

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Header section A-L: For the 2023 calendar year, or tax year beginning, and ending. Includes fields for Name of organization (BASECAMP EXPLORER FOUNDATION USA), Employer identification number (26-3979738), Telephone number (719/850-8443), Website (BASECAMPFOUNDATIONUSA.ORG), and Accounting Method (Cash).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total revenue: 85,631). Rows 10-17: Expenses (Total expenses: 76,414). Rows 18-21: Net Assets (Net assets at end of year: 56,226).

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2023)

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	47,009.	56,226.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	47,009.	56,226.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,009.	56,226.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 PROVIDED FUNDS FOR SCHOLARSHIPS FOR SCHOOL FOR STUDENTS IN THE AREA OF TALAK KENYA (Grants \$ ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	42,418.
29 CONTRIBUTION TO A DOMESTIC FOUNDATION TO PROVIDE DENTISTRY SERVICES TO THE RESIDENTS OF THE TALAK KENYA AREA (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	12,190.
30 SUPPLIED FUNDS TO BEGIN BUILDING A SCHOOL IN KENYA (Grants \$ ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	8,894.
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	63,502.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOHN PARKER CHAIRMAN/TREASURER	5.00	0.	0.	0.
STEVE WOODS VICE PRESIDENT/SECRETARY	2.00	0.	0.	0.
HANS C MAGNUS BOARD MEMBER	2.00	0.	0.	0.
PHIL WOODS BOARD MEMBER	2.00	0.	0.	0.
MARCEE MYGATT BOARD MEMBER	2.00	0.	0.	0.
FRANCIS SOPIA BOARD MEMBER	2.00	0.	0.	0.
PETER CAREY BOARD MEMBER	2.00	0.	0.	0.
PAM FROHREICH BOARD MEMBER	2.00	0.	0.	0.
JENNIFER THOMPSON BOARD MEMBER	2.00	0.	0.	0.
ISABEL BELLiard BOARD MEMBER	2.00	0.	0.	0.
JIM HARDWICK BOARD MEMBER	2.00	0.	0.	0.
MIRANDA BUNGE BOARD MEMBER	2.00	0.	0.	0.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

BASECAMP EXPLORER FOUNDATION USA

Employer identification number  
26-3979738

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

INTEREST INCOME

4.

**FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:**

**ACTIVITY CLASSIFICATION: EDUCATIONAL-SCHOLARSHIP PROGRAM**

**GRANTEE NAME: BASECAMP EXPLORER FOUNDATION**

**GRANTEE ADDRESS: MUSTADS VEI 10 OSLO, NORWAY, NORWAY**

**GRANTEE RELATIONSHIP: NONE**

**PROPERTY DESCRIPTION: CASH**

**DATE OF GIFT: 12/31/23**

**AMOUNT GIVEN:**

42,418.

**ACTIVITY CLASSIFICATION: CHARITABLE-DENTIST PROGRAM**

**GRANTEE NAME: HARDWICK FOUNDATION**

**GRANTEE ADDRESS: 1776 E CROCUS AVE QUEEN CREEK, AZ 85140**

**GRANTEE RELATIONSHIP: NONE**

**PROPERTY DESCRIPTION: CASH**

**DATE OF GIFT: 08/31/23**

**AMOUNT GIVEN:**

12,190.

**ACTIVITY CLASSIFICATION: EDUCATIONAL-DESKS**

**GRANTEE NAME: PUAN SCHOOL**

**GRANTEE ADDRESS: NARROW NAIROBI HWY NAROK, KENYA, KENYA 20500**

**GRANTEE RELATIONSHIP: NONE**

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

BASECAMP EXPLORER FOUNDATION USA

Employer identification number  
26-3979738

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 06/30/23

AMOUNT GIVEN: 5,690.

ACTIVITY CLASSIFICATION: EDUCATIONAL-SCHOOL CONSTRUCTION

GRANTEE NAME: OLSERE PRIMARY SCHOOL

GRANTEE ADDRESS: NAROK SOUTH MARA, KENYA, KENYA 20500

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 11/28/23

AMOUNT GIVEN: 8,894.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 69,192.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK FEES & CC FEES	1,114.
INSURANCE	632.
DUES & SUBSCRIPTIONS	38.
FUNDRAISING-CALENDARS	1,312.
PROPERTY TAXES	704.
TRAVEL & MEETINGS	1,800.
TOTAL TO FORM 990-EZ, LINE 16	5,600.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO CONTRIBUTE TO THE PROTECTION OF OUR NATURAL AND CULTURAL HERITAGE BASED ON KNOWLEDGE OF THE CLOSE INTERACTION BETWEEN PEOPLE AND NATURE AND TO ADVANCE INTERNATIONAL CULTURAL COOPERATION AND LOCAL SUSTAINABLE DEVELOPMENT.