# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

AF	or the	2023 calendar year, or tax year beginning and	enaing		
	heck if oplicable	C Name of organization		D Employer identifie	cation number
	Addres	CAMP ODAYIN		_	
	Name change	Doing business as		41-20143	58
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	]Final return/	3503 HIGHPOINT DRIVE N SUITE 250		65135191	
	termin ated			<b>G</b> Gross receipts \$	1,011,101.
	Ameno return	OARDALE, MN 55128		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: SAKA MESLOW		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
ΙT	ax-exe	empt status: $oxed{X}$ 501(c)(3) $oxed{\Box}$ 501(c) ( ) (insert no.) $oxed{\Box}$ 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemptio	
K F	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2001 N	M State of legal domicile: MN
Pa	rt I	Summary			
اه		Briefly describe the organization's mission or most significant activities: CAMP			
ŝ		AND SUPPORTIVE CAMP EXPERIENCES AND COMMU	NITY I	BUILDING OPP	ORTUNITIES
ž.	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	1
8				3	14
2		Number of independent voting members of the governing body (Part VI, line 1b)			13
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			8
乭	6	Total number of volunteers (estimate if necessary)			521
Activities & Governance				7a	0.
$\dashv$	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
	_			Prior Year	Current Year
e l		Contributions and grants (Part VIII, line 1h)		987,794.	873,818.
ē		Program service revenue (Part VIII, line 2g)		13,800.	18,200.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,854.	35,471.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		47,832.	-28,364.
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,062,280.	899,125.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0,210.	10,726.
		Benefits paid to or for members (Part IX, column (A), line 4)		556,757.	580,460.
Ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
찞				472,483.	512,490.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,037,458.	1,103,676.
		Revenue less expenses. Subtract line 18 from line 12		24,822.	-204,551.
<u>~ %</u>		neveriue less experises. Subtract line 16 front line 12		eginning of Current Year	End of Year
et Assets or nd Balances	20	Total assets (Part X, line 16)		1,558,568.	1,395,570.
ASS Balls	21	Total lassets (Part X, line 16)  Total liabilities (Part X, line 26)		59,465.	17,413.
Eğ Eğ	22	Net assets or fund balances. Subtract line 21 from line 20		1,499,103.	1,378,157.
Pa	rt II	Signature Block			
Jnde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,
Sigr	1	Signature of officer		Date	
Here		SARA MESLOW, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		MARIE A. PRIMUS, CPA MARIE A. PRIMUS,	CPA C		
rep	arer	Firm's name		Firm's EIN 4	7-1019942
Jse	Only	Firm's address 220 PARK AVE S			
		ST. CLOUD, MN 56301		Phone no. 32	0-251-7010
Мау	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

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Part III | Statement of Program Service Accomplishments

Га	Tim Statement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CAMP ODAYIN PROVIDES FUN, SAFE AND SUPPORTIVE CAMP EXPERIENCES AND
	COMMUNITY BUILDING OPPORTUNITIES FOR YOUNG PEOPLE WITH HEART DISEASE
	AND THEIR FAMILIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	CAMP ODAYIN RESIDENTIAL CAMP - PROVIDES RESIDENTIAL CAMPING EXPERIENCES
	FOR HUNDREDS OF CHILDREN, GRADES 1-11 FROM ALL OVER THE COUNTRY. IN AN
	ATMOSPHERE DESIGNED TO ENHANCE SELF-CONCEPT, GAIN INDEPENDENCE AND
	DEVELOP LIFE SKILLS CHILDREN WITH HEART DISEASE HAVE THE OPPORTUNITY
	TO COME ALIVE EMOTIONALLY AND PHYSICALLY. POWERED BY AN ALL-VOLUNTEER
	STAFF OF CABIN COUNSELORS, CARDIOLOGISTS AND NURSES, WE OFFER PARENTS A
	WORRY FREE CAMP EXPERIENCE FOR THEIR CHILD. THERE ARE TWO LOCATIONS FOR
	RESIDENTIAL CAMP CROSSLAKE, MN AND ELKHORN, WI.
	120 700
4b	(Code:) (Expenses \$130,722. including grants of \$) (Revenue \$8,550.)
	CAMP ODAYIN FAMILY CAMP - PROVIDES A WEEKEND CAMP EXPERIENCE OFFERING
	SUPPORT, EDUCATION AND NETWORKING FOR CHILDREN WITH HEART DISEASE AND
	THEIR FAMILIES. FAMILY CAMPS TAKE PLACE EACH FALL AND ARE LOCATED IN
	AMERY, WI AND NEAR MILWAUKEE, WI.
40	(Code:) (Expenses \$
70	PARENT RETREATS - THE PARENT RETREAT PROGRAM SEEKS TO IMPROVE THE
	QUALITY OF LIFE OF CAREGIVERS BY PROVIDING EMOTIONAL SUPPORT,
	RESOURCES, AND AN OPPORTUNITY FOR SELF-CARE.
	REDOUNCED, THE THE OTTORIONITY FOR BEET CIME.
	MOMS RETREATS ARE HELD IN THE SPRING EACH YEAR WITH LOCATIONS IN LAKE
	GENEVA, WI, AND STILLWATER, MN.
	DADS DAY IS HELD IN LATE SUMMER EACH YEAR IN EXCELSIOR, MN.
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ 116,556 • including grants of \$ 10,726 • ) (Revenue \$ 2,891 • )
4e	Total program service expenses 782,674.
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# Form 990 (2023) CAMP ODAYIN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
0	, ,	8		X
•	Schedule D, Part III	<b>-</b> °		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	L	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		<u></u> -
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>⊢</b> ''		<del></del>
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	<b>⊢</b> °	21	$\vdash$
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<sub>v</sub>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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ecklist of Re	quired Schedules	(continued)
ecklist of Re	quired Schedules	(continued)

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

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		T	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		3		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			3,7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		<del>                                     </del>
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		X
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		1
ь		6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD		
,	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		Х
b		7b		1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
·	to file Form 8282?	7c		x
ч	T	70		
e	Did the second setting of the distribution of	7e		Х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
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		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	4		
С	Enter the amount of reserves on hand			177
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			- v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47		

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If "Yes," complete Form 6069.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				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	1a 14			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship v	vith 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 c				
			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990	) was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset	s?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appearance.				
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoo				
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year t				
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 reach				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code.)			
	· · · · · · · · · · · · · · · · · · ·	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chap				
	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 by	efore filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	s," describe			
	on 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	y independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	ation'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				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	990-T (section 501(c)(3):	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain o	n Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conf	lict of interest policy, and	d financ	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			
	THE ORGANIZATION - 6513519185 3503 HIGHPOINT DRIVE N SUITE 250, OAKDALE, MN 55128	1			
	DALC MM GUANANO OCA GIIOO NI GENANA INIOIN COCC	,			

Form **990** (2023)

Form 990 (2023) CAMP ODAYIN 41-2014358 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per week	(do box,	not c	Posi heck in ss per	ition	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru ste e	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SARA MESLOW	40.00	37		37				105 005	0	2 056
EXECUTIVE DIRECTOR	40.00	Х		Х				125,205.	0.	3,956.
(2) MATT OLSON FINANCE DIRECTOR	40.00			х				98,680.	0.	3,187.
(3) VICKY HIDALGO	2.00			Λ				90,000.	0.	3,10/.
VICE CHAIR	2.00	Х		х				0.	0.	0.
(4) LEAH SAARELA	2.00	21						0.	<u></u>	<u></u>
CHAIR	2.00	х		х				0.	0.	0.
(5) MAURA FLYNN-GALGANSKI	1.00							•	•	
SECRETARY		Х		х				0.	0.	0.
(6) JAYMIE GRUIS	2.00									
TREASURER		Х		Х				0.	0.	0.
(7) DR. JONATHAN JOHNSON	1.00									
DIRECTOR		Х						0.	0.	0.
(8) DR. ANDREW SCHNEIDER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) ERIK SCHUCK	1.00									
DIRECTOR (ENDING JULY)		X						0.	0.	0.
(10) TOM HIPKINS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MICHAEL STUART	1.00									_
DIRECTOR		Х						0.	0.	0.
(12) DR SHWETA STUART	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(13) MICAELA GRIFFIN	1.00								_	•
DIRECTOR (ENDING JULY)	1 00	X						0.	0.	0.
(14) DR. BRIAN JOY	1.00	7.7							_	0
DIRECTOR (15) TOUN MACK	1.00	Х						0.	0.	0.
(15) JOHN MACK DIRECTOR	1.00	Х						0.	0.	0.
(16) TANYA SULLIVAN	1.00	-22							<u>U•</u>	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(17) ALADOR YEMANEAB	1.00	-22								
DIRECTOR	1.00	х						0.	0.	0.
332007 12-21-23	L								•	Form <b>990</b> (2023)

332007 12-21-23 Form **990** (2023)

Form 990 (2023) CAMP ODAYIN 41-2014358 Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)
(C) (D) (E) (F)

	(A) Name and title	(B) Average hours per week	box,	not c	Pos heck i ss per	more son i	than c s both or/trust	an	(D)  Reportable compensation	(E) Reportable compensation		Est am	(F) imate ount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC 1099-NEC)	;/ 	comp fro orga and	other pensa om the inizati relate nizatio	e on ed
											_			
											$\perp$			
											$\perp$			
											+			
											+			
											+			
	Subtotal  Total from continuation sheets to Part VII								223,885.		0.	7	,14	<u>43.</u>
<u>d</u>	Total (add lines 1b and 1c)  Total number of individuals (including but n								223,885.		0.	7	,14	
	compensation from the organization	or invited to the	030	11310	u ac		, wii	010					Yes	1 No
	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for so											3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization	.	4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		Х
Sect	ion B. Independent Contractors  Complete this table for your five highest con										nsatio	n froi	m	
	the organization. Report compensation for t	the calendar ye	ear e	ndir	ıg w	ith c	or wit	thin	(B)			(C)		
	Name and business	address	NC	ONE	<u> </u>				Description of s	services	Cor	mpen	satior	<u> </u>
	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	to	thos (		ted	above) who received mo	ore than				
											Fo	orm 🤄	90 <sub>(2</sub>	2023)

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Form 990 (2023) CAMP ODAYIN
Part VIII Statement of Revenue

			Check if Schedule O cor	ntains a r	esponse (	or note to any line	e in this Part VIII			
						,	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
(0, (0	_	_	Fadarated compaigns		1a	1,652.				
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns			1,052.				
S S			Membership dues		1b	250 510				
ts, An			Fundraising events			258,519.				
ia ia			Related organizations		1d	145 105				
JS,			Government grants (contribu		1e	145,185.				
ξĖ		f	All other contributions, gifts, gra							
ig H			similar amounts not included ab	oove	1f	468,462.				
dit		g	Noncash contributions included in line	es 1a-1f	1g  \$					
<u>8</u>		h	Total. Add lines 1a-1f				873,818.			
						Business Code				
ø	2	а	CAMP REGISTRAT	ION E	FEES	900099	18,200.	18,200.		
, vic		b								
Ser		С								
an See		d								
Beg		e								
Program Service Revenue			All other program service rev	venue						
			Total. Add lines 2a-2f				18,200.			
	3	3	Investment income (includin				,			
	Ū									
	4		Income from investment of t				35,471.			35,471.
	5		Royalties	-	-		33,171			33,1,1
	3		Tioyanies	(i)	Real	(ii) Personal				
	6	_	Gross rents6	Sa (17)		(1) 1 0100110.1				
				Sb Sb						
			· · · · · · ·	Sc Sc						
			Net rental income or (loss)							
		<b>7 a</b> Gross amount from sale			ecurities	(ii) Other				
	'	а				(11) 5 (11)				
			· -	7a						
•		D	Less: cost or other basis							
ng			and sales expenses							
ève		С	Gain or (loss)7	/c						
her Revenue			Net gain or (loss)							
iper	8	а	Gross income from fundraising							
ᅙ			including \$ 258,		I					
			contributions reported on lin	,	I	65 044				
			Part IV, line 18							
			Less: direct expenses			97,816.	^^ ===			22 555
		С	Net income or (loss) from fur	ndraising	events		-32,775.			-32,775.
	9	а	Gross income from gaming a		I					
			Part IV, line 19			2,560.				
			Less: direct expenses			315.				
		С	Net income or (loss) from ga	ming act	ivities		2,245.			2,245.
	10	а	Gross sales of inventory, les	s returns						
			and allowances			16,011.				
		b	Less: cost of goods sold		10b	13,845.				
		С	Net income or (loss) from sa	les of inv	entory		2,166.	2,166.		
S						Business Code				
Miscellaneous Revenue	11	а								
lan en		b								
cell Sev		С								
Mis			All other revenue							
=		е	Total. Add lines 11a-11d				000 105	00 055		4 0 1 1
	12		Total revenue. See instructions	3			899,125.	20,366.	0.	4,941.

332009 12-21-23

Form **990** (2023)

# Form 990 (2023) CAMP ODAYIN Part IX Statement of Functional Expenses

7b, 8b  1 6  2 6  3 6  iii  4 E  5 6  t	Check if Schedule O contains a respons it include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.  Grants and other assistance to domestic organizations	e or note to any line in t (A) Total expenses	his Part IX(B) Program service	(C)	(D)
7b, 8b  1 6  2 6  3 6  iii  4 E  5 6  t	o, 9b, and 10b of Part VIII.	Total expenses		(C)	
3 C iii 4 E 5 C t	Grants and other assistance to domestic organizations		expenses	Management and general expenses	Fundraising expenses
2 (1) 3 (2) iii 3 (4) 5 (5) t					
3 (3 (4 E 5 (6 t)	and domestic governments. See Part IV, line 21				
3 (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Grants and other assistance to domestic				
4 E 5 C	ndividuals. See Part IV, line 22	10,726.	10,726.		
4 E 5 (	Grants and other assistance to foreign				
4 E 5 (	organizations, foreign governments, and foreign				
<b>5</b> (	ndividuals. See Part IV, lines 15 and 16				
t	Benefits paid to or for members				
	Compensation of current officers, directors,	221 020	127 462	20 100	FF 44C
6 (	rustees, and key employees	231,029.	137,463.	38,120.	55,446.
	Compensation not included above to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	299,816.	178,390.	49,470.	71,956.
	Other salaries and wages	433,010.	1/0,390.	47,4/0•	/1,900.
	Pension plan accruals and contributions (include	8,036.	4,781.	1,326.	1,929.
	section 401(k) and 403(b) employer contributions)	2,531.	1,506.	417.	608.
	Other employee benefits	39,048.	23,233.	6,443.	9,372.
	Payroll taxes	39,040.	23,233.	0,443.	3,314.
	Fees for services (nonemployees):				
	Management				
	Legal	34,021.	6,804.	20,413.	6,804.
	Accounting	34,021.	0,004.	20,413.	0,004.
	Lobbying Professional fundraising services. See Part IV, line 17				
	nvestment management fees	6,149.		6,149.	
	Other. (If line 11g amount exceeds 10% of line 25,	0 / 1 1 3 0		0,1131	
_	column (A), amount, list line 11g expenses on Sch O.)	3,000.	1,500.	750.	750.
	Advertising and promotion	3,707.	2,966.		750. 741.
	Office expenses	35,103.	17,530.	10,485.	7,088.
	nformation technology	16,967.	5,655.	5,656.	5,656.
	Royalties	•			•
	Decupancy	21,024.	12,509.	3,469.	5,046.
	Fravel	10,895.	7,627.	1,089.	2,179.
	Payments of travel or entertainment expenses		-		-
f	or any federal, state, or local public officials				
19 (	Conferences, conventions, and meetings	3,927.	414.	3,099.	414.
	nterest				
<b>21</b> F	Payments to affiliates				
	Depreciation, depletion, and amortization	3,667.	2,750.	367.	550.
	nsurance	10,933.	7,908.	2,037.	988.
a li	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
	CAMP EXPENSES	356,211.	356,211.		
_	DUES AND MEMBERSHIPS	4,368.	3,276.	1,092.	0.
_	MISCELLANEOUS	2,518.	1,425.	703.	390.
d ±		,	=,===		2200
-	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,103,676.	782,674.	151,085.	169,917.
	loint costs. Complete this line only if the organization	,,	. ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>, -</b> •
	eported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2023)

Part X | Balance Sheet

Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			281,948.	1	129,922.
	2	Savings and temporary cash investments			152,818.	2	93,597
	3	Pledges and grants receivable, net		201,066.	3	272,868.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
တ္က	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			2,596.	8	5,619
¥	9	Donat and a company of all all all and a language			36,469.	9	18,396.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	158,668.	9,501.	10c	5,834. 866,744.
	11	Investments - publicly traded securities		854,035.	11	866,744.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	20,135.	15	2,590		
	16	Total assets. Add lines 1 through 15 (must equ			1,558,568.	16	1,395,570.
	17	Accounts payable and accrued expenses		14,330.	17	7,948.	
	18	Grants payable	5,000.	18	5,000		
	19	Deferred revenue		20,000.	19	1,875.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%			
iabi		controlled entity or family member of any of the	se perso	ons		22	
-	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X	00 105		0 500
		of Schedule D			20,135.		2,590.
	26	Total liabilities. Add lines 17 through 25			59,465.	26	17,413.
,		Organizations that follow FASB ASC 958, che	ck here	X			
š		and complete lines 27, 28, 32, and 33.			1 054 004		1 014 450
alau	27	Net assets without donor restrictions			1,254,284.	27	1,214,470.
B	28	Net assets with donor restrictions			244,819.	28	163,687.
Ĭ		Organizations that do not follow FASB ASC 9	58, che	ck here			
F F		and complete lines 29 through 33.					
ا بِد	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed			30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			1 400 102	31	1 270 157
<b>8</b>	32	Total net assets or fund balances		1,499,103.	32	1,378,157.	
	33	Total liabilities and net assets/fund balances .			1,558,568.	33	1,395,570.

Form **990** (2023)

Form 990 (2023) CAMP ODAYIN 41-2014358 Page 12

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,10		
3	Revenue less expenses. Subtract line 2 from line 1	3	-20		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,499	9,1	03.
5	Net unrealized gains (losses) on investments	5	8	3,6	05.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,378	8,1	57.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization CAMP ODAYIN **Employer identification number** 41-2014358

_		CHIII	ODATIN					1 2014330
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	າ 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).	
4		A medical research organiz					•	the hospital's name,
		city, and state:	•	,			CARA 7	,
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in
Ŭ		section 170(b)(1)(A)(iv). (C			. о, оролас			
6				antal unit described in	ocation 1	70/6\/4\/4\	64	
	X	A federal, state, or local gov	•				• •	
′	_2\_	An organization that norma	•	ntiai part of its support if	om a gove	emmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C		/4WAW 13 /O				
8	$\square$	A community trust describe						
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	eor
		university:						
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, an	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	* *			-	· · · · · ·	aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-		
		organization. You must o						-pp=:9
b		Type II. A supporting org	-		ion with it	e eunnorte	ad organization(s) by hav	inα.
		control or management o	•					-
					arrie perso	iis iiiai co	ntiol of manage the supp	Jorted
_		organization(s). You mus			in connect	م طائند مما	and functionally integrate	ما در ناه
С		☐ Type III functionally inte	-				• •	eu witti,
		its supported organization		·				
d							· · · · · · · · · · · · · · · · · · ·	
		that is not functionally int	-		•		•	veness
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.		
f		er the number of supported o						
<u>g</u>		vide the following information			(iv) lo the era	nization listed		I ( ) A
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tota	al							

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1133601.	690,340.	801,189.	987,794.	873,818.	4486742.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1133601.	690,340.	801,189.	987,794.	873,818.	4486742.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						596,933.	
6	Public support. Subtract line 5 from line 4.						3889809.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4	1133601.	690,340.	801,189.	987,794.	873,818.	4486742.	
	Gross income from interest,			-	-	-		
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	32,215.	22,257.	77,843.	12,854.	35,471.	180,640.	
9	Net income from unrelated business	,	•	•	·	·	•	
_	activities, whether or not the							
	business is regularly carried on		1,595.	2,136.	47,899.	0.	51,630.	
10	Other income. Do not include gain		,	,	,	-		
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	<b>Total support.</b> Add lines 7 through 10						4719012.	
	Gross receipts from related activities,	etc. (see instruction	ns)			12	73,294.	
	First 5 years. If the Form 990 is for the	•						
	organization, check this box and stop	-						
Sec	ction C. Computation of Publi							
	Public support percentage for 2023 (I			olumn (f))		14	82.43 %	
	Public support percentage from 2022					15	79.91 %	
	33 1/3% support test - 2023. If the o					ore, check this box		
	stop here. The organization qualifies							
b	33 1/3% support test - 2022. If the							
	and <b>stop here.</b> The organization qual	•		•		•		
17a	10% -facts-and-circumstances test							
		ū					•	
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
h	10% -facts-and-circumstances test	-	•	• • •	-			
	more, and if the organization meets the	_					. 270 01	
	organization meets the facts-and-circu				-			
18	Private foundation. If the organization							
-10	Trivate roundation. If the organization	and not oneon a l	557 OIT III 16 10, 10a	4, 100, 17a, 01 17b	, oricon triis box at		(Form 990) 2023	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(a) 2010	<b>(b)</b> 2020	(a) 2021	(4) 2022	(2) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	<u>%</u>
18						18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						7 is not
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	лт ини пот спеск а	DUX UITIIIIE 14, 19	a, OF TYD, CHECK TO	iis dux aiiu see ins	แนบแบที่	

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## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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n 990)	2023
	n 990)

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CAMP ODAYIN

Pa	Triv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ns)	
2	Activities Test. Answer lines 2a and 2b below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	_u		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	• •			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
2	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3h below.	ZU		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		20		
L	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 ( explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	t V   Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	ınizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions		•	Í	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No. 1545-0047

2023

Name of the organization

CAMP ODAYIN

Cryanization type (check one):

Employer identification number

41-2014358

Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1 contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under ) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Z, line 1. Complete Parts I and II.				
contributor, durir literary, or educa	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
year, contributior is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the as exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year \$				
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> to e2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify ng requirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

CAMP ODAYIN

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Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 21,458. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		\$ 30,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 5	Name, address, and ZIP + 4	\$ 28,000. Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 6	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

CAMP ODAYIN

41-2014358

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	* 145,185.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3** 

Name of organization

Employer identification number

CAMP ODAYIN

41-2014358

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2023) Page **4** 

Name of organization **Employer identification number** CAMP ODAYIN 41-2014358 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

**Employer identification number** 

Name of the organization

	CAMP ODAYIN	41-2014358
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Other Similar Funds or Advised Funds or Other Similar Funds or Other Funds	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	·
	(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		
4	Aggregate value of grants from (during year)  Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fund	
3	· · ·	
•	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferr	
Par	impermissible private benefit?	
	Complete if the organization anowered Tee City of the Coo, if are it	, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		orically important land area
	Protection of natural habitat Preservation of a cert	ified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not	
	on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organic	
-	year	auton doming the tax
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
J		Yes No
6	violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations.	
U	Start and volunteer flours devoted to morntoning, inspecting, flanding of violations, and emorcing conservation	or easements during the year
7	Amount of expanses insurred in manitoring inspecting handling of violations, and enforcing conservation as	coments during the year
′	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
		1
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i	
_	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describes the
Da	organization's accounting for conservation easements.	imilay Appata
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance.	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items.	
	(i) Revenue included on 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 treasures, or other similar assets for financial gain,	
_	the following amounts required to be reported under FASB ASC 958 relating to these items:	p. 01.40
_		\$
d	Revenue included on Form 990, Part VIII, line 1	•
	Assets included in Form 990, Part X	
LΗΑ	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023

332051 09-28-23

41-2014358 Page 2 CAMP ODAYIN Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Term endowment

organization by:

(i) Unrelated organizations?

(ii) Related organizations?

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

3a Are there endowment funds not in the possession of the organization that are held and administered for the

	פטו	NO
 3a(i)		
 3a(ii)		
 3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

The percentages on lines 2a, 2b, and 2c should equal 100%.

#### Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land					
<b>b</b> Buildings					
c Leasehold improvements					
<b>d</b> Equipment		9,510.	9,510.	0.	
e Other		154,992.	149,158.	5,834.	
Total. Add lines 1a through 1e. (Column (d) must equa	5,834.				

Schedule D (Form 990) 2023

(a) Description of accurity or estagony (1) 1 (1)		11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" or		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Part IX Other Assets  Complete if the organization answered "Yes" or	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15.  (b) Book value
··	escription	(b) Book Value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(7) (8)		
(7) (8) (9)		
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities		
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" or		11e or 11f. See Form 990, Part X, line 25.
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities		
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of the complete if the organization of liability  (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.  (b) Book value
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of the complete if the organization of liability		11e or 11f. See Form 990, Part X, line 25.
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of the complete if the organization of liability  (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.  (b) Book value
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY		11e or 11f. See Form 990, Part X, line 25.  (b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of the image of		11e or 11f. See Form 990, Part X, line 25.  (b) Book value
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of the income taxes (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.  (b) Book value
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of a) Description of liability  (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.  (b) Book value
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of a Description of liability  (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.  (b) Book value
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6) (7) (8)		11e or 11f. See Form 990, Part X, line 25.  (b) Book value
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of a) Description of liability  (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6) (7)	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.  (b) Book value  2 , 59

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

CAMP OD	AYIN				41-2014	358
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	line 17. Form 990-EZ	filers are not
Indicate whether the organization rais	eed funds through any of the following  e Solicitat  f Solicitat  g Special  or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursua	tion of tion of fundra (includanted)	non-g gover aising of ling of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	stees, or Yes	·
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Fotal						
3 List all states in which the organization or licensing.	on is registered or licensed to solicit c	ontrib	utions	or has been notified	l it is exempt from re	gistration

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

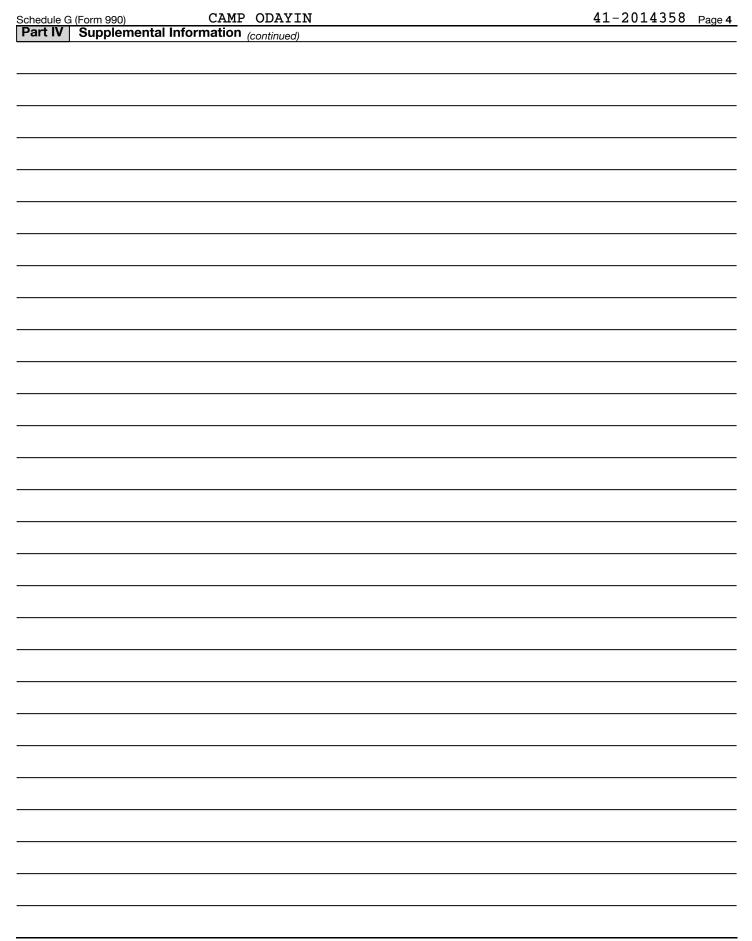
Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HAVE A HEART	WHOLE HEART		(add col. (a) through
			BENEFIT	GOLF TOURNAM	4	
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
evel	1	Gross receipts	89,842.	83,995.	149,188.	323,025.
R			,	,	•	•
	2	Less: Contributions	72,717.	65,335.	119,932.	257,984.
	_		,	,	•	•
	3	Gross income (line 1 minus line 2)	17,125.	18,660.	29,256.	65,041.
		,	,	,	•	•
	4	Cash prizes				
	5	Noncash prizes				
Se						
ens(	6	Rent/facility costs	17,848.	28,191.	11,425.	57,464.
Direct Expenses	_		,	,	•	•
ct E	7	Food and beverages	1,620.		6,745.	8,365.
ire	-		,		- · · ·	. ,
	8	Entertainment	500.	600.	2,000.	3,100.
		Other direct expenses	11,463.	2,495.	2,000. 14,928.	3,100. 28,886.
		Direct expense summary. Add lines 4 through	-	,		97,815.
		Net income summary. Subtract line 10 from li		•••••		-32,774.
Pa				990, Part IV, line 19, or r	eported more than	,
		\$15,000 on Form 990-EZ, line 6a.			•	
			(a) Discour	(b) Pull tabs/instant	(-) Other consider	(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
æ	1	Gross revenue				
	2	Cash prizes				
Expenses						
per	3	Noncash prizes				
Ę						
Direct	4	Rent/facility costs				
⊡						
	5	Other direct expenses				
			Yes %	Yes%	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				
b	If "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
b	If "	Yes," explain:				

Schedule G (Form 990) 2023 332082 09-13-23

Schedule G (Form 990) 2023 CAMP ODAYIN 4	1-2014338 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes 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 charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a   %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100   /0
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.	
Nama	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun	nt
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
<b>16</b> 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	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	10
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	d Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
, , , , , , , , , , , , , , , , , , , ,	



### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2023

CAMP ODAY	IN						41-2014358
Part I General Information on Grants an	nd Assistance						
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assist	tance?						No
2 Describe in Part IV the organization's pro-	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to D					anization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that received more than \$			ional space is need	T	(e) NA-HI5		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>Enter total number of section 501(c)(3) and</li> <li>Enter total number of other organizations</li> </ul>	-	-	e line 1 table	I	<u> </u>		

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

Schedule I (Form 990) 2023 CAMP ODAYIN					41-2014358	Page
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed		organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
TRANSPORTATION SCHOLARSHIP	39	6,726.	. 0.			
EDUCATION SCHOLARSHIP	4	4,000	. 0.			
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	e 2; Part III, columr	n (b); and any other ac	dditional information.		
PART I, LINE 2:						
FUNDS AWARDED THROUGH THE EDUCATION	ON SCHOLAR	SHIP PROGI	RAM ARE PAI	D DIRECTLY		
TO THE COLLEGE OR UNIVERSITY THE	RECIPIENT	IS ATTEND	ING, NOT TO	THE		
INDIVIDUAL. THE ORGANIZATION WORK	S WITH THE	SCHOOL TO	O ENSURE TH	AT THE FUNDS		
ARE PROPERLY DISBURSED INTO THE R	ECIPIENT'S	ACCOUNT.				

TRANSPORTATION SCHOLARSHIP FUNDS ARE PAID OUT AS REIMBURSEMENTS, ONLY AFTER THE EXPENSE IS INCURRED AND RECEIPTS ARE PROVIDED TO, AND APPROVED BY, CAMP ODAYIN STAFF. ONCE THESE REQUIREMENTS ARE MET AND THE PROGRAM HAS TAKEN PLACE, THE FUNDS ARE DISBURSED.

## **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CAMP ODAYIN

**Employer identification number** 41-2014358

01111 0211111
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOR YOUNG PEOPLE WITH HEART DISEASE AND THEIR FAMILIES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
WINTER CAMP - CAMP ODAYIN LAUNCHED WINTER CAMP IN 2011 TO CONNECT OUR
HEART FAMILY THROUGHOUT THE YEAR. WINTER CAMP TAKES PLACE EACH FEBRUARY
AND IS A WEEKEND FULL OF SNOWY FUN INCLUDING BROOMBALL, SNOW TUBING AND
BONFIRES. THIS PROGRAM IS LOCATED IN AMERY, WI.
WINTER CAMP WAS OFFERED AS TWO, ONE-DAY, FAMILY FRIENDLY OUTDOOR EVENTS
IN 2023. ONE NEAR MINNEAPOLIS/ST. PAUL, MN AND ONE NEAR MILWAUKEE, WI.
TICKER TALK TICKER TALK IS AN ONLINE MEET-UP FOR HEART KIDS IN GRADES
1-12. EVERY OTHER MONTH DURING THE SCHOOL YEAR, THE HOUR-LONG
GET-TOGETHER IS A MINI CAMP EXPERIENCE, FULL OF FUN, INTERACTIVE GAMES,
EDUCATIONAL SPEAKERS, AND MORE. THIS PROGRAM IS STREAMED LIVE OVER
ZOOM.
EDUCATION AND TRAINING PROGRAMS - CAMP ODAYIN HAS DEVELOPED TRAINING
MATERIALS AND CONDUCTS STAFF TRAINING SESSIONS PRIOR TO CAMP.
VOLUNTEERS ARE EDUCATED REGARDING PEDIATRIC CARDIAC ISSUES AND
APPROPRIATE RESPONSES TO VARIOUS SITUATIONS. CAMP ODAYIN ALSO PROVIDES
EDUCATIONAL ACTIVITIES AND SUPPORT OPPORTUNITIES FOR CAMPERS AND THEIR
FAMILIES. ACTIVITIES INCLUDE SPECIAL EVENTS FOR CHILDREN, SUPPORT
GROUPS, AND NETWORKING.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2** 

Name of the organization CAMP ODAYIN

Employer identification number 41-2014358

SCHOLARSHIP PROGRAM - CAMP ODAYIN PROVIDES TRAVEL SCHOLARSHIPS TO

ASSIST CAMPERS AND FAMILIES WITH FINANCIAL NEED WHO TRAVEL A

SIGNIFICANT DISTANCE TO ATTEND A PROGRAM. VOLUNTEERS WHO TRAVEL A

SIGNIFICANT DISTANCE TO TAKE PART IN ONE OF OUR PROGRAMS ARE ALSO

ELIGIBLE TO REQUEST A TRAVEL SCHOLARSHIP.

IN 2023, THANKS TO THE GENEROSITY OF A DONOR, CAMP ODAYIN BEGAN

OFFERING EDUCATIONAL SCHOLARSHIPS TO FORMER CAMPERS PURSUING

POST-SECONDARY EDUCATION. THIS SCHOLARSHIP IS AWARDED IN THE SPRING.

EXPENSES \$ 116,556. INCLUDING GRANTS OF \$ 10,726. REVENUE \$ 2,891.

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

MICHAEL STUART AND DR. SHWETA STUART - FAMILY RELATIONSHIP

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

THE 990 IS REVIEWED AT THE BOARD MEETING FOLLOWING ITS COMPLETION. BOARD

MEMBERS ARE ABLE TO ASK QUESTIONS, MAKE COMMENTS, ETC. ONCE REVIEWED AND

ALL QUESTIONS ARE ANSWERED, THE BOARD MOVES TO APPROVE THE 990.

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

EACH STAFF MEMBER AND BOARD MEMBER READ AND SIGN THE CAMP ODAYIN CONFLICT

OF INTEREST POLICY ON AN ANNUAL BASIS.

ANY CONFLICTS DISCLOSED ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD CHAIR TO APPROVE THE CONFLICT IS ACCEPTABLE BY THE ORGANIZATION.

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

CAMP ODAYIN USES THE ANNUAL "MINNESOTA NONPROFIT SALARY AND BENEFITS

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** 41-2014358 CAMP ODAYIN SURVEY" PRODUCED BY THE MN COUNCIL OF NONPROFITS AS A GUIDE TO DETERMINING EMPLOYEE SALARIES. THE BOARD OF DIRECTORS USES THIS SURVEY TO DETERMINE AND APPROVE THE EXECUTIVE DIRECTOR SALARY. THE EXECUTIVE DIRECTOR USES THE SURVEY TO DETERMINE ALL OTHER EMPLOYEE SALARIES (INCLUDING THE FINANCE DIRECTOR). THE EXECUTIVE DIRECTOR THEN PRESENTS EMPLOYEE SALARIES TO THE BOARD FOR APPROVAL. THIS PROCESS OCCURS ON AN ANNUAL BASIS, DURING THE CREATION OF THE NEXT YEAR'S BUDGET. FORM 990, PART VI, SECTION C, LINE 19: ALL EMPLOYEES AND BOARD MEMBERS REVIEW AND SIGN THE CAMP ODAYIN CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. EMPLOYEES/BOARD MEMBERS ARE ENCOURAGED TO DISCUSS ANY QUESTIONS AND/OR CONCERNS WITH THE EXECUTIVE DIRECTOR.