

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

OMB No. 1545-0047

A F	or the	2021 calendar year, or tax year beginning and	ending		
В с	heck if oplicable	C Name of organization		D Employer identifie	cation number
	Addres	LUTHERAN CAMP ASSOCIATION			
	Name change			38-18694	58
	Initial return	- J	Room/suite		
	_ ∃Final	P.O. BOX 229	rtoom, suite	231-889-	
	Jreturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,328,213.
	Amend return			H(a) Is this a group re	
	Applica tion	,		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	····· — —
	ax-exe	empt status: X 501(c)(3)	or 527	1	list. See instructions
		e: ► WWW.CAMP-ARCADIA.COM	01 027	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year		A State of legal domicile: MI
		Summary	1 = 100.		. otato or rogar dominoro
	1 1	Briefly describe the organization's mission or most significant activities: RELIC	GIOUS	ORGANIZATION	1 - THE
Governance		PRÍMARY EXEMPT PURPOSE IS TO PROVIDE A SE			
nar	-	Check this box 🕨 🔲 if the organization discontinued its operations or dispos			
ver		•		3	11
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)			11
& S		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			75
itie		Total number of volunteers (estimate if necessary)			120
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue	8 (Contributions and grants (Part VIII, line 1h)		1,196,928.	1,072,534.
		Program service revenue (Part VIII, line 2g)		333,856.	882,294.
eve		investment income (Part VIII, column (A), lines 3, 4, and 7d)		37,632.	58,199.
Ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,604.	41,341.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,584,020.	2,054,368.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,252.	12,628.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		496,874.	623,105.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b ⁻	Total fundraising expenses (Part IX, column (D), line 25) 107,49	96.		
û	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		739,863.	989,606.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,239,989.	1,625,339.
	19 I	Revenue less expenses. Subtract line 18 from line 12		344,031.	429,029.
or			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		7,612,910.	7,774,470.
t As	21	Total liabilities (Part X, line 26)		516,846.	108,291.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		7,096,064.	7,666,179.
	rt II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	correct	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Cinneture of officer		Data	
Sigr		Signature of officer		Date	
Her	e	KIMBERLY EVELER, TREASURER			
		Type or print name and title	Tr	Data labor F	T DTIN
.		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN
Paid	-		, CPAIL	1/14/22 self-employ	
Prep	- 1	Firm's name REHMANN ROBSON LLC	7	Firm's EIN ▶	38-3567911
Use	UNIY	Firm's address MILLIKEN PLACE, 107 S CASS, STE	A	D 22	1 046 2220
	:-	TRAVERSE CITY, MI 49684		Phone no. 23	1-946-3230
May	The IR	S discuss this return with the preparer shown above? See instructions			X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: RELIGIOUS ORGANIZATION - THE PRIMARY EXEMPT PURPOSE IS TO PROVIDE A
	SETTING FOR CHRISTIAN FAMILIES AND INDIVIDUALS TO VACATION WITH GOD.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$1, 137, 564. including grants of \$12, 628.) (Revenue \$ 923, 635.)
	OPERATION OF RELIGIOUS FAMILY AND TEEN RETREAT CENTER BENEFITTING OVER
	3,000 PEOPLE IN 2021. BIBLE DISCUSSIONS AND LECTURES ARE HELD DAILY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4-1	Other are were any ileas (Describe on Cabadula O.)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,137,564.
44	TOTAL DIDUCTATOR SERVICE EXCIPLISES TO THE TAIL A DISTRICT TOTAL SERVICE EXCIPLISES TO THE TAIL SERVICE TO THE

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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)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 11d Part X, line 16? If "Yes," complete Schedule D, Part IX 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II

Form 990 (2021) LUTHERAN CAMP ASSOCIATION

Part IV | Checklist of Required Schedules (continued)

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 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	No
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	
, the rest and m	
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	х
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	
Schedule K. If "No," go to line 25a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	
any tax-exempt bonds?	<u> </u>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	٦,
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	x
Schedule L, Part I 25b 26 Did the exempiration yearst any exempt an Part V, line F or 22 for receivables from an payable to any exempt.	<u> </u>
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes." complete Schedule L. Part II	x
controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	
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	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):	
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	
"Yes," complete Schedule L, Part IV	<u> </u>
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	
"Yes," complete Schedule L, Part IV	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	
contributions? If "Yes," complete Schedule M	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	x
Schedule N, Part II	<u> </u>
 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 	x
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	
	x
Part V, line 1 34 35a 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	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	
If "Yes," complete Schedule R, Part V, line 2	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	
Note: All Form 990 filers are required to complete Schedule O State was to December 2015 and Tay Compliance 38 X	
Part V Statements Regarding Other IRS Filings and Tax Compliance	
Check if Schedule O contains a response or note to any line in this Part V	
Yes 1. 5 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 16 b. Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 1b 10	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	
(and the desired tender of the section of the secti	
(gambling) winnings to prize winners? 132004 12-09-21 Form 990	(2021)

021) LUTHERAN CAMP ASSOCIATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		, v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
а	Did the conservation considerable and a constant to distribution of the 40000	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:	0.5		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
	Enter the amount of reserves on hand			
	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		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

LUTHERAN CAMP ASSOCIATION 38-1869458 Form 990 (2021) 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 Section A. Governing Body and Management Yes No 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright MI$

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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	
	RACHEL CATANESE - 231-889-4361	

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BOX 229, ARCADIA, MI

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiza		orga	ııı∠a			ipen	ગ્વાલ			(F)
(A)	(B))) Posi	C) ition	1		(D)	(E)	(F)
Name and title	Average		not c	neck i	more	than o		Reportable	Reportable	Estimated
	hours per week		, unles cer an					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				p.		organization	(W-2/1099-MISC/	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	comp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHARLES N MAY	line) 48.00	ju .	Ë	J0	Ke	불 등	Fo			
EXECUTIVE DIRECTOR	40.00	1		Х				88,323.	0.	30,772.
(2) STANLEY SCHEUMANN	8.00							00/3231	•	3077720
PRESIDENT		х		х				0.	0.	0.
(3) KRISTIN ARMSTRONG	3.00							-	-	-
SECRETARY		Х		Х				0.	0.	0.
(4) KATE LIST	2.00									
DIRECTOR		Х						0.	0.	0.
(5) PAUL CULLER	4.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) DAN ZEHNDER	2.00									
DIRECTOR		Х						0.	0.	0.
(7) PAM BORELLO	2.00									
DIRECTOR		Х						0.	0.	0.
(8) KIM EVELER	4.00	ļ								
TREASURER		Х		Х				0.	0.	0.
(9) ALISON FRANKE	2.00								•	
VICE PRESIDENT	2 00	Х		X				0.	0.	0.
(10) JOHN BASLER DIRECTOR	2.00	Х						0.	0.	0.
(11) JACKIE SPENNER BYWATER	2.00	Λ						0.	0.	· ·
DIRETOR	2.00	Х						0.	0.	0.
(12) NANCY BERG	2.00	25						•	•	•
DIRECTOR	2.00	Х						0.	0.	0.
(13) CAROL WEBER	2.00	1								
DIRECTOR		х						0.	0.	0.
		<u> </u>								
		1								
		1								

Form **990** (2021)

	990 (2021) LUTHERAN									38-18	869	458	P	age 8
Par	t VII Section A. Officers, Directors, Trus		loy	ees,			ghes	t C		s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more son i	than of the structure o	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n		(F) stimate nount 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)	organization (W-2/1099-MIS 1099-NEC)	s SC/	fr org an	pensa om the anizat d relat anizati	e ion ed
	Subtotal								88,323.		0.	3	0,7	72. 0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								88,323.		0.	3	0,7	
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	9			
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
4	line 1a? If "Yes," complete Schedule J for some for any individual listed on line 1a, is the su											3		X
•	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
5	Did any person listed on line 1a receive or a											5		Х
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	<u>piete Scheaule</u>	2 J T	or st	icn į	oers	on .					3		
1	Complete this table for your five highest con	•	•								oensat	tion fro	om	
	the organization. Report compensation for (A)		zai e	nun	ig w	itire	JI WI		(B)			(0		
	Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	<u> </u>	ompe	nsatio	<u>n</u>
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization)	•	ot lin	nited	d to t	thos (_	ted	above) who received mo	ore than				
	T. 13,000 of compensation from the organiz											Form	990 (2021)

132008 12-09-21

		Charle if School Is O contains a response	or note to any lin	no in this Dort \/!!!			
		Check if Schedule O contains a response	or note to any iir	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total Tovolido	1 '	business revenue	from tax under
		<u> </u>					sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
ran	b	Membership dues 1b					
Ω Ε		Fundraising events 1c					
fts r A				-			
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e	366,504.	-			
Sir		- ' '	300,304.	-			
ıtio	T	All other contributions, gifts, grants, and	706 020				
ĔĦ		similar amounts not included above 1f	706,030.				
d it	g	Noncash contributions included in lines 1a-1f 1g \$	15,678.				
<u>5 E</u>	h	Total. Add lines 1a-1f	<u></u>	1,072,534.			
			Business Code				
ø	2 a	RESERVATION INCOME	721000	882,294.	882,294.		
, vic	b						
Ser	c						
m S							
ar Re	d						
Program Service Revenue	е	-					
Δ.		All other program service revenue		000 004			
\rightarrow	g	Total. Add lines 2a-2f	<u></u>	882,294.			
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)		55,198.			55,198.
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a	.,	1			
				-			
		Less: rental expenses 6b		-			
		` '					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other	-			
		assets other than inventory 7a 211,821	,				
	b	Less: cost or other basis					
e		and sales expenses	•				
en	С	Gain or (loss) 7c 3,001					
Revenue		Net gain or (loss)	•	3,001.			3,001.
e		Gross income from fundraising events (not		.,			
Ğ	o u	including \$ of					
٥							
		contributions reported on line 1c). See					
		Part IV, line 18		-			
		Less: direct expenses 8	0				
	С	Net income or (loss) from fundraising events	.				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	а				
	b	Less: direct expenses 9					
	С	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
			a104,722.				
	L		ь 65,025.	-			
		•	<u>u </u>	30 607	30 607		
\longrightarrow	С	Net income or (loss) from sales of inventory		39,697.	39,697.		
ဟ		MT.G.C.T. T. 3	Business Code	4	4		
o o	11 a	MISCELLANEOUS	900099	1,644.	1,644.		
ane	b						
Miscellaneous Revenue	С						
lisc B.	d	All other revenue					
2	e	Total. Add lines 11a-11d		1,644.			
	12	Total revenue. See instructions	•	2,054,368.	923,635.	0.	58,199.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 12,628. 12,628. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 119,095. 23,819. 71,457. 23,819. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 31,753. 370,589. 262,039. 76,797. Other salaries and wages 7 Pension plan accruals and contributions (include 25,444. 14,384. 9,864. 1,196. section 401(k) and 403(b) employer contributions) 39,445. 64,565. 8,306. 16,814. Other employee benefits 9 43,412. 27,688. 11,500. 4,224. 10 Payroll taxes 11 Fees for services (nonemployees): Management 1,200. 1,200. Legal 31,440. 29,796. 1,644. Accounting Lobbying Professional fundraising services. See Part IV, line 17 16,483. 16,483. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 7,288. 7,288. Advertising and promotion 12 28,451. 2,467. 23,635. 2,349. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 9,054. 8,323. 639. 92. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 274,493. 247,044. 27,449. Depreciation, depletion, and amortization 22 26,574. 22,096. 3,605. 873. 23 Other expenses. Itemize expenses not covered 24 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.) 222,506. 222,506. SUPPLIES REPAIRS & MAINTENANCE 144,565. 140,072. 4,493. 77,217. 64,145. 9,947. 3,125. UTILITIES <u>45,</u>540. 45,540. d BAD DEBTS SEE SCH O 104,795. 43,620. 31,060. 30,115. e All other expenses 1,625,339. 1,137,564. 380,279. 107,496. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Pa	rt X	Balance Sheet		<u> </u>			
		Check if Schedule O contains a response or not	te to any	line in this Part X			X
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		476,705.	1	487,420.	
	2	Savings and temporary cash investments			343,544.	2	213,827.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	47,828.	4	312,866.		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			17,837.	8	21,683. 48,434.
ĕ	9	Prepaid expenses and deferred charges			22,866.	9	48,434.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,064,838.			
	b	Less: accumulated depreciation		3,858,805.	5,541,540.	10c	5,206,033. 1,379,207.
	11	Investments - publicly traded securities			1,162,590.	11	1,379,207.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14	105 000	
	15	Other assets. See Part IV, line 11	0.	15	105,000.		
	16	Total assets. Add lines 1 through 15 (must equ			7,612,910.	16	7,774,470.
	17	Accounts payable and accrued expenses	104,967.	17	69,361.		
	18	Grants payable		21 000	18	20 020	
	19	Deferred revenue			21,090.	19	38,930.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs				00	
Ë		controlled entity or family member of any of the			390,789.	22	
_	23	Secured mortgages and notes payable to unrela			330,103.	23 24	
	24 25	Unsecured notes and loans payable to unrelate				24	
	23	Other liabilities (including federal income tax, paraties, and other liabilities not included on lines		l			
		- Co-lea-data D				25	
	26	Total liabilities. Add lines 17 through 25			516,846.	26	108,291.
	20	Organizations that follow FASB ASC 958, che	ck here	X	323,0231	20	200,2321
es		and complete lines 27, 28, 32, and 33.	ok nore				
ů	27				6,214,649.	27	6,725,177.
3ale	28				881,415.	28	6,725,177. 941,002.
<u> </u>		Organizations that do not follow FASB ASC 9			•		,
Ξ		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current funds				29	
;ets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32				7,096,064.	32	7,666,179.
2	33				7,612,910.	33	7,774,470.
					•		Form 990 (2021)

Form **990** (2021)

Par	T 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	2,05		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,62		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,09	6,0	<u>64.</u>
5	Net unrealized gains (losses) on investments	5	14	1,0	86.
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	7,66	6,1	79.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Forn	990	(2021)

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization LUTHERAN CAMP ASSOCIATION 38-1869458 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 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). 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 X 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 LUTHERAN CAMP ASSOCIATION 38-1869458 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	tion B. Total Support		•	•		•	•
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the					501(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			▶□
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances test					17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	ightharpoons
			•				—

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.)

C			lete Part II.)				
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2312445.	1309734.	544,989.	1196928.	1072534.	6436630.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1216236.	1172750.	1271515.	372,888.	987,016.	5020405.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	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	3528681.	2482484.	1816504.	1569816.	2059550.	11457035.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	76,804.	50,000.	32,500.	18,646.	18,983.	196,933.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	110,199.	478,236.				588,435.
c	Add lines 7a and 7b	187,003.	528,236.	32,500.	18,646.	18,983.	785,368.
	Public support. (Subtract line 7c from line 6.)						10671667.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	3528681.	2482484.	1816504.	1569816.	2059550.	11457035.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	39,540.	45,180.	41,900.	33,816.	55,198.	215,634.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	39,540.	45,180.	41,900.	33,816.	55,198.	215 621
	activities not included on line 10b, whether or not the business is regularly carried on			11/3000			215,034.
12	activities not included on line 10b, whether or not the business is	1,346.	1,738.	2,053.	3,389.	1,644.	10,170.
	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	1,346. 3569567.				1,644.	
13	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.)	3569567.	1,738. 2529402.	2,053. 1860457.	3,389. 1607021.	1,644. 2116392.	10,170. 11682839.
13 14	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.) First 5 years. If the Form 990 is for the check this box and stop here	3569567. ne organization's fir	1,738. 2529402. st, second, third, f	2,053. 1860457.	3,389. 1607021. rear as a section 5	1,644. 2116392. 01(c)(3) organizatio	10,170. 11682839.
13 14	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.) First 5 years. If the Form 990 is for the	3569567. ne organization's fir	1,738. 2529402. st, second, third, f	2,053. 1860457. fourth, or fifth tax y	3,389. 1607021. rear as a section 5	1,644. 2116392. 01(c)(3) organizatio	10,170. 11682839.
13 14 Sec	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.) First 5 years. If the Form 990 is for the check this box and stop here	3569567. ne organization's fir c Support Per	1,738. 2529402. st, second, third, t	2,053. 1860457. fourth, or fifth tax y	3,389. 1607021. rear as a section 5	1,644. 2116392. 01(c)(3) organizatio	10,170. 11682839.
13 14 Sec 15	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.) First 5 years. If the Form 990 is for the check this box and stop here Extion C. Computation of Public Public support percentage for 2021 (I	3569567. ne organization's fir c Support Per tine 8, column (f), d	1,738. 2529402. st, second, third, the centage ivided by line 13, co	2,053. 1860457. fourth, or fifth tax y	3,389. 1607021. rear as a section 5	1,644. 2116392. 01(c)(3) organization	10,170. 11682839. on, 91.34 %
13 14 Sec 15 16	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.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage for 2021 (I	3569567. The organization's firm of the control of	1,738. 2529402. st, second, third, for the centage ivided by line 13, could lill, line 15	2,053. 1860457. fourth, or fifth tax y	3,389. 1607021. rear as a section 5	1,644. 2116392. 01(c)(3) organization	10,170. 11682839. on, 91.34 %
13 14 Sec 15 16 Sec	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.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage for 2021 (I Public support percentage from 2020 extion D. Computation of Investigation of Investigation of Investigation of Investigation in the support percentage from 2020 extion D. Computation of Investigation of Investitation of Investigation of Investigation of Investigation of Inve	3569567. The organization's firm of the second of the sec	1,738. 2529402. est, second, third, for the centage divided by line 13, could lill, line 15. Percentage	2 , 053 • 1860457 • fourth, or fifth tax y	3,389. 1607021. rear as a section 5	1,644. 2116392. 01(c)(3) organization	10,170. 11682839. on,
13 14 Sec 15 16 Sec 17	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.) First 5 years. If the Form 990 is for the check this box and stop here Extion C. Computation of Public Public support percentage for 2021 (Included in the public support percentage from 2020 extion D. Computation of Investing Investment income percentage for 2021 (Investment income percentage for 2021)	a 5 6 9 5 6 7 . The organization's firm the street of the	1,738. 2529402. est, second, third, forcentage divided by line 13, constitution 15 e Percentage on (f), divided by line	2,053. 1860457. fourth, or fifth tax y	3,389. 1607021. Pear as a section 5	1,644. 2116392. 01(c)(3) organizatio	10,170. 11682839. on, 91.34 % 90.17 % 1.85 %
13 14 Sec 15 16 Sec 17 18	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.) First 5 years. If the Form 990 is for the check this box and stop here Extion C. Computation of Public Public support percentage for 2021 (Included in the properties of the public support percentage from 2020 investment income Inv	a 5 6 9 5 6 7 • The organization's first constant of the const	1,738. 2529402. est, second, third, 1 centage ivided by line 13, centage in (f), divided by line 17	2,053. 1860457. fourth, or fifth tax y	3,389. 1607021. rear as a section 5	1,644. 2116392. 01(c)(3) organizatio	10,170. 11682839. 200. 91.34 % 90.17 % 1.85 % 1.73 %
13 14 Sec 15 16 Sec 17 18	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.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage from 2020 extion D. Computation of Investment income percentage from 2020 Investment income percentage from 33 1/3% support tests - 2021. If the	a 5 6 9 5 6 7 • The organization's firm the street of the	1,738. 2529402. st, second, third, formula to the centage in including the second in t	2,053. 1860457. fourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line	3,389. 1607021. Pear as a section 5	1,644. 2116392. 01(c)(3) organization 15 16	10,170. 11682839. on, 91.34 % 90.17 % 1.85 % 1.73 %
13 14 Sec 15 16 Sec 17 18 19a	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.)	a 5 6 9 5 6 7 . The organization's firm the street of the	1,738. 2529402. est, second, third, for the centage in (f), divided by line 17 or check the box corganization quality of check a box on the check	2,053. 1860457. fourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line fies as a publicly su line 14 or line 19a	3,389. 1607021. Tear as a section 50. 15 is more than 33. Supported organization, and line 16 is mo	1,644. 2116392. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 17 cition re than 33 1/3%, a	10,170. 11682839. on, 91.34 % 90.17 % 1.85 % 1.73 % 7 is not
13 14 Sec 15 16 Sec 17 18 19a	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.)	a 5 6 9 5 6 7 . The organization's first the end of th	1,738. 2529402. est, second, third, 1 centage ivided by line 13, of Percentage on (f), divided by line 17 ot check the box of organization qualification check a box on op here. The organization of the check and t	2,053. 1860457. fourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line fies as a publicly su line 14 or line 19a nization qualifies a	3,389. 1607021. Tear as a section 50 15 is more than 33 apported organizate, and line 16 is more a publicly suppo	1,644. 2116392. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 17 ition ire than 33 1/3%, a rted organization	10,170. 11682839. on, 91.34 % 90.17 % 1.85 % 1.73 % 7 is not nd

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 4c
2 3a 3b 3c 4a 4b
2 3a 3b 3c 4a 4b
3a 3b 3c 4a 4b
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5a
5b
5c
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9c
10a
101
10b

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	, ,			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	ı		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		NI-
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> La</u>		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	_,,		
а				
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Sche	dule A (Form 990) 2021 LUTHERAN CAMP ASSOCIAT			38-1869458 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	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		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Schedule A (Form 990) 2021

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

emergency temporary reduction (see instructions).

instructions).

Schedule A (Form 990) 2021

d Excess from 2020 e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number

LUTHERAN CAMP ASSOCIATION 38-1869458

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990	EZ X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	panization is covered by the General Rule or a Special Rule. tion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections contribu	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under is 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 attor, 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; orm 990-EZ, line 1. Complete Parts I and II.					
contribu literary,	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ator, 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 a column (b) instead of the contributor name and address), II, and III.					
year, co is check purpose	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the intributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., e. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively s, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "No" on I	anization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 set the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

LUTHERAN CAMP ASSOCIATION

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Page 2

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		\$5,000.	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
2		\$ 25,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 13,983.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 30,267.	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
5		\$	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
6		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

LUTHERAN CAMP ASSOCIATION

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Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	* 5,000.	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
9		\$ 10,396.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	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
11_		\$10,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$13,000.	Person X Payroll

Name of organization Employer identification number

LUTHERAN CAMP ASSOCIATION

38-1869458

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
13		\$5,247.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ <u>10,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	Total contributions \$ 10,000.	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
17		\$ 10,125.	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
18		\$11,031.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

LUTHERAN CAMP ASSOCIATION

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Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		\$	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
20		\$5,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No	Name, address, and ZIP + 4	\$ 6,000.	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
23_		\$5,000.	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
24		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

LUTHERAN CAMP ASSOCIATION

38-1869458

Page 2

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
25		\$	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
26		\$5,100.	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
27_		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Name, address, and Zir + +	\$5,000.	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
29		\$ 10,000.	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
30		\$ 6,159.	Person X Payroll

Name of organization Employer identification number

LUTHERAN CAMP ASSOCIATION

38-1869458

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
31		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,650.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ <u>137,076.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization Employer identification number

LUTHERAN CAMP ASSOCIATION

38-1869458

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	750 PLASTIC MODEL CARS		
3		\$13,983.	_05/15/21_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
123/153 11-11	1.01		Schedule B (Form 990) (2021)

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** LUTHERAN CAMP ASSOCIATION 38-1869458 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

123454 11-11-21 Schedule B (Form 990) (2021)

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 LUTHERAN CAMP ASSOCIATION **Employer identification number** 38-1869458

Par			r Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lir	e 6. (a) Donor advised funds	(b) Funds and other accounts			
	Tatal assessment and of season	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2 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 advised	t 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 of					
	impermissible private benefit?		Yes No			
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).				
	Preservation of land for public use (for example, recrea	ition 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 quali	fied conservation contribution in the form of				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements		l l			
	Number of conservation easements on a certified historic str					
d	Number of conservation easements included in (c) acquired a		1 1			
_	listed in the National Register					
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	rganization during the tax			
4	year ▶ Number of states where property subject to conservation ea:	coment is located				
5	Does the organization have a written policy regarding the per					
Ū	violations, and enforcement of the conservation easements in		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
	Start and volunteer hours devoted to monitoring, inspecting, nariding of violations, and emotoring conservation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year					
	▶ \$					
8	Does each conservation easement reported on line 2(d) above	ve 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 conservati					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	ts that describes the			
Da	organization's accounting for conservation easements.	Ant Historical Tracerry or Oth	au Ciurilau Aggata			
Pai	t III Organizations Maintaining Collections of		er 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 pul	, ,	•			
	service, provide in Part XIII the text of the footnote to its final					
D	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in further	rance of public service,			
	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		> \$			
2	If the organization received or held works of art, historical tre	asures or other similar assets for financial o				
_	the following amounts required to be reported under FASB A		gani, provide			
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) 2021			

132051 10-28-21

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

	t III Organizations Maintaining C	ollections of Art,	Historical Trea	asures, o	r Other			Continu	
3	•								<u> 100)</u>
	collection items (check all that apply):	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
а	Public exhibition	d	Loan or exch	nange progra	am				
b	Scholarly research	e	Other						
c	Preservation for future generations	_							
4	Provide a description of the organization's co	llections and explain	how they further the	e organizatio	n's exem	nt purpose	e in Part	XIII.	
5	During the year, did the organization solicit or								
•	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par		3			,	,	,	
	Is the organization an agent, trustee, custodia	an or other intermedia	arv for contributions	or other ass	sets not ir	ncluded			
	on Form 990, Part X?		•					Yes	No
b	If "Yes," explain the arrangement in Part XIII a								
	gg							Amount	
С	Beginning balance					1c			
		lditions during the year stributions during the year							
f		ding balance				1f			
	Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII.								
	t V Endowment Funds. Complete it								
	·	(a) Current year	(b) Prior year	(c) Two yea		(d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance	654,274.	611,755.		1,405.	1			
	Contributions	10,075.	52,531.		0,316.		6,325.		
c	Net investment earnings, gains, and losses	92,521.	26,293.		2,556.	· · · · · · · · · · · · · · · · · · ·			
d	Grants or scholarships	,	,				·		
e	Other expenditures for facilities								
•	and programs	24,047.	36,305.	2:	2,521.	2	0,010.		7,912.
f	Administrative expenses	18,930.	,				9,591.		
g	End of year balance	713,843.	654,274.	61:	1,755.		1,405.		594,375.
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1g. column (a))						
а	Board designated or quasi-endowment	,	%						
b	Permanent endowment ▶% Term endowment ▶ %								
_	The percentages on lines 2a, 2b, and 2c should equal 100%.								
За	Are there endowment funds not in the possession of the organization that are held and administered for the organization								
	·					Yes No			
					Х				
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizar	tions listed as require	d on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the								
	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. Se	ee Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or oth	ner (b) Cost	or other	(c) Ac	cumulated	<u> </u>	(d) Book	value
	- samples of property	basis (investme			` '	reciation		(-,	
1a	Land		22	5,016.				225,016.	
	Buildings			1,425.	3.0	62,13	2.	2,709,293	
	Leasehold improvements				, , ,	, = -			
d	Equipment		853	1,743.	5	75,60	5.	276	5,138.
	Other			6,654.		21,06			5,586.
	. Add lines 1a through 1e. (Column (d) must ea		•					5,206	,033.
	- icolariii içi Mast Ci	,	<u>,, _, _, _, _, _, _, _, _, _, </u>						

Schedule D (Form 990) 2021

	MP ASSOCIATION	<u>1</u> 38	-1869 4 58 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1)	()		, , , , , , , , , , , , , , , , , , , ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			i .

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

(9)

Pa	rt XI Reconciliation of Revenue per Audited Financi	al Statements With I	Revenue per Ret	turn.	. ago
	Complete if the organization answered "Yes" on Form 990, Page 1	art IV, line 12a.			
1	Total revenue, gains, and other support per audited financial stateme	ents		1	2,229,775.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	141,086.		
b					
С					
d	Other (Describe in Part XIII.)				
е				2e	141,086.
3	Subtract line 2e from line 1			3	2,088,689.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	16,483.		
b	Other (Describe in Part XIII.)	4b	-50,804.		
С	Add lines 4a and 4b			4c	-34,321.
_				5	2,054,368.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I.	line 12.)			4,034,300.
	irt XII Reconciliation of Expenses per Audited Financian	ine 12.) ial Statements With	Expenses per R		2,034,300. 1.
	rt XII Reconciliation of Expenses per Audited Finance Complete if the organization answered "Yes" on Form 990, Part I.	ial Statements With	Expenses per R		1.
	Complete if the organization answered "Yes" on Form 990, Page 1	ial Statements With	Expenses per R		1,659,660.
Pa	Complete if the organization answered "Yes" on Form 990, Page 1	cial Statements With art IV, line 12a.	Expenses per R	Returi	1.
Pa 1	Complete if the organization answered "Yes" on Form 990, Protal expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	cial Statements With art IV, line 12a.	Expenses per R	Returi	1.
1 2	Complete if the organization answered "Yes" on Form 990, Part IX, line 25: Donated services and use of facilities	cial Statements With art IV, line 12a.	Expenses per R	Returi	1.
Pa 1 2 a	Complete if the organization answered "Yes" on Form 990, Part IX, line 25: Donated services and use of facilities	zial Statements With art IV, line 12a.	Expenses per R	Returi	1.
Pa 1 2 a	Complete if the organization answered "Yes" on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per R	Returi	1,659,660.
Pa 1 2 a	Complete if the organization answered "Yes" on Form 990, Part IXI Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	63,432.	Returi	1,659,660. 63,432.
Pa 1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IXII Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	63,432.	1	1,659,660.
Pa 1 2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IXI Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	63,432.	1 2e 3	1,659,660. 63,432.
Pa 1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Prototal expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	63,432. 16,483.	1 2e 3	1,659,660. 63,432.
Pa 1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IXII Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	63,432.	1 2e 3	63,432. 1,596,228.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Protal expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	63,432. 16,483. 12,628.	1 2e 3	1,659,660. 63,432.

| Part XIII | Supplemental Information.

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

PART X, LINE 2:

THE ASSOCIATION IS A NONPROFIT ORGANIZATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM SIMILAR STATE AND LOCAL TAXES. THE ASSOCIATION CONSIDERS WHETHER IT HAS ENGAGED IN ACTIVITIES THAT JEOPARDIZE ITS CURRENT TAX-EXEMPT STATUS WITH THE INTERNAL REVENUE SERVICE. FURTHERMORE, THE ASSOCIATION DETERMINES WHETHER IT HAS ANY UNRELATED BUSINESS INCOME, WHICH MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES. THE ASSOCIATION TREATS INTEREST AND PENALTIES ATTRIBUTABLE TO INCOME TAXES, AND REFLECTS ANY CHARGES FOR SUCH, TO THE EXTENT THEY ARISE, AS A COMPONENT OF ITS GENERAL AND ADMINISTRATIVE EXPENSES.

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)
THE ASSOCATION HAS EVALUATED YEARS 2018 THROUGH 2021, THE YEARS WHICH
REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS AS OF DECEMBER
31, 2021, FOR UNCERTAIN TAX POSITIONS. THE ASSOCATION CONCLUDED THAT
THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN
THE ASSOCIATION'S FINANCIAL STATEMENTS. THE ASSOCIATION DOES NOT EXPECT
THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX
DEDUCTIONS, EXCLUSION. OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO
SIGNIFICANTLY CHANGE IN THE NEXT TWELVE MONTHS. THE ASSOCIATION DOES NOT
HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTBS AT
DECEMBER 31, 2021 AND 2020, AND IT IS NOT AWARE OF ANY CLAIMS FOR SUCH
AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
GRANT EXPENSE NETTED WITH REVENUE 12,628.
COGS -65,025.
PURCHASE DISCOUNTS INCLUDED IN INCOME 1,593.
TOTAL TO SCHEDULE D, PART XI, LINE 4B -50,804.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
COGS 65,025.
PURCHASE DISCOUNTS INCLUDED IN INCOME -1,593.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 63,432.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
GRANT EXPENSE NETTED WITH REVENUE 12,628.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection **Employer identification number** Name of the organization 38-1869458 LUTHERAN CAMP ASSOCIATION Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

Schedule I (Form 990) 2021 LUTHERAN CAMP	ASSOCIATI	ON			38-1869458	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed	als. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
SCHOLARSHIPS	25	12,628.	0.			
Part IV Supplemental Information. Provide the information	required in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.		

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LUTHERAN CAMP ASSOCIATION

Employer identification number 38-1869458

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FAMILIES AND INDIVIDUALS TO VACATION WITH GOD. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS WHICH GIVES AN INDIVIDUAL THE RIGHT TO VOTE AT THE ANNUAL MEETING. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERSHIP GIVES AN INDIVIDUAL THE RIGHT TO VOTE AT THE ANNUAL MEETINGS AND PARTAKE IN THE ELECTION OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS SUBJECT TO APPROVAL OF MEMBERS INCLUDE THE PURCHASE OR SALE OF REAL PROPERTY, CHANGES IN BY-LAWS AND THE ELECTION OF THE BOARD OF DIRECTORS AND FOUNDATION COMMITTEE. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, TREASURER, AND CONTRACT ACCOUNTANT THEN IS PRESENTED TO THE BOARD PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND FULL TIME STAFF ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT AND TO DISCLOSE ANY POTENTIAL CONFLICTS. WRITTEN PROCEDURES ARE IN PLACE FOR REPORTING AND DEALING WITH CONFLICTS OF INTEREST SHOULD THEY ARISE.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** LUTHERAN CAMP ASSOCIATION 38-1869458 FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED BY A COMMITTEE APPOINTED BY THE BOARD OF DIRECTORS. AS PART OF THE PROCESS THEY SPEAK WITH STAFF, BOARD MEMBERS, REVIEW SATISFACTION SURVEYS, COMPENSATION SURVEYS AND INTERVIEW THE EXECUTIVE DIRECTOR. THEIR RECOMMENDATIONS ARE PRESENTED TO THE FULL BOARD FOR APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MAINTAINED IN THE CAMP'S MAIN OFFICE AND ARE AVAILABLE FOR INSPECTION BY ITS MEMBERS AND THE GENERAL PUBLIC DURING NORMAL BUSINESS HOURS. COPIES ARE AVAILABLE UPON REQUEST FOR A NOMINAL CHARGE. PERIODICALLY, A SUMMARY OF THE FINANCIAL STATEMENTS APPEAR IN THE NEWSLETTERS AND ON THE WEBSITE. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: OTHER: PROGRAM SERVICE EXPENSES 6,909. MANAGEMENT AND GENERAL EXPENSES 28,894. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 35,803. CREDIT CARD & BANK CHARGES: PROGRAM SERVICE EXPENSES 15,614. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 10,410. 26,024. TOTAL EXPENSES FUNDRAISING EXPENSE:

Schedule O (Form 990) 2021	Page
Name of the organization LUTHERAN CAMP ASSOCIATION	Employer identification number 38-1869458
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	19,540.
TOTAL EXPENSES	19,540.
ARCHIVE EXPENSE:	
PROGRAM SERVICE EXPENSES	18,625.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,625.
PAYROLL SERVICE:	
PROGRAM SERVICE EXPENSES	2,472.
MANAGEMENT AND GENERAL EXPENSES	659.
FUNDRAISING EXPENSES	165.
TOTAL EXPENSES	3,296.
EDUCATION AND TRAINING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	928.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	928.
STAFF MEALS AND ENTERTAINMENT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	579.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	579.
132212 11-11-21	Schedule O (Form 990) 202

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** LUTHERAN CAMP ASSOCIATION 38-1869458 104,795. TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A FORM 990, PART VIII, LINE 1E ON DECEMBER 27, 2020, THE CONSOLIDATED APPROPRIATIONS ACT (CAA) WAS SIGNED INTO LAW. THIS LAW ALLOWED A SECOND DRAW OF PPP STIMULUS FUNDS IF CERTAIN CRITERIA WERE MET. THE ASSOCIATION APPLIED FOR AND WAS AWARDED A SECOND PPP LOAN UNDER THE PROVISIONS OF THE CAA AND OBTAINED ADDITIONAL FUNDS OF \$137,076 UNDER AN UNSECURED PROMISSORY NOTE DATED FEBRUARY 2, 2021. THE ASSOCIATION RECEIVED FORMAL FORGIVENESS FROM THE SBA FOR THE FULL AMOUNT OF THIS LOAN IN NOVEMBER 2021 AND INCLUDED THE LOAN PROCEEDS AS GRANT INCOME ON THE 2021 STATEMENT OF ACTIVITIES. AMONG OTHER PROVISIONS, THE CARES ACT CONTAINS SIGNIFICANT BUSINESS TAX PROVISIONS, INCLUDING AN EMPLOYEE RETENTION CREDIT FOR EMPLOYER PAYROLL TAXES. THE ASSOCIATION HAS CLAIMED AN EMPLOYEE RETENTION CREDIT OF \$229,428 IN 2021, WHICH IS INCLUDED AS GOVERNMENT GRANT REVENUE AS OF 12/31/2021. AT DECEMBER 31, 2021, THE EMPLOYEE RETENTION CREDIT HAS NOT BEEN RECEIVED AND IS INCLUDED IN CURRENT ASSETS ON THE 2021 STATEMENT

LINE 2C EXPLANATION

FUNDS DURING 2022.

THE BOARD AS A WHOLE OVERSEES THE AUDIT AND IS INVOLVED IN THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

OF FINANCIAL POSITION AS THE ASSOCIATION FULLY EXPECTS TO RECEIVE THE

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STATE COPY

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

OMB No. 1545-0047

A F	or the	2021 calendar year, or tax year beginning and	ending		
В с	heck if oplicable	C Name of organization		D Employer identifie	cation number
	Addres	LUTHERAN CAMP ASSOCIATION			
	Name change			38-18694	58
	Initial return	- J	Room/suite		
	_ ∃Final	P.O. BOX 229	231-889-		
	Jreturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,328,213.
	Amend return			H(a) Is this a group re	
	Applica tion	,		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	····· — —
	ax-exe	empt status: X 501(c)(3)	or 527	1	list. See instructions
		e: ► WWW.CAMP-ARCADIA.COM	01 027	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year		A State of legal domicile: MI
		Summary	1 = 100.		. otato or rogar dominoro
	1 1	Briefly describe the organization's mission or most significant activities: RELIC	GIOUS	ORGANIZATION	1 - THE
Governance		PRÍMARY EXEMPT PURPOSE IS TO PROVIDE A SE			
nar	-	Check this box 🕨 🔲 if the organization discontinued its operations or dispos			
ver		•		3	11
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)			11
& S		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			75
itie		Total number of volunteers (estimate if necessary)			120
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
•	8 (Contributions and grants (Part VIII, line 1h)		1,196,928.	1,072,534.
nue		Program service revenue (Part VIII, line 2g)		333,856.	882,294.
Revenue		investment income (Part VIII, column (A), lines 3, 4, and 7d)		37,632.	58,199.
Ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,604.	41,341.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,584,020.	2,054,368.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,252.	12,628.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		496,874.	623,105.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b ⁻	Total fundraising expenses (Part IX, column (D), line 25) 107,49	96.		
û	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		739,863.	989,606.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,239,989.	1,625,339.
	19 I	Revenue less expenses. Subtract line 18 from line 12		344,031.	429,029.
or			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		7,612,910.	7,774,470.
t As	21	Total liabilities (Part X, line 26)		516,846.	108,291.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		7,096,064.	7,666,179.
	rt II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	correct	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Cinneture of officer		Data	
Sigr		Signature of officer		Date	
Her	e	KIMBERLY EVELER, TREASURER			
		Type or print name and title	Tr	Data labor E	T DTIN
.		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN
Paid			, CPAIL	1/14/22 self-employ	
Prep	- 1	Firm's name REHMANN ROBSON LLC	7	Firm's EIN ▶	38-3567911
Use	UNIY	Firm's address MILLIKEN PLACE, 107 S CASS, STE	A	D 22	1 046 2220
	:-	TRAVERSE CITY, MI 49684		Phone no. 23	1-946-3230
May	The IR	S discuss this return with the preparer shown above? See instructions			X Yes No

Briefly describe the organization's mission: RELIGIOUS ORGANIZATION - THE PRIMARY EXEMPT PURPOSE IS TO PROVIDE A SETTING FOR CHRISTIAN FAMILIES AND INDIVIDUALS TO VACATION WITH GOD.	Pai	Statement of Program Service Accomplishments
RELIGIOUS ORGANIZATION - THE PRIMARY EXEMPT PURPOSE IS TO PROVIDE A SETTING FOR CHRISTIAN FAMILIES AND INDIVIDUALS TO VACATION WITH GOD. Dot the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E27	_	Check if Schedule O contains a response or note to any line in this Part III
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	1	,
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E27		
prior Form 980 or 980 E27 Yes		
prior Form 980 or 980 E27 Yes		
If "Yes," describe these new services on Schedule O. Did the organization ceases conducting, or make significant changes in how it conducts, any program services?	2	
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		
If "ves," describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Secretion 501(o)(s) and 501(o)(s) and 501(o)(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. Coole (lesponses 1 1,137,564 Including grants of \$ 12,628 (Prevenue \$ 923,635 OPERATION OF RELIGIOUS FAMILY AND TEEN RETREAT CENTER BENEFITTING OVER 3,000 PEOPLE IN 2021. BIBLE DISCUSSIONS AND LECTURES ARE HELD DAILY. Bible Discussions Including grants of \$ (Prevenue \$) (Preve	•	· — —
40 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section SO1(o)(3) and SO1(o)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 40 (code:) (sepanses 1 1,137,564. 41 (code:) (sepanses 1 1,137,564. 42 (code:) (sepanses 1 1,137,564. 43 (code:) (sepanses 1 1,137,564. 44 (code:) (sepanses 1 1,137,564. 45 (code:) (sepanses 1 1,137,564. 46 (code:) (sepanses 1 1,137,564. 47 (code:) (sepanses 1 1,137,564.	3	
Section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (code	4	
revenue, if any, for each program service reported. 4 (cose:) (conness \$ 1,137,564. publishing grants of \$ 12,628.) (Perenue \$ 923,635.) OPERATION OF RELIGIOUS FAMILY AND TREN RETREAT CENTER BENEFITTING OVER 3,000 PEOPLE IN 2021. BIBLE DISCUSSIONS AND LECTURES ARE HELD DAILY. 4b (cose:) (Expenses \$	•	
46 (Code:) (Expenses S		
3,000 PEOPLE IN 2021. BIBLE DISCUSSIONS AND LECTURES ARE HELD DAILY.	4a	
4b (Code:) (Expenses \$		
4c (Code:) (Expenses \$		3,000 PEOPLE IN 2021. BIBLE DISCUSSIONS AND LECTURES ARE HELD DAILY.
4c (Code:) (Expenses \$		
4c (Code:) (Expenses \$	4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,137,564.		
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(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,137,564.		
4e Total program service expenses ► 1,137,564.	4d	Other program services (Describe on Schedule O.)
	4e	

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		Х
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,			
'	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>			
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			T -
-	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	- 1.12		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		_v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
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 (2021) LUTHERAN CAMP ASSOCIATION
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	5. "		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 16 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 0			
b	Enter the Hamber of Fermi W Zer included on the fat. Enter of three applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	Х	
12000	(gambling) winnings to prize winners?	1c Form		(2021)
102004	. 12-09-21	1 01111		(

Form 990 (2021) LUTHERAN CAMP ASSOCIATION

Part 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 75			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
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?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
c	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).	0.0		
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?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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		Х
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		Х
	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		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	, , , , , , , , , , , , , , , , , , , ,	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finand	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RACHEL CATANESE - 231-889-4361			
	PO BOX 229, ARCADIA, MI 49613			

Form **990** (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	nor any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week	_	cer an	a a a	recto	r/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	ord	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		99	npen		1099-NEC)	1099-1420)	and related
	below	dual t	ntiona	L	nploy	st cor	-	1000 1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5. ga <u>_</u> a
(1) CHARLES N MAY	48.00									
EXECUTIVE DIRECTOR				Х				88,323.	0.	30,772.
(2) STANLEY SCHEUMANN	8.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) KRISTIN ARMSTRONG	3.00									
SECRETARY		Х		Х				0.	0.	0.
(4) KATE LIST	2.00									
DIRECTOR		Х						0.	0.	0.
(5) PAUL CULLER	4.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) DAN ZEHNDER	2.00									
DIRECTOR		Х						0.	0.	0.
(7) PAM BORELLO	2.00									
DIRECTOR		Х						0.	0.	0.
(8) KIM EVELER	4.00									
TREASURER		Х		Х				0.	0.	0.
(9) ALISON FRANKE	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(10) JOHN BASLER	2.00									
DIRECTOR		Х						0.	0.	0.
(11) JACKIE SPENNER BYWATER	2.00									
DIRETOR		Х						0.	0.	0.
(12) NANCY BERG	2.00									
DIRECTOR		Х						0.	0.	0.
(13) CAROL WEBER	2.00									
DIRECTOR		Х						0.	0.	0.
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Form **990** (2021)

	990 (2021) LUTHERAN	CAMP AS	SSC	CI	ΑT	ΊC	N			38-1	869	458	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	compensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than of the state	n an	(D) Reportable compensation from	(E) Reportable compensation from related	on	an	(F) timate nount 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)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org and	pensa om the anizat d relate anization	e ion ed
	Cubtatal								88,323.		0.	3 (0,7	72
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)							>	0. 88,323.		0.		0,7	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			Yes	0 N o
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	•		•	•	•		_		•		3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		X
	rendered to the organization? If "Yes," contion B. Independent Contractors	· ·				-			-			5		X
	Complete this table for your five highest co the organization. Report compensation for (A)										oensat	tion fro		
	Name and business	address	NO	ONE	€				Description of s	ervices	C	ompe		n
2	Total number of independent contractors (ii \$100,000 of compensation from the organization)	•	ot lin	nited	d to	thos (_	ted	above) who received mo	ore than			005	
												Form	990 (2	2021)

Form 990 (2021) LUTHERA
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		·	-	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
'0 '0	4 -	Fadanatad assumations do					00000010 0 12 0 11
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a		-			
Sra Iou		Membership dues 1b		-			
s, (Am		Fundraising events 1c					
ij i	d	Related organizations 1d					
s, (mi	е	Government grants (contributions) 1e	366,504.				
<u>e</u> is	f	All other contributions, gifts, grants, and					
t E		similar amounts not included above 1f	706,030.				
ĔΒ	а	Noncash contributions included in lines 1a-1f 1g \$	15,678.				
Σď	_	Total. Add lines 1a-1f		1,072,534.			
0 10		Total: Add lines 12 11	Business Code				
	_	DECEDIANTON INCOME	721000	882,294.	882,294.		
<u>e</u>		RESERVATION INCOME	721000	004,434.	004,434.		
e 🛣	b						
S	С						
an	d						
Program Service Revenue	е						
Ā	f	All other program service revenue					
		Total. Add lines 2a-2f		882,294.			
	3	Investment income (including dividends, intere					
	_	other similar amounts)		55,198.			55,198.
	4	Income from investment of tax-exempt bond p		33,1300			33,1300
	4						
	5	Royalties(i) Real					
			(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	_				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 211,821.					
	b	Less: cost or other basis					
<u>a</u>		and sales expenses 7ь 208,820.					
ther Revenue	_	Gain or (loss) 7c 3,001.					
ě				3,001.			3,001.
ت ح		Net gain or (loss)		3,001.			3,001.
‡	8 а	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses8b					
	С	Net income or (loss) from fundraising events	>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	•				
		Gross sales of inventory, less returns					
	10 a	· ·	104,722.				
			65,025.				
		-	03,023.	20 607	20 607		
\longrightarrow	С	Net income or (loss) from sales of inventory		39,697.	39,697.		
ω		WE GODE I ANDOUG	Business Code	1 (11	1 (44		
e e	11 a	MISCELLANEOUS	900099	1,644.	1,644.		
ang	b						
Miscellaneous Revenue	С						
Λis B	d	All other revenue					
2	_ е	Total. Add lines 11a-11d		1,644.			
	12	Total revenue. See instructions		2,054,368.	923,635.	0.	58,199.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 12,628. 12,628. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 119,095. 23,819. 71,457. 23,819. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 31,753. 370,589. 262,039. 76,797. Other salaries and wages 7 Pension plan accruals and contributions (include 25,444. 14,384. 9,864. 1,196. section 401(k) and 403(b) employer contributions) 64,565. 8,306. 39,445. 16,814. Other employee benefits 9 43,412. 27,688. 11,500. 4,224. 10 Payroll taxes 11 Fees for services (nonemployees): Management 1,200. 1,200. Legal 29,796. 31,440. 1,644. Accounting Lobbying Professional fundraising services. See Part IV, line 17 16,483. 16,483. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 7,288. 7,288. Advertising and promotion 12 28,451. 2,467. 23,635. 2,349. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 9,054. 8,323. 639. 92. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 274,493. 247,044. 27,449.Depreciation, depletion, and amortization 22 26,574. 22,096. 3,605. 873. 23 Other expenses. Itemize expenses not covered 24 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.) 222,506. 222,506. SUPPLIES REPAIRS & MAINTENANCE 144,565. 140,072. 4,493. 77,217. 64,145. 9,947. 3,125. UTILITIES <u>45,</u>540. 45,540. d BAD DEBTS SEE SCH O 104,795. 43,620. 31,060. 30,115. e All other expenses 1,625,339. 1,137,564. 380,279. 107,496. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			476,705.	1	487,420.
	2	Savings and temporary cash investments			343,544.	2	213,827
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			47,828.	4	312,866
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substar					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifie					
		under section 4958(f)(1)), and persons described in		6			
ţ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			17,837.	8	21,683
⋖	9	Prepaid expenses and deferred charges			22,866.	9	48,434
	10a	Land, buildings, and equipment: cost or other		0.064.000			
				9,064,838.	F F 4 4 F 4 0		5 006 000
	b		10b	3,858,805.	5,541,540.	10c	5,206,033
	11	Investments - publicly traded securities			1,162,590.	11	1,379,207
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets	0	14	105 000		
	15	Other assets. See Part IV, line 11	0.	15	105,000		
	16	Total assets. Add lines 1 through 15 (must equal		7,612,910.	16	7,774,470	
	17	Accounts payable and accrued expenses	104,967.	17	69,361		
	18	Grants payable			21,090.	18	20 020
	19	Deferred revenue			21,090.	19	38,930
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
Liabilities	22	Loans and other payables to any current or former					
Ħ		trustee, key employee, creator or founder, substan				22	
Lia	00	controlled entity or family member of any of these Secured mortgages and notes payable to unrelate			390,789.	23	
	23 24	Unsecured notes and loans payable to unrelated t			330,703.	24	
	25	Other liabilities (including federal income tax, paya				24	
	25	parties, and other liabilities not included on lines 1					
		of Schedule D		· .		25	
	26	Total liabilities. Add lines 17 through 25			516,846.	26	108,291.
		Organizations that follow FASB ASC 958, check			02070201	LU	
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			6,214,649.	27	6,725,177
Bak	28	Net assets with donor restrictions			881,415.	28	941,002.
힏		Organizations that do not follow FASB ASC 958			·		
ᆵ		and complete lines 29 through 33.	,				
ğ	29	Capital stock or trust principal, or current funds				29	
Sets	30	Paid-in or capital surplus, or land, building, or equi				30	
Ass	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			7,096,064.	32	7,666,179.
_	33	Total liabilities and net assets/fund balances			7,612,910.	33	7,774,470.

Form **990** (2021)

Par	T 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	2,05		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,62		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,09	6,0	<u>64.</u>
5	Net unrealized gains (losses) on investments	5	14	1,0	86.
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	7,66	6,1	79.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Forn	990	(2021)

132012 12-09-21

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization LUTHERAN CAMP ASSOCIATION 38-1869458 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 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). 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 X 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No 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.)

<u>Se</u> c	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(a) 2011	(3) 2010	(0) 2010	(4) 2020	(0) 2021	(i) rotal
	Gross income from interest,						-
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	* * * * * * * * * * * * * * * * * * * *						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						
	·	ata (aaa inatuustis	 			12	
	Gross receipts from related activities, First 5 years. If the Form 990 is for th	•		iourth or fifth toy i			
13	organization, check this box and stop	-		· · · · · · · · · · · · · · · · · · ·			ightharpoonup
Sec	ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
	Public support percentage for 2021 (li			rolumn (f))		14	%
	Public support percentage from 2020		•	***		15	/ 0 %
	33 1/3% support test - 2021. If the o						
100	stop here. The organization qualifies	-					▶ □
h	33 1/3% support test - 2020. If the co		•			or more, check thi	
J	and stop here. The organization quali					or more, check un	`
170	10% -facts-and-circumstances test	•	• •				
ı, a	and if the organization meets the facts						
				-		_	▶ □
L	meets the facts-and-circumstances te	~		• • •	-	70. and line 15 is:	
a	10% -facts-and-circumstances test						1U% UI
	more, and if the organization meets the				-	ration	. —
40	organization meets the facts-and-circu		-		•		\
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 160, 17a, or 17b	, cneck this box ai	na see instructions	······· •

Schedule A (Form 990) 2021

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

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

Section A. Public Suppor		elow, please comp	lete Fart II.)				
Calendar year (or fiscal year beginn	ing in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions,	and						
membership fees received.	(Do not						
include any "unusual grants	s.")	2312445.	1309734.	544,989.	1196928.	1072534.	6436630.
2 Gross receipts from admiss merchandise sold or service formed, or facilities furnishe any activity that is related to organization's tax-exempt p	es per- d in the	1216236.	1172750.		372,888.	987,016.	5020405.
3 Gross receipts from activities are not an unrelated trade of iness under section 513							
4 Tax revenues levied for the ization's benefit and either por expended on its behalf	paid to						
5 The value of services or faci furnished by a governmenta the organization without cha	ıl unit to						
6 Total. Add lines 1 through 5	5	3528681.	2482484.	1816504.	1569816.	2059550.	11457035.
7a Amounts included on lines							
3 received from disqualified b Amounts included on lines 2 and 3 refrom other than disqualified persons t	ceived	76,804.	50,000.	32,500.	18,646.	18,983.	196,933.
exceed the greater of \$5,000 or 1% of amount on line 13 for the year		110 199	478,236.				588,435.
c Add lines 7a and 7b		187,003.		32,500.	18,646.	18 983.	785,368.
8 Public support. (Subtract line 7c f		107,003	320,230.	32,300.	10,010.		10671667.
Section B. Total Support	rom line 6.)						10071007.
Calendar year (or fiscal year beginn	ing in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6		3528681.	2482484.	1816504.	1569816.	2059550.	11457035.
10a Gross income from interest, dividends, payments receive securities loans, rents, royal and income from similar sou	ed on Ities,	39,540.	45,180.	41,900.	33,816.	55,198.	215,634.
b Unrelated business taxable inco (less section 511 taxes) from b acquired after June 30, 1975	me	,	,	,	·	·	,
c Add lines 10a and 10b		39,540.	45,180.	41,900.	33,816.	55,198.	215,634.
11 Net income from unrelated lactivities not included on lin whether or not the business regularly carried on	business le 10b,	33,3400	43,1000	41,3000	33,010.	33,130.	213,031.
12 Other income. Do not include			_	_	į į	_	
or loss from the sale of capi assets (Explain in Part VI.)		1,346.	1,738.	2,053.	3,389.	1,644.	10,170.
13 Total support. (Add lines 9, 10c, 1		3569567.	2529402.	1860457.	1607021.	2116392.	11682839.
14 First 5 years. If the Form 99		· ·		•			
check this box and stop he Section C. Computation		a Support Dar					>
•							01 24
15 Public support percentage f	-		•	olumn (f))		15	91.34 9
16 Public support percentage t		·				16	90.17 %
Section D. Computation							4 05
				ne 13, column (f))		17	1.85 9
'						18	1.73 9
18 Investment income percenta	•	19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not					
18 Investment income percenta	•	,		on line 14, and line	15 is more than 33	3 1/3%, and line 17	
18 Investment income percenta	21. If the	organization did n	ot check the box o				57
18 Investment income percenta 19a 33 1/3% support tests - 20	21. If the his box ar 20. If the	organization did n nd stop here. The organization did n	ot check the box organization qualitot or check a box on	ies as a publicly su line 14 or line 19a	upported organizat , and line 16 is mo	ion re than 33 1/3%, a	► X

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

_		Yes	No
	1		
	2		
	За		
	3b		
	3с		
L	4a		
	4b		
	4c		
	5a		
	- Cu		
	5b		
	5с		
	6		
	7		
	Q		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
ιιΙα Δ	(Form	n aan)	2021

Schedule A (Form 990

Par	t IV 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	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer	s,		
	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 supporte	d		
	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,			
01	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Soot	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	non D. All Type III Supporting Organizations			
			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	2		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ione)		
a	The organization satisfied the Activities Test. Complete line 2 below.	10110).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instruction	16)	
2	Activities Test. Answer lines 2a and 2b below.	ce manachem	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	30 1003 100 Tage 0
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	ion D - Distributions		•	·	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pi	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u> i </u>	Carryover from 2016 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
0	and 4c.				
	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020 Excess from 2021				
	LAGGGG HUIII ZUZ I				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number

LUTHERAN CAMP ASSOCIATION 38-1869458

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990	EZ X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	panization is covered by the General Rule or a Special Rule. tion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections contribu	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contribu literary,	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ator, 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 a column (b) instead of the contributor name and address), II, and III.					
year, co is check purpose	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the intributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box sed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., e. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively s, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "No" on I	aution: 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 aswer "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 at it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

LUTHERAN CAMP ASSOCIATION

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		\$5,000.	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
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$13,983.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$30,267.	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
5		\$\$	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
6		\$5,000.	Person X Payroll

LUTHERAN CAMP ASSOCIATION

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
7		\$5,000.	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
8		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,396.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 5,000.	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
11		\$\$	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
12		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

LUTHERAN CAMP ASSOCIATION

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
13_		\$5,247.	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
14_		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Name, address, and ZIP + 4	\$ 10,000.	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
17		\$\$	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
18		\$11,031.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

LUTHERAN CAMP ASSOCIATION

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
19		\$8,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_		\$5,200.	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
21_		\$\$	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
22		\$6,000.	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
23		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

LUTHERAN CAMP ASSOCIATION

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
25		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$6,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	Total contributions \$ 5,000.	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
29		\$10,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$6,159 . _	Person X Payroll

Page 2

Name of organization Employer identification number

LUTHERAN CAMP ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$14,882.	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
32		\$5,650.	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
33		\$ <u>137,076</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

LUTHERAN CAMP ASSOCIATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	750 PLASTIC MODEL CARS	_	
3		 \$13,983.	05/15/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of or	rganization		Employer identification number					
LUTHEF	RAN CAMP ASSOCIATION		38-1869458					
Part III		through (e) and the following line entry. charitable, etc., contributions of \$1,000 or less	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, ar	nd 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, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
())								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
ļ	· · · · · · · · · · · · · · · · · · ·	(e) Transfer of gift						
ļ	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					

123454 11-11-21 Schedule B (Form 990) (2021)

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 LUTHERAN CAMP ASSOCIATION **Employer identification number** 38-1869458

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on 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 qualified	ed conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired aff	•	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the period		Yes No
6	violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, h		
6	Starr and volunteer riours devoted to monitoring, inspecting, in	andling of violations, and emorcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservat	ion essements during the year
•	S	ing of violations, and emoroning conservat	non casements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/b	n)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	• •	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	ÿ	
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items	s.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2021

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

	t III Organizations Maintaining Co	llections of Art	t, Historical Tre	asures, or	Other	Similar	Assets	contin	ued)	.gc
3	Using the organization's acquisition, accession							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	collection items (check all that apply):	,	,	3	3					
а	Public exhibition	d	Loan or exc	hange progra	m					
b	Scholarly research	е		0 1 0						
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	how they further th	ne organizatio	n's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	•	•	· ·	•					
	to be sold to raise funds rather than to be main							Yes		No
Pai	t IV Escrow and Custodial Arrang	ements. Comple	ete if the organizatio					line 9, or		
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contributions	s or other ass	ets not in	cluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amount		
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on For					y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII. (
Pai	t V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo).				
		(a) Current year	(b) Prior year	(c) Two year	s back (d	d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance	654,274.	611,755.	ļ	,405.	59	4,375.		498,	248.
b	Contributions	10,075.	52,531.	10	,316.	1	6,325.		56,	446.
С	Net investment earnings, gains, and losses	92,521.	26,293.	72	,556.	- 2	9,694.		47,	593.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	24,047.	36,305.	22	,521.	2	20,010.		7,	912.
f	Administrative expenses	18,930.					9,591.			
g	End of year balance	713,843.	654,274.	611	,755.	5.5	1,405.		594,	375.
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment >	, D								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the possess	sion of the organiza	tion that are held ar	nd administere	ed for the	organizat	tion	_		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		<u>X</u>
	(ii) Related organizations							3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the o		wment funds.							
Pai	t VI Land, Buildings, and Equipme									
	Complete if the organization answered		1	1						
	Description of property	(a) Cost or of		or other	` '	cumulated	d	(d) Book	value	9
		basis (investr	,	(other)	depr	reciation		005		1.
	Land			5,016.	2 0	<u> </u>			0.01	
	Buildings		5,77	1,425.	3,0	62,13	4.	2,709	, 29	<u> 13.</u>
	Leasehold improvements		25	1 743		75 60	_	0.77		
	Equipment			1,743.		$\frac{75,60}{21,06}$,13	
	Other			6,654.		21,06		1,995		
<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part 2	X, column (B), line 1	0c.)				5,206	, U.	<u>აქ.</u>

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 LUTHERAN CAM Part VIII Investments - Other Securities.	IP ASSOCIATIO	N 38	3-1869458 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	d-of-year market value
(1) Financial derivatives			•
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Form 1X Other Assets. Other Assets.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	11a. 256 1 5111 556, 1 art X, iii 6 16.	(b) Book value
(1)	- Company		(a) Dean raise
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		•	
Part X Other Liabilities.	<u>10.,</u>		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	j.
1. (a) Description of liability	-		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

(5) (6) (7) (8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

Pai	rt XI	Reconciliation of Revenue per Audited Financial Staten	nents With F	Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total r	evenue, gains, and other support per audited financial statements			1	2,229,775.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	141,086.		
b	Donate	ed services and use of facilities	2b			
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	141,086.
3	Subtra	ct line 2e from line 1			3	2,088,689.
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	16,483. -50,804.		
b	Other	(Describe in Part XIII.)	4b	-50,804.		
С	Add lir	nes 4a and 4b			4c	-34,321.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		·····	5	2,054,368.
Pa	rt XII ∣	Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	≀atıırı	n
				-xpoileds poil.	ictui	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1			2a.		1	1,659,660.
1 2	Total e	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 expenses and losses per audited financial statements	2a.			
	Total e	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 expenses and losses per audited financial statements	2a.			
2	Total e Amour Donate	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 expenses and losses per audited financial statements	2a. 2 a			
2 a	Total e Amour Donate Prior y	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 expenses and losses per audited financial statements	2a. 2a 2b 2c			
2 a	Total e Amour Donate Prior y Other	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 expenses and losses per audited financial statements	2a. 2a 2b 2c			1,659,660.
2 a	Total e Amour Donate Prior y Other Other	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 expenses and losses per audited financial statements instructed on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities ear adjustments losses (Describe in Part XIII.)	2a. 2a 2b 2c 2d	63,432.		1,659,660.
2 a b c d	Total e Amour Donate Prior y Other Other	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 expenses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities ear adjustments losses (Describe in Part XIII.)	2a. 2a 2b 2c 2d	63,432.	1	1,659,660.
a b c d	Total e Amour Donate Prior y Other Other Add lir Subtra	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 expenses and losses per audited financial statements instructed on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities ear adjustments losses (Describe in Part XIII.)	2a. 2a 2b 2c 2d	63,432.	2e 3	1,659,660.
2 a b c d e 3	Total e Amour Donate Prior y Other Other Add lir Subtra Amour	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 expenses and losses per audited financial statements into included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities ear adjustments losses (Describe in Part XIII.) nes 2a through 2d act line 2e from line 1	2a 2a 2b 2c 2d	63,432.	2e 3	1,659,660.
2 a b c d e 3	Total & Amour Donate Prior y Other Other Add lir Subtra Amour Investr	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 expenses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities ear adjustments losses (Describe in Part XIII.) hes 2a through 2d act line 2e from line 1 included on Form 990, Part IX, line 25, but not on line 1:	2a	63,432.	2e 3	1,659,660. 63,432. 1,596,228.
2 a b c d e 3 4 a	Total e Amour Donate Prior y Other Other Add lir Subtra Amour Investr	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 expenses and losses per audited financial statements and included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities ear adjustments closses (Describe in Part XIII.) these 2a through 2d and line 1 expenses not included on Form 990, Part IX, line 25, but not on line 1: ment expenses not included on Form 990, Part VIII, line 7b	2a	16,483. 12,628.	2e 3	1,659,660.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ASSOCIATION IS A NONPROFIT ORGANIZATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM SIMILAR STATE AND LOCAL TAXES. THE ASSOCIATION CONSIDERS WHETHER IT HAS ENGAGED IN ACTIVITIES THAT JEOPARDIZE ITS CURRENT TAX-EXEMPT STATUS WITH THE INTERNAL REVENUE SERVICE. FURTHERMORE, THE ASSOCIATION DETERMINES WHETHER IT HAS ANY UNRELATED BUSINESS INCOME, WHICH MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES. THE ASSOCIATION TREATS INTEREST AND PENALTIES ATTRIBUTABLE TO INCOME TAXES, AND REFLECTS ANY CHARGES FOR SUCH, TO THE EXTENT THEY ARISE, AS A COMPONENT OF ITS GENERAL AND ADMINISTRATIVE EXPENSES.

Part XIII | Supplemental Information (continued)

THE ASSOCATION HAS EVALUATED YEARS 2018 THROUGH 2021, THE YEARS WHICH

REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS AS OF DECEMBER

31, 2021, FOR UNCERTAIN TAX POSITIONS. THE ASSOCATION CONCLUDED THAT

THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN

THE ASSOCIATION'S FINANCIAL STATEMENTS. THE ASSOCIATION DOES NOT EXPECT

THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX

DEDUCTIONS, EXCLUSION. OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO

SIGNIFICANTLY CHANGE IN THE NEXT TWELVE MONTHS. THE ASSOCIATION DOES NOT

HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTBS AT

DECEMBER 31, 2021 AND 2020, AND IT IS NOT AWARE OF ANY CLAIMS FOR SUCH

AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.

PART	XI,	$_{ m LINE}$	4B	_	OTHER	ADJUSTMENTS:

FART AI, LINE 4B - CIRER ADDUSTMENTS:	
GRANT EXPENSE NETTED WITH REVENUE	12,628.
COGS	-65,025.
PURCHASE DISCOUNTS INCLUDED IN INCOME	1,593.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-50,804.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COGS	65,025.
PURCHASE DISCOUNTS INCLUDED IN INCOME	-1,593.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	63,432.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT EXPENSE NETTED WITH REVENUE 12,628.

Schedule D (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization **Employer identification number** 38-1869458 LUTHERAN CAMP ASSOCIATION Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
ARSHIPS	25	12,628.	0.		
V Supplemental Information. Provide the informa	tion required in Part I, line	e 2; Part III, column	(b); and any other ac	Iditional information.	

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.

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LUTHERAN CAMP ASSOCIATION

Employer identification number 38-1869458

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FAMILIES AND INDIVIDUALS TO VACATION WITH GOD. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS WHICH GIVES AN INDIVIDUAL THE RIGHT TO VOTE AT THE ANNUAL MEETING. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERSHIP GIVES AN INDIVIDUAL THE RIGHT TO VOTE AT THE ANNUAL MEETINGS AND PARTAKE IN THE ELECTION OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS SUBJECT TO APPROVAL OF MEMBERS INCLUDE THE PURCHASE OR SALE OF REAL PROPERTY, CHANGES IN BY-LAWS AND THE ELECTION OF THE BOARD OF DIRECTORS AND FOUNDATION COMMITTEE. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, TREASURER, AND CONTRACT ACCOUNTANT . THEN IS PRESENTED TO THE BOARD PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND FULL TIME STAFF ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT AND TO DISCLOSE ANY POTENTIAL CONFLICTS. WRITTEN PROCEDURES ARE IN PLACE FOR REPORTING AND DEALING WITH CONFLICTS OF INTEREST SHOULD THEY ARISE.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** LUTHERAN CAMP ASSOCIATION 38-1869458 FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED BY A COMMITTEE APPOINTED BY THE BOARD OF DIRECTORS. AS PART OF THE PROCESS THEY SPEAK WITH STAFF, BOARD MEMBERS, REVIEW SATISFACTION SURVEYS, COMPENSATION SURVEYS AND INTERVIEW THE EXECUTIVE DIRECTOR. THEIR RECOMMENDATIONS ARE PRESENTED TO THE FULL BOARD FOR APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MAINTAINED IN THE CAMP'S MAIN OFFICE AND ARE AVAILABLE FOR INSPECTION BY ITS MEMBERS AND THE GENERAL PUBLIC DURING NORMAL BUSINESS HOURS. COPIES ARE AVAILABLE UPON REQUEST FOR A NOMINAL CHARGE. PERIODICALLY, A SUMMARY OF THE FINANCIAL STATEMENTS APPEAR IN THE NEWSLETTERS AND ON THE WEBSITE. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: OTHER: PROGRAM SERVICE EXPENSES 6,909. MANAGEMENT AND GENERAL EXPENSES 28,894. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 35,803. CREDIT CARD & BANK CHARGES: PROGRAM SERVICE EXPENSES 15,614. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 10,410. 26,024. TOTAL EXPENSES FUNDRAISING EXPENSE:

Schedule O (Form 990) 2021 Page **2**

Schedule O (Form 990) 2021	Page 2
Name of the organization LUTHERAN CAMP ASSOCIATION	Employer identification number 38-1869458
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	19,540.
TOTAL EXPENSES	19,540.
ARCHIVE EXPENSE:	
PROGRAM SERVICE EXPENSES	18,625.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,625.
PAYROLL SERVICE:	
PROGRAM SERVICE EXPENSES	2,472.
MANAGEMENT AND GENERAL EXPENSES	659.
FUNDRAISING EXPENSES	165.
TOTAL EXPENSES	3,296.
EDUCATION AND TRAINING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	928.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	928.
STAFF MEALS AND ENTERTAINMENT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	579.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	579.
132212 11-11-21	Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Employer identification number Name of the organization LUTHERAN CAMP ASSOCIATION 38-1869458 104,795. TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A FORM 990, PART VIII, LINE 1E ON DECEMBER 27, 2020, THE CONSOLIDATED APPROPRIATIONS ACT (CAA) WAS SIGNED INTO LAW. THIS LAW ALLOWED A SECOND DRAW OF PPP STIMULUS FUNDS IF CERTAIN CRITERIA WERE MET. THE ASSOCIATION APPLIED FOR AND WAS AWARDED A SECOND PPP LOAN UNDER THE PROVISIONS OF THE CAA AND OBTAINED ADDITIONAL FUNDS OF \$137,076 UNDER AN UNSECURED PROMISSORY NOTE DATED FEBRUARY 2, 2021. THE ASSOCIATION RECEIVED FORMAL FORGIVENESS FROM THE SBA FOR THE FULL AMOUNT OF THIS LOAN IN NOVEMBER 2021 AND INCLUDED THE LOAN PROCEEDS AS GRANT INCOME ON THE 2021 STATEMENT OF ACTIVITIES. AMONG OTHER PROVISIONS, THE CARES ACT CONTAINS SIGNIFICANT BUSINESS TAX PROVISIONS, INCLUDING AN EMPLOYEE RETENTION CREDIT FOR EMPLOYER PAYROLL TAXES. THE ASSOCIATION HAS CLAIMED AN EMPLOYEE RETENTION CREDIT OF \$229,428 IN 2021, WHICH IS INCLUDED AS GOVERNMENT GRANT REVENUE AS OF 12/31/2021. AT DECEMBER 31, 2021, THE EMPLOYEE RETENTION CREDIT HAS NOT BEEN RECEIVED AND IS INCLUDED IN CURRENT ASSETS ON THE 2021 STATEMENT OF FINANCIAL POSITION AS THE ASSOCIATION FULLY EXPECTS TO RECEIVE THE FUNDS DURING 2022. LINE 2C EXPLANATION THE BOARD AS A WHOLE OVERSEES THE AUDIT AND IS INVOLVED IN THE SELECTION OF AN INDEPENDENT ACCOUNTANT.