERTAINTIES.	TREOME TAX
UNCERTAINTIES.	
CAMP FIRE'S TAX RETURNS ARE OPEN TO EXAMINATION FOR TAX YEA	RS 2011 THROUGH
2013. CAMP FIRE HAD NO INCOME TAX EXPENSE OR CASH PAYMENTS	
TAXES FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013.	
THE TOTAL THE THREE BROOM PROMISE OF THE POST OF THE P	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FOUNDATION REVENUE REPORTED IN A SEPARATE RETURN	55,615.
SPECIAL EVENT EXPENSES IN EXCESS OF DIRECT BENEFIT	73,481.
COST OF GOODS SOLD	8,205.
CHANGE IN THE VALUE OF INTEREST IN BENEFICIAL TRUST	-10,074.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	127,227.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
CAMP DISCOUNTS/GRANTS	78,764.
INTERCOMPANY ELIMINATIONS	93,950.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	172,714.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	100 110
FOUNDATION EXPENSES REPORTED IN A SEPARATE RETURN	102,113.
SPECIAL EVENT EXPENSES IN EXCESS OF DIRECT BENEFIT	73,481.
COST OF GOODS SOLD	8,205.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	183,799.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
CAMP DISCOUNTS/GRANTS	78,764.
INTERCOMPANY ELIMINATIONS	93,950.
432055	Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 CAMP FIRE MINNESOTA	41-0706116 Page 5
Schedule D (Form 990) 2014 CAMP FIRE MINNESOTA Part XIII Supplemental Information (continued)	
TOTAL TO SCHEDULE D, PART XII, LINE 4B	172,714.
	
	
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SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service		organization entered more than \$ Mathematic Mathematics Attach to Form 99 bout Schedule G (Form 990 or 990-E2	0 or Fo	rm 99	0-EZ.		000	Open to Public Inspection
Name of the organization	n		.y unu ta		is to the work in the		Employer i	dentification number
		RE MINNESOTA					41-070	
Part I Fundrais required to	sing Activities complete this par	Complete if the organization answ t.	ered "Y	'es" to	Form 990, Part IV, I	ine 17	. Form 990-	EZ filers are not
a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organizatio key employees list	tions I email solicitations Itations Dicitations On have a written o ted in Form 990, P In highest paid indi	f Solicita g Special pr oral agreement with any individual art VII) or entity in connection with aviduals or entities (fundraisers) pur	ation of ation of al fundra al (inclui profess	non-g gover aising ding o ional f	overnment grants riment grants events fficers, directors, tru fundraising services?	stees	□ Y	es No to be
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have co or con contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col (i)		to (or retained by)
			Yes	No			-	
	-							
				•=				
Total				•			-	
3 List all states in who or licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	utions	s or has been notified	d nt is e	exempt from	registration
			, , , , , , , , , , , , , , , , , , , 					
					· · · · · · · · · · · · · · · · · · ·			
					-			
			•					
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form	990 or	990-1	EZ. S	ched	ıle G (Form	990 or 990-EZ) 2014

(a) Event #1

(event type)

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

WINE TASTINGGOLF EVENT

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000.

(b) Event #2

(event type)

(c) Other events

NONE

(total number)

(d) Total events

(add col. (a) through

col. (c))

156,708. 93,548 63,160. 1 Gross receipts 92,553. 55,893. 36,660. 2 Less: Contributions 37,655 64,155. 26,500. 3 Gross income (line 1 minus line 2) 0. 4 Cash prizes 29,157. 29,157. 5 Noncash prizes Expenses 3,105. 20,000 23,105. 6 Rent/facility costs Direct | 16,450. 16,450. 7 Food and beverages 6,217. 6,217. 8 Entertainment 2.741 2,741. Other direct expenses 77,670. 10 Direct expense summary. Add lines 4 through 9 in column (d) -13,515. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d)

Schedule G (Form 990 or 990-EZ) 2014

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

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

a Is the organization licensed to conduct gaming activities in each of these states?

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

b If "No," explain:

b if "Yes," explain:

432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014 CAMP FIRE MINNESOTA	41-0	70611	.6 Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	No No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	•		
to administer chantable gaming?		Yes	No No
13 Indicate the percentage of gaming activity conducted in:			
	1	13a	%
a The organization's facility		13b	/ /%
b An outside facility14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	·· [130	
Enter the name and address of the person who prepares the organization's gaming/special events books and reco	us.		
Name ▶			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	s No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	ount		
of gaming revenue retained by the third party ▶\$			
c If "Yes," enter name and address of the third party:			
Name			
Address ►			
16 Gaming manager information:			
Gaming manager information:			
Name			
Gaming manager compensation > \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
		Ye:	s No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent			
·	ui dio		
organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Dart III lie	200 Q Qb	10b 15b
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	- art III, III	105 5, 50,	. 100, 130,
			

Schedule G (Form 990 or 990-EZ) CAMP FIRE MINNESOTA	41-0706116 Page 4
Schedule G (Form 990 or 990-EZ) CAMP FIRE MINNESOTA Part IV Supplemental Information (continued)	-
	· · · · · · · · · · · · · · · · · · ·
	
	· · · · · · · · · · · · · · · · · · ·
	 -

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States
Complete If the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2014

Open to Public Inspection

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

CAMP FIRE MINNESOTA	MINNESOT	A					41-0706116
General Information on Grants and Assistance	d Assistance						
Does the organization maintain records to substantiate the amount	substantlate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	ance?						X Yes
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monit	oring the use of grant	funds in the Unite	d States.			
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, Ine 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	omestic Organi; ,000. Part II can	zations and Domesting be duplicated if addition	c Governments. C ional space is need	complete if the organded.	anization answered "\	/es" to Form 990, Part I	V, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							-
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	government or	ganizations listed in th I table	ie line 1 table				
LHA For Paperwork Reduction Act Notice, see the Instructions for I	ee the Instructi	ons for Form 990.					Schedule I (Form 990) (2014)

35

Schedule I (Form 990) (2014) (f) Description of non-cash assistance N/A (e) Method of valuation (book, FMV, appraisal, other) ď Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed OTHER CIRCUMSTANCES WHICH WOULD PLACE CAMPERSHIPS ARE AWARDED TO CAMPERS BASED ON THE NUMBER OF APPLICANTS 0.N/A (d) Amount of non-cash assistance 78,764. (c) Amount of cash grant (b) Number of recipients 159 FAMILY IN NEED AND FUNDS AVAILABLE. FINANCIAL NEED OF APPLICANT BASE, (a) Type of grant or assistance Schedule I (Form 990) (2014)
Part III | Grants and Other SCHOLARSHIPS/DISCOUNTS PART I, LINE 2: 432102 10-15-14

Page 2

41-0706116

CAMP FIRE MINNESOTA

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury internal Revenue Service	▶ 1	► Attach to Form 990 or Form 990-EZ. ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.									Open To Public Inspection						
Name of the organiza	ition				•						Em	ploye	ident	ificati	on nu	mber	
	CZ	AMP F	IRE	MINNESC	ΤA						41	-07	061	16			
Part I Exces	s Benef	it Trans	acti	ons (section 5	01(c)(3	3), sect	tion 50	1(c)(4), and 50	01(c)	(29) organization	s only	/).					
Comple	te if the or	ganization	n ansv	vered "Yes" on	Form !	990, P	art IV, I	ine 25a or 25	b, or	Form 990-EZ, Pa	art V,	line 40	Db.				
1,,,,,	re i		(b) F	Relationship bet	ween	disqua	lified							(d)	Corre	cted?	
(a) Name of disc	uaimed pe	erson		person and or	rganiz	ation		(0	c) D	escription of tran	n		Y	es	No		
				•						-							
														\top			
														\perp			
											-						
2 Enter the amount	nt of tax in	curred by	the o	rganization mar	nagers	or dis	qualifie	d persons du	nng	the year under							
section 4958		-										▶ \$					
3 Enter the amou	nt of tax, if	any, on lu	ne 2, a	above, reimburs	sed by	the or	ganıza	tion				▶ \$					
Part II Loans	to and/	or Fron	a Int	erested Per	conc												
									_								
							, Part	v, line 38a or	Form	n 990, Part IV, lin	e 26;	or it tr	ie orga	ınızatı	on		
(a) Name of		(b) Relation		, Part X, line 5, 6 (c) Purpose		∠. pan to or	1 10) Onginal	14	A Dalaman dua	<u></u>		(h) Ap	oroved	(:) \A	ritton	
interested pers		with organi		of loan	fror	n the zation?		ipal amount	'') Balance due	defa	In ult?	by bo	ard or	or Corooma		
·			1		To	From					Yes No		Yes	No	Yes	No	
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Total			B		<u> </u>			▶ \$							L		
				efiting Inter													
	-		\top	vered "Yes" on			ı										
(a) Name of int	erested pe	erson	(b) Relationship between interested person and interested person a							(e) Purpose of assistance							
				the organiza	ation	ıu		assistance assista		433,344,1	ice a			100101	assistance		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2014

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

Employer identification number

	CAMP FIRE MI	NNESOT	<u>'A</u>			41-(7706	TTP	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or Items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	non	(d) Method of di cash contrib	etermir	_	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes				1				
8	Intellectual property				ļ				
9	Securities - Publicly traded	Х	1	572,433.	FMV				
10	Securities - Closely held stock				Į				
11	Securities - Partnership, LLC, or								
	trust interests		<u> </u>		<u></u>				
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures				<u> </u>				
14	Qualified conservation contribution - Other				ļ		_		
15	Real estate - Residential				ļ				
16	Real estate - Commercial				<u> </u>				
17	Real estate - Other				ļ				
18	Collectibles				<u> </u>				
19	Food inventory				ļ				
20	Drugs and medical supplies				ļ				
21	Taxidermy								
22	Historical artifacts				ļ				
23	Scientific specimens				ļ				
24	Archeological artifacts	ļ <u></u>	105	00 157					
25	Other (SILENT AUCTIO)	Х	185		FMV				
26	Other (PROGRAM SUPPL)	X	13		FMV				
27	Other (EQUIPMENT AND)	X	2	900.	FMV				
28	Other ()	i			<u> </u>				
29	Number of Forms 8283 received by the organi		-	1 1				^	
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				0	
								Yes	No
30a	During the year, did the organization receive b	-			-			1	
	must hold for at least three years from the dat		al contribution, and	d which is not required to be	used for	•			.
	exempt purposes for the entire holding period	7			•		30a	 	X
	If "Yes," describe the arrangement in Part II.						١		-
31	Does the organization have a grit acceptance		•	=			31	 -	X
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cπ, process, or sell noncash	1		1		_T
	contributions?						32a	<u> </u>	X
	If "Yes," describe in Part II.								İ
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is cl	necked,				
	describe in Part II.		.,				<u> </u>	<u> </u>	
LHA	For Paperwork Reduction Act Notice, see	the instruc	tions for Form 99	U.		Schedule M	(Form	990) ((2014)

Schedule M (Form 990) (2014)

432142 08-12-14

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name	ΟĬ	tne	organization	
				~~~

CAMP FIRE MINNESOTA

**Employer identification number** 41-0706116

FORM 990, PART VI, SECTION A, LINE 2:

LAURA WENDLE, CFO AND DAVID KORDONOWY, BOARD MEMBER HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

CAMP FIRE USA, MINNESOTA COUNCIL CHANGED THEIR ENTITY NAME IN 2014 TO CAMP FIRE MINNESOTA. BYLAWS WERE ALSO AMENDED TO READ AS FOLLOWS: "SECTION 4.02 NUMBER AND TERMS. THE NUMBER OF DIRECTORS OF THIS CORPORATION SHALL NOT BE LESS THAN SIX (6) AND SHALL BE SET FROM TIME TO TIME SOLELY BY RESOLUTION OF THE BOARD ACTING BY NOT LESS THAN A MAJORITY OF THE DIRECTORS THEN IN OFFICE. DIRECTORS SHALL BE ELECTED FOR A TERM OF THREE (3) YEARS AND SHALL BE ELIGIBLE TO SERVE NO MORE THAN TWO (2) CONSECUTIVE TERMS FOR A TOTAL OF NOT MORE THAN SIX (6) YEARS. AND "SECTION 3.01 NO MEMBERS. THE CORPORATION SHALL NOT HAVE MEMBERS."

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

PROGRAM MEMBERS INCLUDE ALL YOUTH AND ADULTS PARTICIPATING IN CAMP FIRE PROGRAMS. VOTING MEMBERS INCLUDE OFFICERS, BOARD OF DIRECTORS, AND INDIVIDUALS AGE 15 AND OLDER WHO MEET THE BOARD'S REQUIREMENT FOR SERVICE AND FINANCIAL SUPPORT. HONORARY MEMBERS INCLUDE INDIVIDUALS GRANTED LIFETIME MEMBERSHIP BY THE BOARD OF DIRECTORS.

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

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

Schedule O (Form 990 or 990-EZ) (2014)

**Employer identification number** 41-0706116

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

THE BOARD'S FINANCE/AUDIT COMMITTEE WILL REVIEW THE FORM 990, AND HAS AN OPPORTUNITY TO PROVIDE FEEDBACK BEFORE IT IS REVIEWED BY THE BOARD OF DIRECTORS. THEN THE BOARD OF DIRECTORS REVIEWS THE FORM 990 AND PROVIDES FEEDBACK. FINALLY, THE FORM 990 IS SUBMITTED TO THE IRS.

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

ALL BOARD MEMBERS, TRUSTEES OR STAFF ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE. ALL ACTUAL AND POTENTIAL CONFLICTS OF INTERESTS SHALL BE DISCLOSED BY BOARD MEMBERS, TRUSTEES OR STAFF TO CAMP FIRE'S EXECUTIVE COMMITTEE THROUGH THE ANNUAL DISCLOSURE FORM AND/OR WHENEVER A CONFLICT ARISES. THE DISINTERESTED MEMBERS OF CAMP FIRE'S EXECUTIVE COMMITTEE SHALL MAKE A DECISION AS TO WHETHER A CONFLICT EXISTS AND WHAT SUBSEQUENT ACTION IS APPROPRIATE (IF ANY). THE DECISION IS DOCUMENTED IN THE MEETING MINUTES. INTERESTED BOARD MEMBERS, TRUSTEES, OR STAFF ARE PROHIBITED FROM PARTICIPATING IN DEBATES AND ON VOTING MATTERS. CAMP FIRE'S EXECUTIVE COMMITTEE SHALL INFORM THE BOARD OF SUCH DETERMINATION AND ACTION, AND SHALL RETAIN THE ULTIMATE ENFORCEMENT AUTHORITY WITH RESPECT TO THE INTERPRETATION AND APPLICATION OF THIS POLICY.

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

ALL POSITIONS AT CAMP FIRE ARE REVIEWED IN COMPARISON TO THE ANNUAL RELEASE OF THE MINNESOTA COUNCIL OF NONPROFIT'S SALARY AND BENEFITS SURVEY. CAMP FIRE ATTEMPTS TO FAIRLY COMPENSATE ALL EMPLOYEES BASED ON RESPONSIBILITIES AND ROLE AT THE ORGANIZATION. THE LAST REVIEW WAS PERFORMED IN 2014.

THE BOARD PRESIDENT REVIEWS AND DETERMINES THE CEO'S COMPENSATION BASED ON

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete If the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2014

OMB No 1545-0047

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

CAMP FIRE MINNESOTA

Name of the organization Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Open to Public Inspection

Employer identification number 41-0706116

Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets **e** Total income ਉ Legal domicile (state or Identification of Disregarded Entitles Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part Part

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2014 ž entlty? Yes × Direct controlling entity AMP FIRE MINNESOTA status (if section 501(c)(3)) Ħ Public charity LINE 11B, Exempt Code section 501(C)(3) Legal domicile (state or foreign country) MINNESOTA SUPPORTING ORGANIZATION Primary activity 41-1889037, 4829 MINNETONKA BOULEVARD, SUITE THE MINNESOTA CAMP FIRE FOUNDATION Name, address, and EIN of related organization 202, ST. LOUIS PARK, MN 55416

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

432181 08-14-14 LHA

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Schedule R (Form 990) 2014 CAMP FIRE MINNESOTA

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

organizations treated as a partnersnip during the tax year.	arrnersnip during the ta	х уваг.								-	
(a)	( <u>q</u> )	<u></u>		<b>e</b>		£	(6)	€ —	<b>e</b>	<b>8</b>	<u>\$</u>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under		Share of total income	Share of end-of-year assets	Disproportionate altocations?	Code V-UBI amount in box 20 of Schedule	General managi Dartner	General or Percentage managing ownership
		country)		sections 51	12-514)			Yes	$-\mathbf{r}$	5) Yes No	0
		-						-			
										,	
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										-	
	<b>—</b>					•					
	T										
	1										
				_						-	
		-						_			
	T										
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	rganizations Taxable sorporation or trust durin	as a Corporting the tax	pration or Trust Co year.	mplete if the c	organization a	inswered "Yes	on Form 990, F	art IV, line 3	4 because it had	d one or n	nore related
(a)			(q)	(0)	(Đ	(0)	:	(£)	(8)	£)	0
Name, address, and EIN of related organization	EIN ou	Prij	Primary activity	Legal domicile (state or foreign	Direct controlling entity	ng Type of entity (C corp, S corp,		Share of total income	Share of end-of-year	Percentage ownership	p 612(b)(13) Controlled entity?
				country)		5	(no		doodlo		Yes No
								_			
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432162 08-14-14				45					Sched	ule R (Fo	Schedule R (Form 990) 2014

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

Note: Complete line I if any entity is listed in Parts II, III, of IV of this schedule.					Yes No	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more r	elated organizations lısted	in Parts II-IV?		1	1
				æ ;	$\dagger$	×Þ
cont, grant, or capital contribution from related organization(s)				9 5	×	4
	•			2	$\vdash$	×
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>				9	$  \cdot  $	×
f Dividends from related oversalization(s)				•		<b>&gt;</b>
				=	+	( ا
	•		: : : : : : : : : : : : : : : : : : : :	18	-	×
h Purchase of assets from related organization(s)				무		×
I Exchange of assets with related organization(s)		•		7		×
J Lease of facilities, equipment, or other assets to related organization(s)				7		×
is I asso of familities commons or other accepts from valued accommodition(a)				-		>
				¥;	$\dagger$	<b>4</b>  >
reflormance of services of membership of fundraising solicitations for related organization(s) m Performance of services of membership of fundraising solicitations by related organization(s)	anization(s) inization(s)			= {	t	4 ×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	inization(s) .	•		÷	×	<u>.</u>
	. (2)			Ş	×	1
				2	+	
p Reimbursement paid to related organization(s) for expenses				9		×
				5	×	
r Other transfer of cash or property to related organization(s)				÷		×
s Other transfer of cash or property from related organization(s)				\$		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	vho must complete t	his line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
1) THE MINNESOTA CAMP FIRE FOUNDATION	υ	93,950.	CASH TRANSFERRED			
2)						
3)			, programming to the			
						ŀ
(9						
6)						
32163 08-14-14	46		Schedule R (Form 990) 2014	R (Form	990) 2(	2014

Page 4

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

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

Primary activity Legal domicile Predominasse Share of country) sections 512-514) Yea No country) sections 512-514) Yea No country)	(q) (e)	(q)	(0)	(p)	(e)	£	<b>E</b>	(9)	9	(K)
Sections 512-514) Yes No.	Name, address, and EIN of entity	Primary activity	ej je	Predominant income (related, unrelated, excluded from tax under	(c)(3)	Share of total	Dispropor- tionate atlocations?	Code V-UBI amount in box 20 of Schedule K-1	General o managing partner?	Percentage ownership
				sections 512-514) Yes	S S	a Lucoure	Yes	(Form 1065)	Yes	
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Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014 CAMP FIRE MINNESOTA  Part VII   Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions).		
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# Amended and Restated Articles of Incorporation of Camp Fire Minnesota a Minnesota nonprofit corporation

We, the members of Camp Fire Minnesota, organized and chartered by Camp Fire as a council for the sole purpose of providing Camp Fire program to youth, adopt the following Amended and Restated Articles of Incorporation, which are in accordance with the Minnesota Nonprofit Corporation Act, and all amendments thereto (the "Act") and with the articles of incorporation and bylaws of Camp Fire National Headquarters, a national organization organized under the laws of the State of Missouri.

Pursuant to the provisions of Chapter 317A of the Act, the following Amended and Restated Articles of Incorporation (these "<u>Articles</u>") are hereby adopted and shall supersede and take the place of the existing Articles of Incorporation:

# Article I

# Name and Incorporator

The name of the corporation shall be: Camp Fire Minnesota.

The name and address of the incorporator is Marnie Wells, 4829 Minnetonka Boulevard, St. Louis Park, Minnesota 55416.

#### Article II

#### Purpose

The purpose for which the council is formed is exclusively charitable and educational in accordance with Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Any references herein to any provisions of such code shall be deemed to mean such provision as now or hereafter existing, amended or supplemented, or superseded, as the case may be.

The sole purpose for which this corporation is formed is to serve as chartered council of Camp Fire to provide the Camp Fire program throughout its jurisdiction and to work to improve conditions in society that affect youth in accordance with the purpose of Camp Fire.

# Article III

### **Powers**

In furtherance of its purpose, the corporation shall have the following powers:

To hire, lease, buy, inherit or otherwise acquire and hold land, buildings, equipment or other or personal property for an office, program facility or similar purpose; to build, construct, operate and manage said property for the benefit of Camp Fire; and to rent, lease, mortgage or sell all or any part of such real or personal property acquired by said corporation.

To do, perform and supervise any and all things in furtherance of the general purposes herein before expressed and not inconsistent with the Minnesota Nonprofit Corporation Act, and to have and to exercise all the powers conferred by the laws of the State of Minnesota upon corporations formed under the laws pursuant to, and under which, this corporation is formed, as such laws are not in effect and may at any time hereinafter be enacted or amended.

# Article IV

# Registered Office

The registered office of this corporation shall be in the City of St. Louis Park, County of Hennepin, State of Minnesota, at 4829 Minnetonka Boulevard.

### Article V

# **Meetings**

There shall be at least one meeting of the corporation each year.

### Article VI

# Assets and Earnings (No Pecuniary Gain)

None of the assets or earnings of the corporation shall be paid or accrued for the benefit of any of its members, directors, officers or employees or any other individual, whether before, upon or after dissolution or liquidation, except as reasonable compensation for services rendered, property transferred or as reimbursement for expenses incurred in conducting its affairs.

No substantial part of the activities of this corporation shall be the carrying on the propaganda, or otherwise attempting to influence legislation, and this corporation shall not participate in, or intervene in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office.

# Article VII

# Perpetual Duration

The period of duration of corporate existence of this corporation shall be perpetual, provided that a charter from Camp Fire National Headquarters is held by the corporation.

# Article VIII

# **Board of Directors**

The management and direction of the business and affairs of this corporation shall be vested in a Board of Directors. The number, qualifications, term of office, method of appointment or election, powers, authority, and duties of the directors of this corporation, the time and place of their meetings, and all other provisions with respect to them as are not inconsistent with the express provisions of the Articles of Incorporation shall be as specified in the Bylaws of this corporation.

# Article IX

### Dissolution

In the event of the dissolution or final liquidation of the corporation, after all liabilities and obligations of the corporation have been paid, satisfied, and discharged, or adequate provision made therefore, all remaining property and assets of the corporation shall be distributed, conveyed, assigned, or transferred to another Camp Fire council that is acquiring the jurisdiction or such remaining assets shall be transferred to Camp Fire National Headquarters to administer according to the bylaws of Camp Fire National Headquarters.

#### Article X

# **Amendments**

These articles may be amended by the affirmative vote of a majority of the Board of Directors voting at a meeting at which a quorum is present (or by written action pursuant to the provisions of the Bylaws); provided that notice of such proposed amendment has been included in the notice of meeting.

# CERTIFICATION OF ARTICLES OF INCORPORATION

The minutes of this meeting are on file at the council office.

These Amended and Restated Articles of Incorporation were adopted by the Board of Directors of Camp Fire Minnesota at a duly called special meeting on  $\frac{4/3}{2014}$ , with quorum present as prescribed by bylaws.

MAL	4/7/2014
President	Date
Beth Smits O	417/14
Secretary	Date
Dana Olsen	
Dana Olsen	the Chairman of the Board of Directors, and the Secretary of Camp Fire Minnesota, a Minnesota alf of the corporation. The corporation has no corporate seal.
STATE OF MINNESOTA	) ) ss.
COUNTY OF HENNEPIN	)