# Form **990**

# 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 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A l</u>	For th	e 2023 calendar year, or tax year beginning $$ APR $$ $$ $$ $$ $$ $$ $$ 2 $$ $$ $$ $$ and ending	<u>g MAR 31, 2024</u>				
В	Check if applicab	C Name of organization	D Employer identif	fication number			
	Addre	E CAMP TWIN LAKES, INC					
	Name	pe Doing business as	58-18267	782			
	Initial return Final return	Number and street (of P.O. box if mail is not delivered to street address)  1100 CDD TMC CMD FEM	suite E Telephone numb 404-231-				
	termi		G Gross receipts \$	10,753,309.			
	Amen	ded a mr a arma da a a a a a a a a a a a a a a a a a	H(a) Is this a group				
	Application		for subordinate				
	pendi	SAME AS C ABOVE	H(b) Are all subordinates	······			
$\overline{\Gamma}$	Гах-ех	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	` `	a list. See instructions			
	Nebsi		H(c) Group exempti	on number			
K	orm o	forganization: X Corporation Trust Association Other L	Year of formation: 1993	M State of legal domicile: GA			
P	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DULE O				
Activities & Governance							
B	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net as	sets.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30			
og V	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		257			
įį	6	Total number of volunteers (estimate if necessary)	6	5000			
Ċŧ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	78	0.			
_<	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.			
			Prior Year	Current Year			
۵	8	Contributions and grants (Part VIII, line 1h)	6,965,086.	7,660,055.			
Revenue	9	Program service revenue (Part VIII, line 2g)	2,497,956.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	58,963.	65,545.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-129,550.	-160,977.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,392,455.	10,576,884.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,847,076.	4,724,249.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
<u>.</u>	b	Total fundraising expenses (Part IX, column (D), line 25) 1,046,744.					
μĵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,698,497.	5,681,614.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,545,573.	10,405,863.			
_	19	Revenue less expenses. Subtract line 18 from line 12	1,846,882.	171,021.			
5			Beginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)	46,420,346.				
TA SE	2	Total liabilities (Part X, line 26)	6,331,719.				
ۓ	22	Net assets or fund balances. Subtract line 21 from line 20	40,088,627.	40,259,649.			
_	ırt II	Signature Block					
		ities <u>of perj</u> ury, I <u>declare that I have examined this return, including accompanying schedules and sta</u>		y knowledge and belief, it is			
true,	correc	t, and complete: Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge,	<del>,</del>			
		XXX / MANUFER	<u> </u>	25			
Sign	1	Signature of officer	Date / /				
Her	0	JILL MORRISEY, CHIÉF EXECUTIVE OFFICER					
		Type or print name and title	I base	T DTIN			
		Print/Type preparer's name Preparer's signature	Date Check Check	PTIN			
Paid		PAMELA D. HARDISTER, CPA PAMELA D. HARDISTER		yed P00240127			
Prep		Firm's name CRI ADVISORS, LLC	Firm's EIN S	9-4625061			
Use Only Firm's address 4004 SUMMIT BLVD NE, SUITE 800							
		ATLANTA, GA 30319	Phone no. 77	0.394.8000			
May	the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No			

Га	Objective to the Control of the Cont	[ <del>V</del> ]
	Check if Schedule O contains a response or note to any line in this Part III	<u>X</u>
1	Briefly describe the organization's mission:	
	CAMP TWIN LAKES OFFERS YEAR-ROUND RECREATIONAL AND EDUCATIONAL	
	PROGRAMS FOR CAMPERS FACING SERIOUS ILLNESS, DISABILITIES AND OTH	
	PHYSICAL, EMOTIONAL, AND SOCIAL CHALLENGES. IN COLLABORATION WITH	
	THAN 70 COMMUNITY NON-PROFIT PARTNERS, CTL PROVIDES YEAR-ROUND LI	<u>FE</u>
2	Did the organization undertake any significant program services during the year which were not listed on the	¬ (₹₹)
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expen	ses, and
	revenue, if any, for each program service reported.	
4a		12,261.
	CAMP TWIN LAKES PARTNERS WITH MORE THAN 70 LOCAL NON-PROFIT	
	ORGANIZATIONS, EACH SERVING A SPECIFIC DIAGNOSIS, TO PROVIDE	
	THERAPUETIC CAMPING PROGRAMS THAT MEET THE UNIQUE NEEDS OF MORE T	HAN
	10,000 CHILDREN, ADOLESCENTS, AND FAMILIES LIVING WITH ILLNESSES	AND
	LIFE CHALLENGES.	
	PROGRAMS ARE HELD AT OUR THREE YEAR-ROUND CAMPUSES THAT ARE MEDIC	ALLY
	SUPPORTIVE AND FULLY ACCESSIBLE TO MEET THE UNIQUE NEEDS OF THE C	
	WE SERVE. CTL PROVIDES A SCHOLARSHIP FOR EVERY CAMPER SERVED THRO	
	OUR DONOR FUNDED CAMPER SCHOLARSHIP PROGRAM.	
	CON PONON TONDED CITE EN PONON	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
70	(Code:) (Expenses a	,
	·	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
	·	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 8,616,828.	
		orm <b>990</b> (2023)

# Form 990 (2023) CAMP TWIN LAKES, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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>			1
0	, ,			X
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
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			
	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		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		<u></u> -
J	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		X
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	שדו		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<del>  ^</del>
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>~</sub>
40	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		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<del>                                     </del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2023) CAMP TWIN LAKES, INC
Part IV Checklist of Required 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	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>
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 24d		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
<b>25</b> a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.0		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	25b		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	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? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del></del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ı a	Charle if Cahadula O contains a vacanage or note to any line in this Dout V			
	Check if Schedule O contains a response or note to any line in this Part V			NI-
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_		1		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
U	(gambling) winnings to prize winners?	1c	Х	
332004	4 12-21-23	_		(2023)

	990 (2023) CAMP TWIN LAKES, INC 58-182	6782	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 25	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		X
b	If "Yes," enter the name of the foreign country	-		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		37	
a	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		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	١		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	·		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	7h		
0		8		
9	sponsoring organization nave excess business noidings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			
а	Did the conversion constitution and a section that the title title to the contract of the cont	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	$\neg$		
11	Section 501(c)(12) organizations. Enter:	$\neg$		
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		X
	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			

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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 30									
	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	20									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		х						
3										
_	of officers, directors, trustees, or key employees to a management company or other person?	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 assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
, .	more members of the governing body?	7a		x						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, u								
D		7b		x						
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75								
		8a	Х							
a	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X	_						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	25							
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3	l							
	This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No						
100	Did the examination have lead chapters, branches, or efficience?	10a	162	X						
	Did the organization have local chapters, branches, or affiliates?	IUa								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ha	25							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
12a		12b	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	25							
С	,	12c	Х							
12	on Schedule O how this was done	13	X							
13	Did the organization have a written whistleblower policy?	14	X	_						
14	Did the organization have a written document retention and destruction policy?	14	-22							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
_		450	Х							
a	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	15a	X	<del>                                     </del>						
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	22							
160										
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х						
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		1						
b										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b								
Sec	exempt status with respect to such arrangements?tion C. Disclosure	100	l	l						
17 10	List the states with which a copy of this Form 990 is required to be filed  GA  Section 6104 requires an erganization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (section 501(c)(3))	o oply	availe!	ble.						
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 orny)	avaliai	bie						
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain on Schedule O)									
40		d <b>f</b> i	oi a l							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	a tinano	Jiai							
00	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 DARIUS RUBUGA - CFO - 404-231-9887									
	1100 SPRING STREET, SUITE 406, ATLANTA, GA 30309									
	TIOU DENTING DINEEL, DUILE 400, ALLANIA, GA 30303									

# 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	(do	not c	Pos heck i	C) itior <sub>more</sub>	า than	one	(D)  Reportable compensation	(E)  Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director		Officer			tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DOUG HERTZ	1.00	77		37		H			0	
CHAIR & FOUNDER	1 00	Х		Х		-		0.	0.	0.
(2) PHILIP NUTSUGAH PRESIDENT	1.00	Х		х				0.	0.	0.
(3) YOLANDA WIMBERLY	1.00	Λ		Δ				0.	0.	· ·
VICE PRESIDENT	1.00	Х		x				0.	0.	0.
(4) ERIC PHILLIPS	1.00	Λ		Λ		K		0.	0.	0.
TREASURER	1.00	X		x				0.	0.	0.
(5) SPENCER PREIS, ESQ.	1.00	<u> </u>		22		$\vdash$		0.	0.	<u> </u>
SECRETARY	1.00	x		X		1		0.	0.	0.
(6) TOM BREMS	1.00									•
IMMEDIATE PAST PRESIDENT	1100	х						0.	0.	0.
(7) DAVID ANDERSON	1.00	T-							0.1	
DIRECTOR		х						0.	0.	0.
(8) DAVID BATCHELOR	1.00									
DIRECTOR		Х						0.	0.	0.
(9) PAUL BILLINGSLY, JR.	1.00									
DIRECTOR		Х						0.	0.	0.
(10) KIMBERLY BLAND	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ANNE CHAMBERS	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JERRY M. CHANG	1.00									
DIRECTOR		Х						0.	0.	0.
(13) ADAM FLEMING	1.00									
DIRECTOR		Х						0.	0.	0.
(14) LAWRENCE GELLERSTEDT	1.00									
DIRECTOR		Х				_		0.	0.	0.
(15) ANNE HIPP	1.00	1								_
DIRECTOR		Х				_		0.	0.	0.
(16) PHILIP HOLLEY	1.00								_	_
DIRECTOR		Х	_			_	<u> </u>	0.	0.	0.
(17) JOSH KAMIN, ESQ.	1.00									_
DIRECTOR		Х						0.	0.	0 <b>.</b> Form <b>990</b> (2023)

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58-1826782

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(C	<b>;</b> )			(D)	(E)	(F)		
Name and title	Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other					
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	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		
(18) MEREDITH LACKEY, ESQ.	1.00											
DIRECTOR		Х						0.	0.	0.		
(19) SCOTT LIGHT DIRECTOR	1.00	Х						0.	0.	0.		
(20) LEE LOUGHRAN	1.00								0.1			
DIRECTOR		х						0.	0.	0.		
(21) HAROLD MARTIN, JR.	1.00											
DIRECTOR		Х						0.	0.	0.		
(22) CEDRIC MILLER DIRECTOR	1.00	Х						0.	0.	0.		
(23) ADRIAN POWELL DIRECTOR	1.00	х						0.	0.	0.		
(24) EYAL RAPPOPORT DIRECTOR	1.00	х						0.	0.	0.		
(25) ELIZABETH CORRELL RICHARDS DIRECTOR	1.00	Х						0.	0.	0.		
(26) KEITH ROBERTS	1.00											
DIRECTOR		Х						0.	0.	0.		
1b Subtotal								0.	0.	0.		
c Total from continuation sheets to Part VI	I, Section A							1,022,114.	0.	90,788.		
d Total (add lines 1b and 1c)								1,022,114.	0.	90,788.		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BROAD SPECTRUM SERVICES, 11877 DOUGLAS ROAD SUITE 102-201, JOHNS CREEK, GA 30005	IT SERVICES	161,779.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 CAMP T	NIW	LAKES,	I	NC						58-182	6782
Part VII Section A. Officers, Directors	s, Trust	ees, Key En	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	ees (continued)	
(A)		(B)				C)			(D)	(E)	(F)
Name and title		Average		Position					Reportable	Reportable	Estimated
		hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	Of	per week (list any hours for related rganizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) SEAN SHANNON		1.00	37						0	0	0
DIRECTOR		1 00	Х						0.	0.	0
(28) DAVID SHOULBERG	<u> </u>	1.00									•
DIRECTOR		1 00	Х						0.	0.	0
(29) STEVE YACKIRA	$\vdash$	1.00								_	
DIRECTOR		40 00	Х						0.	0.	0
(30) JILL MORRISEY	 	40.00			77				414 500	_	17 200
CHIEF EXECUTIVE OFFICER		40.00		$\vdash$	Х		$\vdash$		414,523.	0.	17,296
(31) DARIUS RUBUGA	$\vdash$	40.00			7,7				146 050	_	22 606
CHIEF FINANCIAL OFFICER (32) CHERYL BELAIR		40.00		$\vdash$	Х		$\vdash$		146,059.	0.	22,686
(32) CHERYL BELAIR CHIEF DEVELOPMENT OFFICER	$\vdash$	40.00				х			166,690.	0.	22 006
(33) DANIEL MATHEWS		40.00				Λ			100,090.	0.	22,806
CHIEF EXPERIENCE OFFICER	$\vdash$	40.00					x		156,672.	0.	12,294
(34) JOSH SWEAT		40.00					1		130,072.	0.	14,474
CHIEF OPERATING OFFICER	$\vdash$	40.00					Х		138,170.	0.	15,706
onin ormanino orrigin							22		130,170.	<u> </u>	13,700
						7					
	L										
							_				
	  -										
				$\vdash$							
	-										
				$\vdash$							
				<u> </u>		<u> </u>					
Fotal to Part VII, Section A, line 1c									1,022,114.		90,788
Otal to Falt VII, Section A, line 10									1,000,114.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		Officer if Octroduc O contains a response	or riote to arry iiii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
nts nts	1 a	Federated campaigns 1a					
ira Ou	b	Membership dues1b					
s, ( Am	С	Fundraising events 1c	1,843,373.				
ar E	d	Related organizations1d	608,925.				
s, ( mil	е	Government grants (contributions) 1e	249,518.				
<u>s</u> ig	f	All other contributions, gifts, grants, and					
out the		similar amounts not included above 1f	4,958,239.				
풀	а	Noncash contributions included in lines 1a-1f	412,812.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	·	7,660,055.			
<u> </u>		Total And Miles Tu Ti	Business Code	, ,			
_	2 a	SUMMER CAMP REVENUE	611710	3,012,261.	3,012,261.		
ice			011710	3,012,201.	3,012,201.		
Program Service Revenue	b						
n S	С						
rar 3e∑	d						
o T	е						
<u>م</u>	f	All other program service revenue	611710				
	g	Total. Add lines 2a-2f		3,012,261.			
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)		62,643.			62,643.
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	(ii) Other				
	<i>r</i> a		* * * * * * * * * * * * * * * * * * * *				
		assets other than inventory 7a 18,350					
	b	Less: cost or other basis					
e l		and sales expenses 7b 15,448					
Revenue		Gain or (loss) 7c 2,902					
	d	Net gain or (loss)		2,902.			2,902.
her	8 a	Gross income from fundraising events (not					
₹		including \$1,843,373. of					
		contributions reported on line 1c). See					
		Part IV, line 18	0.				
	b	Less: direct expenses	160,977.				
	С	Net income or (loss) from fundraising events		-160,977.			-160,977.
		Gross income from gaming activities. See					
	- <b>-</b>	Part IV, line 19					
	h	Less: direct expenses					
		Net income or (loss) from gaming activities	<u> </u>				
	ю а	Gross sales of inventory, less returns					
	_	and allowances 10					
		Less: cost of goods sold10	b				
$\dashv$	С	Net income or (loss) from sales of inventory					
S			Business Code				
30 n	11 a						
Miscellaneous Revenue	b						
SeV	С						
Aiš	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue See instructions		10 576 884.	3 012 261.	0.	-95 432.

Pai	t IX Statement of Functional Expens	es								
Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,			44 0-4	400 454					
	trustees, and key employees	731,793.	551,265.	41,374.	139,154.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	2 201 576	0 506 061	174 560	F00 046					
7	Other salaries and wages	3,291,576.	2,536,961.	174,569.	580,046.					
8	Pension plan accruals and contributions (include	60 040	20 701	10 447	11 711					
	section 401(k) and 403(b) employer contributions)	60,949.	30,791.	18,447.	11,711.					
9	Other employee benefits	357,769.	180,742.	108,284.	68,743.					
10	Payroll taxes	282,162.	212,536.	16,257.	53,369.					
11	Fees for services (nonemployees):									
_	Management	5,858.	3,222.	1 757	070					
b	Legal	30,500.	16,775.	1,757. 9,150.	879. 4,575.					
	Accounting	30,300.	10,775.	9,150.	4,3/3.					
	Lobbying									
_	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,	132,590.	47,143.	31,069.	5/ 378					
40	column (A), amount, list line 11g expenses on Sch 0.)	5,198.	47,143.	31,003.	54,378. 5,198.					
12	Advertising and promotion	179,795.	111,587.	29,328.	38,880.					
13	Office expenses Information technology	110,100	111,507.	25,520•	30,000.					
14										
15 16	Royalties	943,732.	869,482.	26,553.	47,697.					
17	Occupancy	74,374.	63,466.	1,657.	9,251.					
18	Payments of travel or entertainment expenses	74,574.	03,400.	1,037.	3,231.					
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest	2,624.			2,624.					
21	Payments to affiliates	_, -,			-,					
22	Depreciation, depletion, and amortization	2,221,701.	1,980,958.	240,743.						
23	Insurance	168,833.	135,572.	33,261.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)									
а	FOOD	985,091.	985,091.							
b	REPAIRS AND MAINTENANCE	583,432.	576,309.	4,544.	2,579.					
С	PROGRAM SUPPLIES	289,162.	287,691.	1,471.						
d	PROFESSIONAL DEVELOPMEN	37,404.	27,237.	3,827.	6,340.					
е	All other expenses	21,320.	0 616 000	E40 001	21,320.					
25	Total functional expenses. Add lines 1 through 24e	10,405,863.	8,616,828.	742,291.	1,046,744.					
26	<b>Joint costs.</b> Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									

Check here [

if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			9,101,884.	1	4,552,616
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		1,873,438.	3	770,423	
	4	Accounts receivable, net			864,384.	4	982,844
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifie	ed per				
		under section 4958(f)(1)), and persons described			6		
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			40,972.	9	144,785
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	54,649,201.			
	b		10b	18,514,678.	34,235,296.	10c	36,134,523
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 1	_			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		304,372.	15	284,735	
	16	Total assets. Add lines 1 through 15 (must equal			46,420,346.	16	42,869,926
	17	Accounts payable and accrued expenses	4,719,684.	17	957,943		
	18	Grants payable		18			
	19	Deferred revenue	1,323,260.	19	1,386,889		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete P	art IV	of Schedule D		21	
S	22	Loans and other payables to any current or forme	er offic	er, director,			
≝		trustee, key employee, creator or founder, substa	intial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of these	e perso	ons		22	
	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay	ables '	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			065 445
		of Schedule D			288,775.	25	265,445
	26	Total liabilities. Add lines 17 through 25			6,331,719.	26	2,610,277
"		Organizations that follow FASB ASC 958, chec	k her	e X			
ĕ		and complete lines 27, 28, 32, and 33.			15 260 120		20 060 244
<u>a</u>	27				15,360,130.	27	39,868,344
B	28	Net assets with donor restrictions			24,728,497.	28	391,305
Sun		Organizations that do not follow FASB ASC 95	8, che	eck here			
F T		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			40 000 605	31	40 050 640
₽	32	Total net assets or fund balances			40,088,627.	32	40,259,649
	33	Total liabilities and net assets/fund balances			46,420,346.	33	42,869,926

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	1990 (2023) CAMP TWIN LAKES, INC	<u> 58-</u>	<u>-1826</u>	782	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
		.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,57		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	,40		
3	Revenue less expenses. Subtract line 2 from line 1	3		17	1,0	21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40	,08	8,6	27.
5	Net unrealized gains (losses) on investments	5				1.
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	40	, 25	9,6	49.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				X
					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:					
	Separate basis X 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,				
	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 Sche	dule O	)_			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	it			

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#### SCHEDULE A

(Form 990)

Total

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.

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

Name of the organization

**Employer identification number** 

OMB No. 1545-0047

CAMP TWIN LAKES, 58-1826782 INC Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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		
	Gifts, grants, contributions, and								
	membership fees received. (Do not								
		17277310.	6782689.	6496107.	6965086.	7660055.	45181247.		
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		17277310.	6782689.	6496107.	6965086.	7660055.	45181247.		
	The portion of total contributions								
Ū	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)						10130439.		
6	Public support. Subtract line 5 from line 4.						35050808.		
	etion B. Total Support						<del>                                      </del>		
	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	17277310.	6782689.	6496107.	6965086.	7660055.	45181247.		
	Gross income from interest,		0.02000		000000				
Ŭ	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	36,149.	28,418.	1,545.	59,885.	62.643.	188,640.		
9	Net income from unrelated business	30,1131	20,110.	1/3131	33,0031	02,013.	100/0101		
3	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						45369887.		
	Gross receipts from related activities,	etc (see instruction	ne)			12	12000000		
	First 5 years. If the Form 990 is for the			ourth or fifth tax v					
	organization, check this box and stop	-		· · · · · · · · · · · · · · · · · · ·					
Sec	ction C. Computation of Publi								
	Public support percentage for 2023 (l			olumn (f))		14	77.26 %		
	Public support percentage from 2022					15	75.56 %		
	33 1/3% support test - 2023. If the					ore, check this bo			
	stop here. The organization qualifies	-					37		
b	stop here. The organization qualifies as a publicly supported organization								
	and <b>stop here.</b> The organization qual								
17a									
	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, 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 te			-		viriow the organiz			
h	10% -facts-and-circumstances test	-	•	• • •	-				
	more, and if the organization meets the	_					. 5, 6 61		
	organization meets the facts-and-circle				-				
18	Private foundation. If the organization				•				
				, ,	,		(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	elow, please comp	nete i ait ii.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1) = 1 : 1	(-)	(0) = 1 = 1	(4,7=3==	(2) = 3 = 3	(,, , , , , , , , , , , , , , , , , , ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
ŀ	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.)						
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 6	(4,) = 0.10	(3)	(2) = 3 = 1	(4,) = 0 = =	(0) = 0 = 0	(1) 1010
	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•		. , . ,	. —
	check this box and stop here	- 0 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2023 (I		•	column (f))		15	%
	Public support percentage from 2022 ction D. Computation of Inves	·				16	%
	•			10 l (f)\		147	
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2023. If the					-41	
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the		-	•	• •		
	line 18 is not more than 33 1/3%, che	•			•	·	
20	<b>Private foundation.</b> If the organization						

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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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
_		
За		
3b		
Зс		
4a		
4b		
4c		
F		
5a		
5b		
5c		
- 55		
6		
7		
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9a		
01-		
9b		
90		
9c		
10a		
.54		
10b		
	n 990)	2023

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Par	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		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,	2		
Sect	supervised, or controlled the supporting organization.			
	Man or type in eapper mig enganizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
	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	4		
Sect	the supported organization(s). ction D. All Type III Supporting Organizations	1		
	Alon 217th Type in capporang organizations		V	NI.
	Did the average time and idea are but it as well of the average time but the last day of the fifth we at the of the		Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sect	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).	ins).		
a				
b				
C	5 The second will be a second to the s	e instruction		N.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	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 <b>Part VI</b> the role played by the organization in this regard.	3b	i l	I

Sche	dule A (Form 990) 2023 CAMP TWIN LAKES, INC			58-1826782 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust o	n Nov. 20, 1970 ( <i>explair</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	te Sections A through E.	
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		
С	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		

Schedule A (Form 990) 2023

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

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

Schedule A (Form 990) 2023

c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A	(Form	1 990	2023			CAM	ΡТ	MIN	LA	KES,	IN	C					58	-182	6782	Page 8
Part VI	Sup Part line Sect	ople IV, S 1; Pa tion D	ment ection rt IV, S	A, lin Sectio 5, 6,	nes 1, n D, I	2, 3b, 3 ines 2 a	3c, 4b and 3;	, 4c, 5a Part IV	a, 6, 9 /, Sec	9a, 9b, 9 ction E, I	ic, 11a ines 1d	, 11b, aı c, 2a, 2b	Part II, lind nd 11c; Pa o, 3a, and 3 complete t	art IV, \$ 3b; Pa	Section rt V, line	B, lines 1; Part	or 17b; I 1 and 2 V, Sect	Part III, li ; Part IV ion B, lin	ne 12; , Sectior ne 1e; Pa	n C,
SCHEDU	JLE	Α,	PAF	RT	ΙΙ															
PUBLIC	SU	IPP(	ORT	IS	ΜE	ASUF	RED	USI	NG	5 Y	EAR	COMI	PUTATI	ION	PER	IOD	THAT			
INCLUI	ES	OR	GAN]	ΙZA	TIC	n's	CU	RREN	1T .	YEAR	ANI	O PRI	EVIOUS	S FO	OUR T	YEAR	s.			
													X							
											<									

# Schedule B

(Form 990)

# **Schedule of Contributors**

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CAMP TWIN LAKES, INC

58-1826782

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-E	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						
Check if your orga	nization is covered by the General Rule or a Special Rule.						
Note: Only a section	on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections s	ganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; m 990-EZ, line 1. Complete Parts I and II.						
For an or	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one						
	or, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,						
	or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering column (b) instead of the contributor name and address), II, and III.						
year, con is checke purpose.	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Employer identification number

### CAMP TWIN LAKES, INC

58-1826782

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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
2		\$ 285,000.	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
3		\$ 252,768.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and Zir + +	\$ 249,518.	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
<u>5</u>		\$160,000.	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.)

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

Name of organization

Employer identification number

### CAMP TWIN LAKES, INC

58-1826782

(a) No. (b) Description of noncash property given See instructions.)  (a) No. (b) Description of noncash property given See instructions.)  (b) FMV (or estimate) (c) (d) Date received See instructions.)  (a) No. (b) Description of noncash property given See instructions.)  (a) No. (c) FMV (or estimate) (see instructions.)  (b) FMV (or estimate) (see instructions.)  (c) FMV (or estimate) (d) Date received See instructions.)  (d) Date received See instructions.)  (e) FMV (or estimate) (d) Date received See instructions.)  (a) No. (c) FMV (or estimate) (see instructions.)  (d) Date received See instructions.)  (e) FMV (or estimate) (see instructions.)  (f) FMV (or estimate) (see instructions.)  (g) Date received See instructions.)  (g) FMV (or estimate) (see instructions.)  (g) Date received See instructions.)  (g) Date received See instructions.)	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
\$ 252,768. 03/31/24  (a) No. 10 Description of noncash property given (c) FMV (or estimate) (See instructions)  (a) No. 10 Description of noncash property given (c) FMV (or estimate) (See instructions)  (a) No. 10 Description of noncash property given (c) FMV (or estimate) (See instructions)  (b) Date received (c) FMV (or estimate) (d) Date received (See instructions)  (a) No. 10 Description of noncash property given (c) FMV (or estimate) (See instructions)  (a) No. 10 Description of noncash property given (c) FMV (or estimate) (See instructions)  (a) No. 10 Description of noncash property given (c) FMV (or estimate) (See instructions)  (b) Date received (c) FMV (or estimate) (d) Date received (d) Date received (e) FMV (or estimate) (See instructions)	No. from		FMV (or estimate)	
(a) (b) (c) FMV (or estimate) (d) Date received  (a) (a) (b) (c) FMV (or estimate) (Gee instructions) (d) Date received  (a) (a) (b) (c) FMV (or estimate) (Gee instructions) (d) Date received  (a) (c) FMV (or estimate) (Gee instructions) (Gee instructions) (d) Date received  (a) (c) FMV (or estimate) (Gee instructions) (d) Date received  (a) (c) FMV (or estimate) (Gee instructions) (Gee ins		MONTHLY FOOD DONATIONS		
(a) No. The part is a second of the part is a second o	3	·		
No. from Description of noncash property given  (a) (b) (c) (c) (d) Date received  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (e) (c) FMV (or estimate) (See instructions.)  (d) Date received  (e) (c) FMV (or estimate) (See instructions.)  (d) Date received  (e) (c) FMV (or estimate) (See instructions.)  (a) No. from Description of noncash property given  (a) (b) FMV (or estimate) (See instructions.)  (a) (c) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)			\$ 252,768.	03/31/24
(a) No. from Description of noncash property given Scenstructions.)  (a) No. from Description of noncash property given Scenstructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (d) Date received Date	No. from		FMV (or estimate)	
No. from Description of noncash property given  (a) No. from Part I  (a) Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)			\$	
(a) No. from Description of noncash property given \$	No. from		FMV (or estimate)	
(a) No. from Description of noncash property given \$				
No. from Part I  (a) No. from Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Part I  (a) Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)			\$	
(a) No. from Part I  (a) Description of noncash property given Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Description of noncash property given Part I  (b) FMV (or estimate) (See instructions.)	No. from		FMV (or estimate)	
(a) No. from Part I  (a) Description of noncash property given Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Description of noncash property given Part I  (b) FMV (or estimate) (See instructions.)				
No. from Part I  (a) No. from Part I  (b) Description of noncash property given (See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (d) Date received  (e) FMV (or estimate) (See instructions.)			\$	
(a) No. from Part I  (b) FMV (or estimate) (See instructions.)  Date received	No. from		FMV (or estimate)	
(a) No. from Part I  (b) FMV (or estimate) (See instructions.)  Date received				
No. from Description of noncash property given  Part I  (c) FMV (or estimate) (See instructions.)  Date received			\$	
	No. from		FMV (or estimate)	
	_		•	

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

Name of organization **Employer identification number** 58-1826782 CAMP TWIN LAKES, INC 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 (d) Description of how gift is held (c) Use of gift 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

Name of the organization

CAMP TWIN LAKES, INC

**Employer identification number** 58-1826782

Pai	t I Organizations Maintaining Donor Advise- organization answered "Yes" on Form 990, Part IV, lin		s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) i unus and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		1 1
	Number of conservation easements on a certified historic structure of the		2c
d	Number of conservation easements included on line 2c acqu		
2	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by tr	le organization during the tax
4	year Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		_ f
·	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			<b>.</b>
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ration easements during the year
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	on easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	ments that describes the
Da	organization's accounting for conservation easements.	Aut Historical Transcruss or C	Athan Cimilan Assata
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	·	
	of art, historical treasures, or other similar assets held for put	· · · · · ·	•
	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	exhibition, education, or research in fur	therafice of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>¢</b>
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under FASB A		g, p. 01.00
а	Revenue included on Form 990, Part VIII, line 1	·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

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

3 Using the organization's acquestion, accession, and other records, check any of the following that make significant use of its collection times (check all that apply).  a Public exhibition  b Scholarly research  c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization socilitor receive donations of art, historical treasures, or other smilar assets  to be sold to raise funds rather than to be maintained as part of the organization's collection?  The part IV Expression of the organization and expense of the organization answered "Yes" on Form 900, Part XI, line 9, or reported an amount on Form 990, Part X, line 21.  The segoning balance  a Beginning balance  b Beginning balance  c Beginning balance  d Additions during the year  c Distributions during the year  c Distributions during the year  a Distributions during the year  b If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Check here if the organization has been provided in Part XIII.  Check here if the organization has been provided in Part XIII.  B If Yes, 'explain the part XIII.  Check here if the explanation has been provided in Part XIII.  Check here if the organization has been provided in Part XIII.  Check here if the organization has been provided in Part XIII.  Check here if the organization has been provided in Part XIII.  B If Yes is No III.  B B B B B B B B B B B B B B B B B B B	Par	rt III Organizations Maintaining Co	llections of Art	i, Historical Tre	asures, or	Other :	Similar <i>i</i>	Assets	(contin	ued)
a Public exhibition d Loan or exchange program  b Scholarly research  c Preservation for future generations  4 Provide a description of the organization's collections and explain how they turther the organization's exempt purpose in Part XIII.  5 During the year, did the organization scollections and explain how they turther the organization's exempt purpose in Part XIII.  5 During the year, did the organization of 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 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?  1b If 'Yes, explain the arrangement in Part XIII and complete the following table:  1 Beginning balance  2 Biginning balance  3 Biginning balance  4 Additions during the year  5 Ending balance  6 Difference or a section of the organization include an amount on Form 990, Part X, line 21, for escrov or custodial account flability?  1 Pert Y Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.  1 Beginning of year balance  1 Beginning of year balance  1 Go Current year  1 Go Current year  1 Go Current year  1 Go Current year  1 Go Prior year  1 Go Williams of the prior year shall be a secondarial to the properties of the organization and year year year year year year year year	3	Using the organization's acquisition, accessio	n, and other records	s, check any of the f	ollowing that r	nake sigi	nificant us	e of its		
b Scholarly research e Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rether than to be maintained as part of the organization collection? Yes No Part IV Secrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, and the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, and the part of the organization answered "Yes" on Form 990, Part IV, line 10, line 21, for escrow or custodial account liability?  C Beginning balance  C Beginning balance  C Beginning balance  C Beginning balance  It Amount  C Beginning balance  C Beginning balance  It Beginning of year balance  It Beginning beginni		collection items (check all that apply).								
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of 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, line 21.  1b I "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   Inc.   I	а	Public exhibition	d	Loan or excl	hange progran	n				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 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 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, frustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21.  1a Is the organization an agent, frustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  1	b	Scholarly research	е	Other						
5 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?  Part V   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.  Is the organization an angunt on Form 990, Part X, line 21.  Is the organization answered "Yes" on Form 990, Part X, line 21.  Is the organization answered "Yes" on Form 990, Part X, line 21.  Is the organization answered "Yes" on Form 990, Part X, line 21.  Is the organization answered "Yes" on Form 990, Part X, line 21.  Is grain in the arrangement in Part XIII and complete the following table:  Is ending balance  Is ending the year  Is ending balance	С	Preservation for future generations								
To be sold for raise thunds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's col	lections and explain	how they further th	e organization	's exemp	ot purpose	in Part )	KIII.	
Part V   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   line 21.  1b If "Yes, "Explain the arrangement in Part XIII and complete the following table:    Amount   1c	5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other	similar a	ssets			
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, line 21, for escrow or custodial account liability?  1b Part V Endowment Funds Complete if the organization has been provided in Part XIII  Part V Endowment Funds Complete if the organization in that are held and administered for the organization by:  1a Beginning of year balance  5 Contributions  1b Contributions  1c Net investment earnings, gains, and losses  1d Administrative expenses  1d Administrative expenses  1d Administrative expenses  1d Beginning of year balance  5 16, 996, 548, 205, 522, 345, 300, 000, 300, 000.  1b Pornovide the estimated percentage of the current year end balance line 1g, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20										☐ No
Tale   St the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	rt IV Escrow and Custodial Arrang	ements Complet	te if the organization	answered "Ye	es" on Fo	orm 990, F	art IV, lir	ne 9, or	
on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table:    Amount		reported an amount on Form 990, Part	X, line 21.							
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance	1a	Is the organization an agent, trustee, custodia	n, or other intermed	liary for contribution	s or other asse	ets not in	cluded		_	
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance		on Form 990, Part X?						🗀	Yes	No
C   Beginning balance     1c	b									
d Additions during the year    Distributions during the year   1   1   1   1   1   1   1   1   1									Amount	
Example   Distributions during the year   Family Balance   Family Balanc	С	Beginning balance					1c			
## Inding balance ## Inding ba	d	Additions during the year					1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Part V   Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IX, line 10.    Calcurrent year   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four ye	е	Distributions during the year					1e			
Describe in Part XIII   Check here if the explanation has been provided in Part XIII   Check here if the organization answered "Yes" on Form 990, Part IX, line 10.   The percentages on lines 2a, 2b, and 2c should equal 100%.   The percentages on lines 2a, 2b, and 2c should equal 100%.   The percentages on lines 2a, 2b, and 2c should equal 100%.   The percentages on lines 2a, 2b, and 2c should equal 100%.   The percentages on lines 2a, 2b, and 2c should equal 100%.   The percentages on lines 2a, 2b, and 2c should equal 100%.   The percentages in Part XIII the intended uses of the organization's endowment funds.   The part XIII the intended uses of the organization's endowment thands.   The part XIII the intended uses of the organization's endowment basis (investment)   The part XIII the intended uses of the organization answered "Yes" on the passes (a) 9, 645, 1.27, 21, 715, 769, case of the passes (a) 1, 31, 360, 896, b) 9, 645, 1.27, 21, 715, 769, case of the currents of the case of the passes (a) 1, 31, 360, 896, b) 9, 645, 1.27, 21, 715, 769, case of the currents of the organization answered "Yes" on the contents of the passes of the current of the organization and the passes of the current of the organization and the passes of the passe	f								,	
Part V   Endowment Funds   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		_					/?	L	Yes	☐ No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   516,996.   548,205.   522,345.   300,000.   300,00	_									
1a Beginning of year balance       516,996.       548,205.       522,345.       300,000.       300,000.         b Contributions       180,059.         c Net investment earnings, gains, and losses       36,535.       15,685.       14,463.       42,286.         d Grants or scholarships       90.00       90.00       90.00       90.00       90.00         e Other expenditures for facilities and programs       37,775.       -32,098.       9.119.       20,7701.       90.00<	Pai	rt V   Endowment Funds Complete if t								
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 1 1.8520		-	• •							
C Net investment earnings, gains, and losses   36,535.   15,685.   14,463.   42,286.	1a		516,996.	548,205.	522,	,345.				300,000.
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 544,606, 516,996, 548,205, 522,345, 300,000.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 0000 % b Permanent endowment 11.8520 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations?  5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  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 depreciation  1a Land 4,386,529. 4,386,529. 5,193,481. 1,339,683. 3,853,798. 6 Other (b) Cost or 51,93,481. 1,339,683. 3,853,798.	b		26 525	45 625		460				
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 544,606, 516,996, 548,205, 522,345, 300,000.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 0000 %  b Permanent endowment 11.8520 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations aski(ii), are the related organizations listed as required on Schedule R?  4. Describe in Part XIII the intended uses of the organization's endowment funds.  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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation  1a Land 4,386,529. 4,386,529. 5,193,481. 1,339,683. 3,853,798. 6 Other (b) Cost or 51,93,481. 1,339,683. 3,853,798. 6 Other	С		36,535.	15,685.	14,	463.	4:	2,286.		
and programs  f Administrative expenses g End of year balance  544,606, 516,996, 548,205, 522,345, 300,000.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  88.1480 % c Term endowment  11.8520 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the 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?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  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 Buildings  31,360,896.9,645,127.21,715,769. c Leasehold improvements  7,478,237.7,478,237.7,478,237.0. d Equipment  5,193,481.1,339,683.3,853,798.e  Other										
## Administrative expenses   8,925,   9,119,   20,701,	е	Other expenditures for facilities								
Second process   Seco										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	f									
a Board designated or quasi-endowment b Permanent endowment 11.8520 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iiii) Related organizations? (iv) Exercise in Part XIII the intended uses of the organization's endowment funds.  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 depreciation  1a Land (d) Book value depreciation  1a Land (d) Book value depreciation  7,478,237, 7,478,237, 0. 4,386,529. 5,193,481, 1,339,683, 3,853,798,600  6,230,058, 51,631, 6,178,427.	g	•			·	205.	523	2,345.		300,000.
b Permanent endowment 88.1480 % c Term endowment 11.8520 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the 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?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  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 Buildings  31,360,896. 9,645,127. 21,715,769. c Leasehold improvements  4,478,237. 7,478,237. 7,478,237. 0. d Equipment  5,193,481. 1,339,683. 3,853,798. e Other  6,230,058. 51,631. 6,178,427.	2				) held as:					
c Term endowment       11.8520 %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	a			_%						
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a	b	11 0500								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iv) In a 3a(ii) X 3a(iii) X 3a(ii) X 3a(ii) X 3a(iii) X	С									
Ves   No   (i)   Unrelated organizations?   3a(i)   X     X     X     X     X     X     X     X     X     X     X     X     X   X     X	_									
(i) Unrelated organizations?       3a(i)       X         (ii) Related organizations?       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       X         4 Describe in Part XIII the intended uses of the organization's endowment funds.       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 (other)       (c) Accumulated depreciation       (d) Book value         1a Land       4,386,529.       4,386,529.       4,386,529.         b Buildings       31,360,896.       9,645,127.       21,715,769.         c Leasehold improvements       7,478,237.       7,478,237.       0.         d Equipment       5,193,481.       1,339,683.       3,853,798.         e Other       6,230,058.       51,631.       6,178,427.	за		sion of the organiza	tion that are neid an	ia administere	a for the			Г	Voc. No.
(ii) Related organizations?       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3a (ii) X         4 Describe in Part XIII the intended uses of the organization's endowment funds.       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       4,386,529.       4,386,529.       4,386,529.         b Buildings       31,360,896.       9,645,127.       21,715,769.         c Leasehold improvements       7,478,237.       7,478,237.       0.         d Equipment       5,193,481.       1,339,683.       3,853,798.         e Other       6,230,058.       51,631.       6,178,427.									$\overline{}$	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  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)  1a Land  4,386,529.  4,386,529.  4,386,529.  b Buildings  31,360,896.  9,645,127.  21,715,769.  c Leasehold improvements  7,478,237.  7,478,237.  0.  d Equipment  5,193,481.  1,339,683.  3,853,798.  e Other										
4 Describe in Part XIII the intended uses of the organization's endowment funds.           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           1a Land         4,386,529.         4,386,529.           b Buildings         31,360,896.         9,645,127.         21,715,769.           c Leasehold improvements         7,478,237.         7,478,237.         0.           d Equipment         5,193,481.         1,339,683.         3,853,798.           e Other         6,230,058.         51,631.         6,178,427.										
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           1a Land         4,386,529.         4,386,529.           b Buildings         31,360,896.         9,645,127.         21,715,769.           c Leasehold improvements         7,478,237.         7,478,237.         0.           d Equipment         5,193,481.         1,339,683.         3,853,798.           e Other         6,230,058.         51,631.         6,178,427.	D								3D	<u> </u>
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           1a Land         4,386,529.         4,386,529.           b Buildings         31,360,896.         9,645,127.         21,715,769.           c Leasehold improvements         7,478,237.         7,478,237.         0.           d Equipment         5,193,481.         1,339,683.         3,853,798.           e Other         6,230,058.         51,631.         6,178,427.	Par			wment iunas.						
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         4,386,529.         4,386,529.         4,386,529.           b Buildings         31,360,896.         9,645,127.         21,715,769.           c Leasehold improvements         7,478,237.         7,478,237.         0.           d Equipment         5,193,481.         1,339,683.         3,853,798.           e Other         6,230,058.         51,631.         6,178,427.				Part IV line 11a S	ee Form 990 I	Part X lir	ne 10			
tall Land         basis (investment)         basis (other)         depreciation           b Buildings         31,360,896.         9,645,127.         21,715,769.           c Leasehold improvements         7,478,237.         7,478,237.         0.           d Equipment         5,193,481.         1,339,683.         3,853,798.           e Other         6,230,058.         51,631.         6,178,427.			I						(d) Pool	
1a Land       4,386,529.       4,386,529.         b Buildings       31,360,896.       9,645,127.       21,715,769.         c Leasehold improvements       7,478,237.       7,478,237.       0.         d Equipment       5,193,481.       1,339,683.       3,853,798.         e Other       6,230,058.       51,631.       6,178,427.		Description of property	, , , , , , , , , , , , , , , , , , , ,	, , , , , ,					(u) book	. value
b Buildings       31,360,896.       9,645,127.       21,715,769.         c Leasehold improvements       7,478,237.       7,478,237.       0.         d Equipment       5,193,481.       1,339,683.       3,853,798.         e Other       6,230,058.       51,631.       6,178,427.	12	Land	<del></del>	· ·		асрі			4.386	5.529
c Leasehold improvements       7,478,237.       7,478,237.       0.         d Equipment       5,193,481.       1,339,683.       3,853,798.         e Other       6,230,058.       51,631.       6,178,427.						9 6	45 12			
d Equipment 5,193,481. 1,339,683. 3,853,798. e Other 6,230,058. 51,631. 6,178,427.									_,,_	
e Other 6,230,058. 51,631. 6,178,427.									3.853	
				•						

Schedule D (Form 990) 2023

Part VII Investments - Other Securities	•		-1826782 Page
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market 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" o			
(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)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15	
·	Description	Tru. Gee Form 330, Fart X, line 13.	(b) Book value
	oescription .		(b) Dook value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 15, col.	(R))		
Part X Other Liabilities	( <i>D</i> ))		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability		· · ·	(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE RIGHT-OF-U	SE		
(3) LIABILITIES			193,874
(4) FINANCE LEASE RIGHT-OF-USE			,
(7) I TARTITUTEC			71 57

<u>1</u>	(a) Description of hability	(b) Dook value
(1)	Federal income taxes	
(2)	OPERATING LEASE RIGHT-OF-USE	
(3)	LIABILITIES	193,874.
(4)	FINANCE LEASE RIGHT-OF-USE	
(5)	LIABILITIES	71,571.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	265,445.

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

Schedule D (Form 990) 2023

Pai	t XI F	Reconciliation of Revenue per Audited Financial Stater	ments With	Revenue per Re	turn	
	c	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total rev	venue, gains, and other support per audited financial statements			1	10,488,343.
2	Amounts	s included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unre	ealized gains (losses) on investments	2a			
b	Donated	services and use of facilities	2b			
С		ies of prior year grants				
d		escribe in Part XIII.)		160,977.		
е	Add line	s 2a through 2d			2e	160,977.
3	Subtract	t line <b>2e</b> from line <b>1</b>			3	10,327,366.
4	Amounts	s included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investme	ent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (D	escribe in Part XIII.)	4b	249,518.		
С	Add line	s <b>4a</b> and <b>4b</b>			4c	249,518.
5	Total rev	venue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I, line 12.)			5	10,576,884.
Pa	rt XII   F	Reconciliation of Expenses per Audited Financial State	mente With	Expenses per R	2 tiiri	n
	i C XII	Reconciliation of Expenses per Audited Financial State	THE THE	Expended per i	Ctur	''
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1		Expended per 1		
1	C	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		1	10,317,322.
	Total exp	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total exp	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 penses and losses per audited financial statements	12a.			
1 2	Total exp Amounts Donated	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 penses and losses per audited financial statements s included on line 1 but not on Form 990, Part IX, line 25:	2a 2b			
1 2 a	Total exp Amounts Donated	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 penses and losses per audited financial statements s included on line 1 but not on Form 990, Part IX, line 25: If services and use of facilities ar adjustments	2a 2b			
1 2 a b	Total exp Amounts Donated Prior year Other los	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 penses and losses per audited financial statements s included on line 1 but not on Form 990, Part IX, line 25: If services and use of facilities ar adjustments	2a 2b 2c			10,317,322.
1 2 a b	Total exp Amounts Donated Prior year Other los	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 penses and losses per audited financial statements s included on line 1 but not on Form 990, Part IX, line 25: If services and use of facilities ar adjustments ssees	2a 2b 2c 2d	160,977.		160,977.
1 2 a b c	Total exp Amounts Donated Prior year Other los Other (D Add line	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 penses and losses per audited financial statements s included on line 1 but not on Form 990, Part IX, line 25: Il services and use of facilities ar adjustments sses describe in Part XIII.)	2a 2b 2c 2d	160,977.	1	10,317,322.
1 2 a b c d	Total exp Amounts Donated Prior yea Other los Other (D Add line Subtract	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 penses and losses per audited financial statements s included on line 1 but not on Form 990, Part IX, line 25: If services and use of facilities ar adjustments ssees lescribe in Part XIII.)	2a 2b 2c 2d	160,977.	1 2e	160,977.
1 2 a b c d e 3	Total exp Amounts Donated Prior yea Other los Other (D Add line Subtract Amounts	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 penses and losses per audited financial statements s included on line 1 but not on Form 990, Part IX, line 25: d services and use of facilities ar adjustments sses lescribe in Part XIII.) s 2a through 2d t line 2e from line 1	2a 2b 2c 2d	160,977.	1 2e	160,977.
1 2 a b c d e 3	Total exp Amounts Donated Prior year Other los Other (D Add line Subtract Amounts Investme	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 penses and losses per audited financial statements s included on line 1 but not on Form 990, Part IX, line 25: d services and use of facilities ar adjustments sses lescribe in Part XIII.) s 2a through 2d t line 2e from line 1 s included on Form 990, Part IX, line 25, but not on line 1:	2a   2b   2c   2d	160,977.	1 2e	160,977. 10,156,345.
1 2 a b c d e 3 4 a b	Total exp Amounts Donated Prior year Other los Other (D Add line Subtract Amounts Investme Other (D	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 penses and losses per audited financial statements is included on line 1 but not on Form 990, Part IX, line 25: It services and use of facilities ar adjustments isses iterated by the services and are adjustments is see iterated by the services are adjustments is seen in Part XIII.) is 2a through 2d it line 2e from line 1 is included on Form 990, Part IX, line 25, but not on line 1: iterated by the services and losses are adjustments in the services and losses per audited financial statements in the servi	2a 2b 2c 2d 4a 4b	160,977.	1 2e	160,977. 10,156,345. 249,518.
1 2 a b c d e 3 4 a b c 5	Total exp Amounts Donated Prior year Other los Other (D Add line Subtract Amounts Investme Other (D Add line Total exp	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 penses and losses per audited financial statements is included on line 1 but not on Form 990, Part IX, line 25: It services and use of facilities is ar adjustments is sees. It services are use of facilities is are adjustments in Part XIII.) is 2a through 2d it line 2e from line 1 is included on Form 990, Part IX, line 25, but not on line 1: it ent expenses not included on Form 990, Part VIII, line 7b in lescribe in Part XIII.)	2a 2b 2c 2d 4a 4b	249,518.	2e 3	160,977. 10,156,345.

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

#### PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS ARE HELD AND ADMINISTERED BY ITS RELATED ORGANIZATION, CAMP TWIN LAKES FOUNDATION, INC.. THE ORGANIZATION'S ENDOWMENT FUND CONSISTS OF INVESTMENTS TO BE HELD INDEFINITELY. ITS ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE ORGANIZATION MUST HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIED PERIOD. THE NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

#### PART X, LINE 2:

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGANIZATION IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. THE

Part XIII Supplemental Information (continued)

ORGANIZATION HAD NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED MARCH 31, 2024 AND 2023.

THE ORGANIZATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FASB ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF MARCH 31, 2024 AND 2023, THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES FOR SCHEDULE G 160,977.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ERC REFUND 249,518.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

160,977. SPECIAL EVENTS EXPENSES FOR SCHEDULE G

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ERC REFUND 249,518.

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

Name of the organization  CAMP TW	IN LAKES, INC					Employer ide 58-1826	ntification number 782
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17		
Indicate whether the organization rais	ed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual  art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-govern govern sising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Fotal							
<b>3</b> List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2023

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

		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
			SPIN FOR	GOLF		` '
			KIDS	TOURNAMENT	4	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne			, ,,	, ,,	,	
Revenue	1	Gross receipts	704,237.	397,183.	741,953.	1,843,373.
ш	2	Less: Contributions	704,237.	397,183.	741,953.	1,843,373.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	_	Dont/facility acets				
(bei	6	Rent/facility costs				
Ę	7	Food and haverages				
irec	′	Food and beverages				
		Entortainment				
		Entertainment Other direct expenses	18,006.	110,116.	32,855.	160,977.
		Direct expense summary. Add lines 4 through	· · · · · · · · · · · · · · · · · · ·		-	160,977.
		Net income summary. Subtract line 10 from lin				-160,977.
Pa	rt I	II Gaming. Complete if the organization a		990, Part IV, line 19, or r	reported more than	,
		\$15,000 on Form 990-EZ, line 6a.				
4			(a) Pingo	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
Ж	1	Gross revenue				
Ś	2	Cash prizes				
nse						
xbe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Ö						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	•	Breet expense summary. And imes 2 through	0 iii oolaiiii (a)			
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)			
		,	, , ,			
9	Ent	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	lf "	Yes," explain:				

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

Sch	ledule G (Form 990) 2023 CAMP TWIN LAKES, INC 58	<u>3-18</u>	26	782	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[		Yes	No
	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?	Γ	$\neg$	Yes	No
13	Indicate the percentage of gaming activity conducted in:	_			
	The organization's facility	1.	13a		%
	o An outside facility		I3b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
•	Enter the hame and address of the person who prepares the organization organization of garming special events books and records.				
	Name				
	- Name				
	Address				
	Address				
150	Poss the arganization have a contract with a third party from whom the arganization receives gaming revenue?	Г	一,	Yes	No
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L		163	140
D	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun	τ			
	of gaming revenue retained by the third party \$				
C	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?	[		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е			
	organization's own exempt activities during the tax year \$				
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	l Part II	I, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

Schedule G	G (Form 990)	CAMP	TWIN	LAKES,	INC	58-1826782	Page 4
Part IV	G (Form 990)  Supplemental Infor	mation	(continued	")			
			(00000000000000000000000000000000000000	,			
_							

### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

INC

CAMP TWIN LAKES

Employer identification number 58-1826782

Pa	art I Questions Regarding Compensation			
	·		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee   X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			177
	The organization?	6a		X
b	Any related organization?	6b		<u>  ^</u>
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		Х	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	_^	-
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			X
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		A
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JILL MORRISEY	(i)	287,400.	127,123.	0.	8,921.	8,375.	431,819.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DARIUS RUBUGA	(i)	126,184.	19,875.	0.	5,016.	17,670.	168,745.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHERYL BELAIR	(i)	144,190.	22,500.	0.	5,136.	17,670.	189,496.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DANIEL MATHEWS	(i)	136,183.	20,489.	0.	4,573.	7,721.	168,966.	0.
CHIEF EXPERIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOSH SWEAT	(i)	120,170.	18,000.	0	3,694.	12,012.	153,876.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)			Y				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
THE ORGANIZATION PROVIDED A NON-FIXED BONUS PAYMENT TO OFFICERS, KEY
EMPLOYEE, AND HIGHEST COMPENSATED EMPLOYEES LISTED ON PART VII, SECTION A,
COLUMN D, AS PERTAINING TO REPORTABLE COMPENSATION.

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	CAMP TWIN LA	KES, I	NC			58-1826	782	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) thod of determin h contribution a		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	Х	2	22,520.	MARKET	RATE		
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	9	62,476.	FMV OF	SECURIT	IES	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous			4/				
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	1	252,768.	MARKET	RATE		
20	Drugs and medical supplies							
21	Taxidermy	4						
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( CONSTRUCTION SU )	X	4	75,048.	MARKET	RATE		
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ch isn't required to be used	for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review	of any nonstandard contribu	tions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CAMP TWIN LAKES, INC

Employer identification number 58-1826782

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TWIN LAKES PROVIDES YEAR-ROUND THERAPEUTIC CAMPING PROGRAMS FOR ADOLESCENTS, AND FAMILIES LIVING WITH SERIOUS ILLNESSES AND LIFE CHALLENGES. DISABILITIES, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990 PART III, CHANGING EXPERIENCES AT THREE FULLY ACCESSIBLE AND MEDICALLY SUPPORTIVE LOCATED IN RUTLEDGE AND WINDER, GEORGIA. ANNUALLY, WE SERVE MORE THAN 10,000 CAMPERS AND LEVERAGE NEARLY 5,000 VOLUNTEERS. CAMP TWIN LAKES PROVIDES CAMPER SCHOLARSHIPS TO ALL CAMPERS THROUGH OUR DONOR FUNDED CAMPER SCHOLARSHIP PROGRAM, ENSURING THAT NO CHILD IS TURNED AWAY DUE TO INABILITY TO PAY FOR CAMP

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

THERE IS AN AUDIT COMMITTEE THAT OVERSEES THIS PROCESS. ONCE A DRAFT IS

PREPARED, IT IS APPROVED BY THE FINANCE COMMITTEE AND FULL BOARD BEFORE IT

IS SUBMITTED.

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

THE BOARD AND EXECUTIVE OFFICERS COMPLETE STATEMENTS ANNUALLY AND COMPLIANCE IS MONITORED BY THE BOARD.

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

THERE IS AN HR COMMITTEE THAT, ALONG WITH THE EXECUTIVE COMMITTEE, IS

RESPONSIBLE FOR EVALUATING THE CHIEF EXECUTIVE OFFICER AND REVIEWING SALARY

AND BENEFITS. NO CHANGE IN CEO COMPENSATION CAN BE AUTHORIZED WITHOUT THE
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization  CAMP TWIN LAKES, INC	Employer identification number 58–1826782
APPROVAL OF THE BOARD.	
TORM 000 PART OF GROWTON G. LINE 10	
FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE AVAILABLE ON OUR WEBSITE. THEY ARE ALS	O AVAILABLE UPON
REQUEST.	
FORM 990, PART XII, LINE 2C:	
NO PROCESS HAS CHANGED SINCE PREVIOUS YEAR.	

#### **SCHEDULE R** (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

CAMP TWIN LAKE	58-182	5782					
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea	<b>I</b>	<b>(f)</b> t controlling entity	g
	_						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	itions. Complete if the organization a	answered "Yes" on Form 990	D, Part IV, line 34, b	pecause it had one	or more related tax-e	kempt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
CAMP TWIN LAKES FOUNDATION, INC - 27-1769203	-						NO
1100 SPRING STREET, SUITE 406 ATLANTA, GA 30309	SUPPORTING ORGANIZATION	GEORGIA	501(C)(3)	LINE 12B, II	CAMP TWIN LAKES,	х	
	-						

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

Schedule R (Form 990) 2023

		Operated With a service from a service of INV all on Ferry 2000 Peat INV from 201 because 3 bendered as a service of the service of Inv and the service of t
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
Part III	organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate ations?	(i)  Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner?	(k) r Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	CITA	tity?
		Country)						Yes	No
								<u> </u>	

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		X
c Gift, grant, or capital contribution from related organization(s)					Х	
d Loans or loan guarantees to or for related organization(s)						X
e Loans or loan guarantees by related organization(s)						Х
f Dividends from related organization(s)				. 1f		X
g Sale of assets to related organization(s)				. 1g		X
h Purchase of assets from related organization(s)						X
i Exchange of assets with related organization(s)						X
j Lease of facilities, equipment, or other assets to related organization(s)						X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I Performance of services or membership or fundraising solicitations for related organ						X
m Performance of services or membership or fundraising solicitations by related organ						X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization					Х	
					Х	
p Reimbursement paid to related organization(s) for expenses	5.6			1p		Х
q Reimbursement paid by related organization(s) for expenses					Х	
r Other transfer of cash or property to related organization(s)				. 1r	Х	
						X
2 If the answer to any of the above is "Yes," see the instructions for information on w						
(a)	(b)	(c)	(d)			
<b>(a)</b> Name of related organization	Transaction	Amount involved	Method of determining amount	involved		
	type (a-s)					
(1) CAMP TWIN LAKES FOUNDATION, INC.	R	31,553.	FMV			
(2) CAMP TWIN LAKES FOUNDATION, INC.	C	608,925.	FMV			
(3)						
(4)						
(5)						
(6)						
32163 00.28.23			Sched	ile R (Fori	n 990)	2023

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-1	General of managing partner?  Yes No	(k) Percentage ownership
			18						