	990
Form	JJU

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ection 501(c), 527, or 4947(a)(1) or the internal local security numbers on this form as it may be made public.

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

Open to Public

inte		iue Service	Go to www.ii.s.gov/roriii.sso for iii.su detions and the latest ii		$\mu\nu\nu$	mspection						
<u>A</u>			ndar year, or tax year beginning 09/01 , 2017, and ending	08	/31	, 20 18						
В	Check if	applicable:	C Name of organization CAMP PUHTOK FOR BOYS AND GIRLS INC		D Employ	er identification number						
	Address	change	Doing business as			26-0214249						
	Name ch	nange	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	е	E Telephor	ne number						
	Initial ret	tum	17433 BIG FALLS ROAD			410-329-6590						
	Final retu	al return/terminated City or town, state or province, country, and ZIP or foreign postal code										
	Amende	d return	MONKTON, MD, 21111		G Gross re	ceipts \$ 1,404,247						
	Applicati	on pending	F Name and address of principal officer: ALEXANDRA KOUSOURIS GROTE	H(a) Is this a gr	oup return for	subordinates? 🗌 Yes 📝 No						
			17433 BIG FALLS ROAD, MONKTON, MD 21111	H(b) Are all s	ubordinates	s included? Yes No						
ī,	Tax-exe	mpt status.	✓ 501(c)(3)	If "No," atta	ch a list. (s	ee instructions)						
J	Website	: ► WV	/W.CAMPPUHTOK.COM	H(c) Group	exemption	number >						
ĸ	Form of o	organization:	✓ Corporation Trust Association Other ► L Year of formation	on. 2007	M State	of legal domicile: MD						
Р	art I	Summ	ary									
_	1	Briefly de	scribe the organization's mission or most significant activities: TO OPI	ERATE AN E	DUCATIO	NAL OUTDOOR						
ø			OR BOYS AND GIRLS WITH PROGRAMS DESIGNED TO DEVELOP AN APPR									
Governance	ì		ed on Schedule O, Statement 1)									
Ę	2		is box ▶☐ if the organization discontinued its operations or disposed or	f more than	25% of	its net assets.						
Š	3		of voting members of the governing body (Part VI, line 1a)		3	17						
8	4		of independent voting members of the governing body (Part VI, line 1b)		4	17						
es.	5		nber of individuals employed in calendar year 2017 (Part V, line 2a)		5	66						
=	6		nber of volunteers (estimate if necessary)		6	135						
Activitles	1		elated business revenue from Part VIII, column (C), line 12		7a	133						
•	b		at discrimentational important from Company Co.		7b							
	 	INCL GITTE	ated business taxable income from Form 990-1, line 34	Prior Ye		Current Year						
	8	Contribut	ions and grants (Part VIII, line 1h)									
Revenue	9		service revenue (Part VIII, line 2g)		242,050	143,014						
Ven	1	_	· · · · · · · · · · · · · · · · · · ·		762,748	1,000,457						
æ	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		0							
	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		263,514	180,412						
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	,268,312	1,323,883						
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		82,985	100,955						
	14	-	paid to or for members (Part IX, column (A), line 4)		0	0						
98	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		347,337	202,028						
Expenses	1		nal fundraising fees (Part IX, column (A), line 11e)		0	0						
X	þ	Total fund	draising expenses (Part IX, column (D) line 25) ► 77,590									
ш	17	Other exp	penses (Part IX, column (A), lines 11 - 11 dRECEIVED:		906,521	1,149,071						
	1 112	I otal ava	onege Add lines 12.17 (must equal Dart V rections (A) Held 25)	1	336,843	1,452,054						
	19_	Revenue	less expenses. Subtract line 18 from the 12		-68,531	-128,171						
Net Assets or Fund Balances	ĺ			eginning of Cu	rrent Year	End of Year						
Sset	20		ets (Part X, line 16)	1	277,242	1,391,297						
APE	21		ilities (Part X, line 26)	1	,312,174	1,554,400						
			ts or fund balances. Subtract line 21 from line 20		-34,932	-163,103						
_	art II		ure Block									
Un	der penal	lties Pperju	ry, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the	e best of n	ny knowledge and belief, it is						
tru	e, correct	t, and compl	ete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowle	edge.							
			eyandra K. Gratt		7/12	12019						
Sig	_	Sign	ature of officer	Dat	te							
He	re	ALI	EXANDRA KOUSOURIS GROTE, DIRECTOR OF OPERATIONS									
		1,	or print name and title									
Pa	id	Print/Ty	pe preparer's name Preparer's signature Dat	1 1	Check [if PTIN						
	epare	CHRIS	SCHOLTES CPA Chine Scholly 7	12/19	self-emp							
	e Onl				's EIN ▶	03-0483170						
_			ddress ► 106 TUNBRIDGE ROAD, BALTIMORE, MD 21212		пе по.	410-323-0010						
Ma	v the IF	RS discuss	s this return with the preparer shown above? (see instructions)			Yes No						

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2017)

Part		ъ
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	•
	TO OPERATE AN EDUCATIONAL OUTDOOR CAMP FOR BOYS AND GIRLS WITH PROGRAMS DESIGNED TO DEVELO	
	APPRECIATION FOR NATURE, OTHER PEOPLE AND THEMSELVES, THROUGH SERVICE LEARNING OPPORTUNITIES SPIRITUAL MEDITATION, INDEPENDENT CHALLENGES AND OUTDOOR EXPLORATION.	.5,
	SPIRITUAL MEDITATION, INDEPENDENT CHALLENGES AND OUTDOOR EXPLORATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		∐Yes ☑ No
•	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Two Da
	If "Yes," describe these changes on Schedule O	☐ Yes ☑ No
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by
·	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants are required to report the grants are requi	
	the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 1,084,665 including grants of \$ 100,955) (Revenue \$ 1	1,000,457)
ти	TO FACILITATE A SUMMER CAMP PROGRAM FOR CHILDREN THAT ALLOWS THEM TO TAKE PART IN ACTIVITIES 1	
	EMPHASIZE LEADERSHIP, TEAMWORK, SPIRITUALITY, APPRECIATION OF NATURE, AND DISCOVERING OUR AME	
	HERITAGE THE ONE-WEEK DAY CAMP PROGRAM IS FOR CHILDREN AGES 5-9 THE RESIDENTIAL CAMP PROGRA	
	OFFERS A ONE WEEK OR TWO WEEK SLEEP-AWAY CAMP FOR CHILDREN AGES 7-16	
4b	(Code) (Expenses \$ o Including grants of \$ o (Revenue \$	112,190)
4b	TO FACILITATE OUTDOOR LEARNING AND LEADERSHIP EXPERIENCES FOR CHILDREN AT PUBLIC AND PRIVATE	
4b	TO FACILITATE OUTDOOR LEARNING AND LEADERSHIP EXPERIENCES FOR CHILDREN AT PUBLIC AND PRIVATE SCHOOLS AND COMMUNITY BASED ORGANIZATIONS. CAMP PUH'TOK OFFERS 67 ACRES OF PRISTINE WOODLAND	NDS
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Part	V 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	\ \	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	V	
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		~
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? <i>If</i> "Yes," complete Schedule C, Part II	4		~
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
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		~
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	V	
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		~
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		V
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		~
c f	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		~	
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	V	
	Schedule D, Parts XI and XII	12a	~	
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		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	, , , ,	14a		V
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		v	
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		,

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,
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	~	
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		,
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		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?.	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I .	25b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	V	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule I , Part IV instructions for applicable filing thresholds, conditions, and exceptions):			19
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	~	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	٧	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		V
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		~
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		,
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		V
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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		V
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,			,
20	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	~	

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			
		r -	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ļ
_	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
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 66			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	
0 -	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			V
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Jab .		
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		,
L	·	44		H
b	If "Yes," enter the name of the foreign country	ŀ		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
E				7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		\ <u>'</u>
b	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	-		
V.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		,
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).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		
	and services provided to the payor?	7a	V	
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 to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
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	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	ļ <u>.</u>	ļ
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>	. -
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		ļ
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	<u> </u>		
11	Section 501(c)(12) organizations. Enter	į	ŀ	
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)	100		-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		-
а	Is the organization licensed to issue qualified health plans in more than one state?	134	 	1
b	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which		1	
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		V
14a	bid the organization receive any payments for indoor tarning services during the tax year	1 14		4- <u>-</u> -

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Form 99	90 (2017)			F	age 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 throresponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI .				V
Secti	on A. Governing Body and Management				
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a <u>17</u>		Yes	No
b 2	Did any officer, director, trustee, or key employee have a family relationship or a business re any other officer, director, trustee, or key employee?	·	2	V	
3	Did the organization delegate control over management duties customarily performed by or u supervision of officers, directors, or trustees, or key employees to a management company or other		3		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to e one or more members of the governing body?	n's assets? 	4 5 6		V V V
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?	by) members,	7b		~
8	Did the organization contemporaneously document the meetings held or written actions und the year by the following:	ertaken during			
а b 9	The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	be reached at	8a 8b	7	
Secti	on B. Policies (This Section B requests information about policies not required by the	Internal Reven	ue Co	ide.)	
				Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	t purposes?	10a 10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing the form?	11a	V	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to conflicts?	12a 12b	レレ	
С	Did the organization regularly and consistently monitor and enforce compliance with the podescribe in Schedule O how this was done	olicy? If "Yes,"	12c	V	
13 14 15	Did the organization have a written whistleblower policy?		13 14		<u>,</u>
a b 16a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	ar arrangement 	15a 15b 16a	ν ν	
	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?		16b		
	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed ► MD Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an available for public inspection. Indicate how you made these available. Check all that apply	d 990-T (Section	501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Sche Describe in Schedule O whether (and if so, how) the organization made its governing documen financial statements available to the public during the tax year.		erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization ALEXANDRA KOUSOURIS GROTE, (410)329-6590	n's books and red	ords	>	

'ลด	0	

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

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

LOUIS KOUSOURIS	Check this box if neither the organization is		d ora	วทเร	atio	n c	omne	nca	ated any currer	nt officer director	r ortrustee
California Cal	Officer this box in flexifier the organization i	lor arry relate	u org	aiiiz			ompe	1136	Ted any currer	Tromeer, andere	, or trustee.
Nous for related or related or organizations Page 1		Average hours per	box,	unles	Pos neck ss pe	ition more	e than i is both	n an tee)	Reportable compensation	Reportable compensation from	Estimated amount of
TREASURER/DIRECTOR OF OPERATIONS		hours for related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the organization and related
TREASURER/DIRECTOR OF OPERATIONS	ALEXANDRA KOUSOURIS GROTE	40.00									
LOUIS KOUSOURIS		0.00	~	ĺ	1				51,232	O	
GEORGE NEMPHOS 1.00	•	1.00									
BOARD MEMBER	PRESIDENT	0.00	~		1				0	0	0
JAMES E GOOD	GEORGE NEMPHOS	1.00									
BOARD MEMBER 0.00	BOARD MEMBER	0.00	~						0	0	0
BRUCE MCMILLION 100 BOARD MEMBER 0.00	JAMES E GOOD	1 00									
BOARD MEMBER 0.00 ✓ 0 0 0 KATHY MCMILLION 1.00 ✓ 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 KRISTIN HUBER 1.00 ✓ 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 JOHN DILLOW 1.00 ✓ 0 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 0 0 BOARD MEMBER 0.00 ✓ 0	BOARD MEMBER	0.00	~						0	0	0
KATHY MCMILLION	BRUCE MCMILLION	1 00									
BOARD MEMBER 0.00	BOARD MEMBER	0.00	~						0	0	0
STATE MEMBER 1.00	KATHY MCMILLION	1.00									
BOARD MEMBER 0.00 ✓ 0 0 0 BRIAN KOWITZ 1.00 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 JOHN DILLOW 1.00 0 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 0 MARC PARTEE 1.00 0 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 0 SCOTT STEVENS 1.00 0 0 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 0 0 0 0 WILLIAM ENSOR 1.00 0	BOARD MEMBER	0.00	~	<u> </u>					0	0	0
BRIAN KOWITZ	KRISTIN HUBER	1.00									
BOARD MEMBER 0.00 ✓ 0 0 0 JOHN DILLOW 1.00 ✓ 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 MARC PARTEE 1.00 ✓ 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 ROBERT GAST 1.00 ✓ 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 JENA VALLE SMITH 1.00 ✓ 0 0 0 WILLIAM ENSOR 1.00 ✓ 0 0 0 0	BOARD MEMBER	0.00	~				ļ		0	0	0
JOHN DILLOW 1.00	BRIAN KOWITZ	1.00									
BOARD MEMBER 0.00 ✓ 0 0 0 MARC PARTEE 1.00 ✓ 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 SCOTT STEVENS 1.00 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 JENA VALLE SMITH 1.00 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 WILLIAM ENSOR 1.00 0 0 0	BOARD MEMBER	0.00	~						0	0	0
MARC PARTEE 1.00 BOARD MEMBER 0.00 0 0 0 ROBERT GAST 1.00 0 0 0 0 0 BOARD MEMBER 0.00 0	JOHN DILLOW	1.00									
BOARD MEMBER 0.00 ✓ 0 0 0 ROBERT GAST 1.00 0 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 0 JENA VALLE SMITH 1.00 0 0 0 0 WILLIAM ENSOR 1.00 0 0 0 0	BOARD MEMBER	0.00	~						0	0	0
ROBERT GAST 1.00	MARC PARTEE	1.00									·
BOARD MEMBER 0.00 ✓ 0 0 0 SCOTT STEVENS 1.00 0 0 0 BOARD MEMBER 0.00 ✓ 0 0 0 JENA VALLE SMITH 1.00 0 0 0 BOARD MEMBER 0 00 ✓ 0 0 0 WILLIAM ENSOR 1.00 0 0 0	BOARD MEMBER	0.00	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						0	0	0
SCOTT STEVENS	ROBERT GAST	1.00									
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BOARD MEMBER 0.00 ✓ 0 0 0 JENA VALLE SMITH 1.00 0 0 0 BOARD MEMBER 0 00 ✓ 0 0 0 0 WILLIAM ENSOR 1.00 0 0 0 0		1.00									
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WILLIAM ENSOR 1.00		0 00	1						0	0	0
	<u> </u>	1.00					T				
		0.00] <u>/</u>	L		L			0	0	0

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees	s, ar	nd F	lighe	st C	ompensated E	mployees (con	tinued) .
					•	C)					
	(A)	(B)	(B) Position (do not check more that						(D)	(E)	(F)
	Name and title	Average	box, ι	unles	s pe	rson	ıs both	n an	Reportable	Reportable	Estimated
		hours per week (list any	-			, –	or/trus	-	compensation from	compensation fror related	n amount of other
		hours for	Indi-	Inst	Officer	Key employee	emp High	Former	the	organizations	compensation
		related organizations	vidu	Ę.	<u>e</u>	em	nest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	or te	ona		ploy	e cq		(00-271099-101130)		and related
		line)	Individual trustee or director	Institutional trustee		/ee	nper				organizations
			ě	stee			Highest compensated employee				
MOLL	AEL COVOLOW	1.00					ä	 			
	AEL SOKOLOW D MEMBER	1.00 0.00	~		l	i				,	0
	LYNN SOKOLOW	1.00				-	-		0		0
	D MEMBER	0.00	~					ĺ	0		0
	DAVIS	1.00						\vdash			,
	D MEMBER	0.00	V						0		0
	ON BORSELLA	1 00									
	D MEMBER	0 00	~						0		0
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								ł			
	Sub-total]	i	1		Ĺ!		<u> </u>	51,232	(0
c	Total from continuation sheets to Part	VII Sectio	nΔ	•	•	• •	•	•	31,232		,
d	Total (add lines 1b and 1c)	vii, ocodo					•	•	51,232	(0
2	Total number of individuals (including but	not limited	to th	ose	list	ed :	ahove	-) w			
	reportable compensation from the organi			000	11.51	.cu (2000	-, **	0	οι C τη αιτ φτου, c	
										•	Yes No
3	Did the organization list any former of							emp	loyee, or high	est compensat	ted 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch .	ındı	vidu	ıal				3 /
4	For any individual listed on line 1a, is the										
	organization and related organizations	greater tha	an \$1	50,	000	? //	"Ye	s, "	complete Sch	edule J for su	ich
	ındıvıdual							•		•	4 1
5	Did any person listed on line 1a receive o									ation or individ	
	for services rendered to the organization?	r It "Yes," c	ompi	ete .	Scn	eau	ile J f	or s	sucn person		5 🗸
	n B. Independent Contractors						 -				
1	Complete this table for your five highest of										
	compensation from the organization Rep	ort comper	nsatic	n rc	or tr	ie c	aiena	ar y	ear ending wit	n or within the (organization's tax
	year								(5)		
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation
None									· · ·		·
None											
	94.46										
					-						
							 -				
2	Total number of independent contracto							th	ose listed abo	ove) who	
	received more than \$100,000 of compens	ation from t	he or	ganı	ızatı	ion J	<u> </u>		0		

Par	VIII	Statement of Reve				D + \		
		Check If Schedule C	contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues .	s <u>1a</u>	0		revenue	~	312-314
S, G	С	Fundraising events	. 1c	12,573				
Sift. lar /	d	Related organizations	s . 1d	0	ľ			
ıs, (е	Government grants (cor		18,000				•
itior er S	f	All other contributions, g			1		-	
di H		and similar amounts not inc		112,441				•
ont	g	Noncash contributions include		0				
	h	Total. Add lines 1a-1	<u> </u>	Business Code	143,014			
enu	2a	SUMMER CAMP PROG	CDAMS	721210	1,000,457	1,000,457	0	0
Rev	b			721210	1,000,437	1,000,437		
ce	C							
erv	d							· · · · · · · · · · · · · · · · · · ·
E S	е							
Program Service Revenue	f	All other program ser	vice revenue		0	0	0	0
<u> </u>	g	Total. Add lines 2a-2		▶	1,000,457			
	3	Investment income		ends, interest,				
		and other similar amo	•					n
	4 5	Income from investmen	it of tax-exempt of	ona proceeas				-
	3	Royalties .	(i) Real	(II) Personal				1
	6a	Gross rents	180,477	0				
	b	Less, rental expenses	30,896	0				
	С	Rental income or (loss)	149,581	0				
	d	Net rental income or		. ▶	149,581	112,190	0	37,391
	7a	Gross amount from sales of	(i) Securities	(II) Other				- January Company
		assets other than inventory						
	b	Less cost or other basis and sales expenses						
	С	Gain or (loss) .	0	0				·
	d	Net gain or (loss)						
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported)	12,573					
her	_	See Part IV, line 18	a	<u> </u>				
ŏ		Less direct expenses		31,400 events	43.054	-		17.051
		Net income or (loss) f Gross income from ga		events .	17,051		0	17,051
		See Part IV, line 19 .	a a					
	b	Less direct expenses						
		Net income or (loss) f		vities				
	10a	Gross sales of ir	nventory, less					
		returns and allowance	es a	31,728				· !
	b	Less cost of goods s						
	С	Net income or (loss) f			13,660	0	0	13,660
		Miscellaneous F	Revenue	Business Code			_	
	11a	OTHER INCOME		900099	120	120	0	0
	b			1				
	c c	All other revenue .					0	0
	d e	Total. Add lines 11a-	-11d		120	0		0
	12	Total revenue See II			1 222 002	1 112 767		69 102

Part IX. Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns A	II other organization	s must complete colu	ımn (A)
	Check if Schedule O contains a respon-			· · · ·	☑.
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	100,955	100,955		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	o	0		
4 5	Benefits paid to or for members Compensation of current officers, directors,	0	0		
6	trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	48,854	29,345	16,497	3,012
•	persons described in section 4958(c)(3)(B)	0	0	0	0
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	118,781	67,699	39,198	11,884
9	· · · · · · · · · · · · · · · · · · ·	3,238	0	0	0
10	Other employee benefits	31,155	2,105 18,070	1,133 11,527	1,558
11	Fees for services (non-employees)	31,100	18,070	11,327	1,336
a	Management	o	o	o	0
b	Legal	0	0	0	0_
С	Accounting	19,303	0	19,303	0
d	Lobbying	0	0	0	0
е	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	240 727	440 470	7/ 554	•
12	Advertising and promotion	218,727	142,173	76,554 0	25,300
13	Office expenses .	25,300 38,371	20,658	17,713	25,300
14	Information technology .	13,058	8,488	4,570	0
15	Royalties	4,272	4,272	0	0
16	Occupancy	135,334	115,034	20,300	0
17	Travel .	8,362	5,435	2,927	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				_
10		0	0	0	0
19 20	Conferences, conventions, and meetings Interest	1,088	0 707	381	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	155,251	124,228	31,023	0
23	Insurance	40,963	34,819	6,144	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CAMP EXPENSES AND SUPPLIES	316,156	316,156	0	0
b	EQUIPMENT RENTAL AND MAINTENANCE	71,731	46,625	25,106	0
С	CAMPDOC FEES	36,071	28,857	7,214	0
d	FUNDRAISING EXPENSES	35,836	0	0	35,836
е	All other expenses	29,248	19,039	10,209	0
25	Total functional expenses. Add lines 1 through 24e	1,452,054	1,084,665	289,799	77,590
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

P	ąrt X	Balance Sheet					
		Check if Schedule O contains a response o	r note	to any line in this Par	t X		
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			83,733	1	284,221
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		[4	
	5	Loans and other receivables from current and trustees, key employees, and highest co					9
		Complete Part II of Schedule L	-			5	
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), all sponsoring organizations of section 501(c)(9) volumes to the section of the section	nd cont	tributing employers and employees' beneficiary			
sts		organizations (see instructions) Complete Part II of Sche	edule L	· <u> </u>		6	
Assets	7	Notes and loans receivable, net		1		7	
ď	8	Inventories for sale or use		1		8	
	9	Prepaid expenses and deferred charges .	1	[4,995	9	3,147
	10a	Land, buildings, and equipment cost or					
		other basis. Complete Part VI of Schedule D	10a	2,266,235			
	b	Less accumulated depreciation	10b	1,162,306	1,186,857	10c	1,103,929
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line		12			
	13	Investments-program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			1,657	15	
	16	Total assets. Add lines 1 through 15 (must equ	al line	34) .	1,277,242	16	1,391,297
	17	Accounts payable and accrued expenses .			114,278	17	339,240
	18	Grants payable .	<u> </u>	18			
	19	Deferred revenue	41,675	19	41,950		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability Complete		21			
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest comper					
abi		disqualified persons. Complete Part II of Schedu	ule L		1,135,647	22	1,135,647
Ξ	23	Secured mortgages and notes payable to unrela	nird parties	20,574	23	10,766	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	s 17-2	4). Complete Part X		1 1	
		of Schedule D			0	25	26,797
	26	Total liabilities. Add lines 17 through 25 .			1,312,174	26	1,554,400
ses		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 an		ck here ▶ 🕡 and			
aŭ	27	Unrestricted net assets .			-139,282	27	-221,560
Bal	28	Temporarily restricted net assets		, , ,	104,350	28	58,457
Fund Balances	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34.	58), ch	 neck here ▶ ☐ and	0	29	0
õ	20			-		30	
Net Assets or	30	Capital stock or trust principal, or current funds		ont fund		31	
ASS	31	Paid-in or capital surplus, or land, building, or ex Retained earnings, endowment, accumulated in				32	
et/	32	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Come	, or other lurius .	34 033		142 102
Ź	33	Total liabilities and not assets (fund balances	•	· · ·	-34,932		-163,103
	34	Total liabilities and net assets/fund balances		•	1,277,242	J+	1,391,297

1,391,297 Form **990** (2017)

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Page	SI	_
1 44	, ,	_

Part	Reconciliation of Net Assets				,
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,3	23,883
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,4	52,054
3	Revenue less expenses Subtract line 2 from line 1	3		-1	28,171
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			34,932
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1	63,103
Part	XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			•,	\Box
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other		i		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a	V
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled	or [
	reviewed on a separate basis, consolidated basis, or both:		i		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b V	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		
	separate basis, consolidated basis, or both		f	ŀ	
	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 or				
•	of the audit, review, or compilation of its financial statements and selection of an independent account			C 1/	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın		
	Schedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth			1
	the Single Audit Act and OMB Circular A-133?	•	3	a	V
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits	3		
			F	orm 99	U (2017)

SCHEDULE A (Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Name of the organization Employer identification number 26-0214249 CAMP PUHTOK FOR BOYS AND GIRLS INC Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ 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 university An organization that normally receives (1) more than 331/3% 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 331/3% 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). 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 in 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, C 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) d 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 III, 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 organization (n) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? instructions) instructions) above (see instructions)) Yes Nα (A) (B) (C) (D) (E)

Total

Part							•
	(Complete only if you checked the						alıfy under
Secti	Part III. If the organization fails to on A. Public Support	o quality urior	er the tests is	sted below, p	nease compi	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(g) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(8) 2011	(0) 2010	7,20,0	(6) 2017	(1) 10:01
	membership fees received (Do not				/		
	ınclude any "unusual grants ")						
2	Tax revenues levied for the			1	1		
	organization'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		1				
4	organization without charge .			/		-	
4	Total. Add lines 1 through 3		-	/		-	
5	The portion of total contributions by each person (other than a						
	each person (other than a governmental unit or publicly		,	1			
	supported organization) included on		/				
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support				l	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(4) 2010	(5) 2014	(6) 2010	(4) 2010	(0) 2011	(i) rotar
8	Gross income from interest, dividends,		/				
	payments received on securities loans,		/				
	rents, royalties, and income from	/	1			ļ	
	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	I otal support. Add lines / through 10	/					
12	Gross receipts from related activities, etc.					12	504(-)(0)
1.3	First five years If the Form 990 is for the organization, check this box and stop he		n's first, socon	a, thira, fourtr	n, or ππη ταχ y	ear as a section	on 501(c)(3)
Secti	on C. Computation of Public Suppor		·		• •	•	· · · _ <u>_</u>
14	Public support percentage for 2017 (line (1 column (fl)		14	%
15	Public support percentage from 2016 Sch		-		• •	15	<u>%</u>
16a	331/3% support test-2017. If the organ			k on line 13, a	nd line 14 is 3	31/3% or more,	check this
	box and stop here. The organization qua	•		-			▶ □
b	331/3% support test—2016. If the organithis box and stop here. The organization					ıs 331/3% or m	ore, check . ► □
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						🕨 🗀
b	/10%-facts-and-circumstances test—2	016. If the org	anızatıon dıd r	not check a bo	ox on line 13,	16a, 16b, or 17	'a, and line
/	15 is 10% or more, and if the organiza						
/	Explain in Part VI how the organization r	meets the "fac	ts-and-circum	stances" test	The organizat	ion qualifies as	a publicly
٦ <u>/</u>	supported organization	- ا حام + مام اما	hoven has 40	160 165 17	a ar 17h - L	de this have an a	▶ ∐
٦	Private foundation. If the organization di instructions	ы поселеска	box on line 13	, 104, 100, 17	a, or 170, chec		. ▶ □

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.)

Secti	on A. Public Support			•			
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")	104,508	146,212	150,359	242,050	143,014	786,143
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	607,004	695,011	763,849	878,907	1,112,647	4,057,418
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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	711,512	841,223	914,208	1,120,957	1,255,661	4,843,561
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	26,500	27,455	17,368	71,323
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					,	
С	Add lines 7a and 7b .	0	0	26,500	27,455	17,368	71,323
8	Public support. (Subtract line 7c from line 6.)						4,772,238
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	711,512	841,223	914,208	1,120,957	1,255,661	4,843,561
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	55,810	86,753	68,426	78,565	37,391	326,945
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	55,810	86,753	68,426	78,565	37,391	326,945
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		17,354	78,878	101,713	31,848	229,793
13	Total support. (Add lines 9, 10c, 11, and 12)	767,322				1,324,900	5,400,299
14	First five years. If the Form 990 is for the organization, check this box and stop he	ie organization	945,330 's first, second	1,061,512 d, third, fourth,	1,301,235 , or fifth tax ye		
Sacti	on C. Computation of Public Suppor		• • •	•	··	· · ·	· - <u>-</u> <u>-</u>
15	Public support percentage for 2017 (line 8			3 column (fl)		15	88.37 %
16	Public support percentage from 2016 Sch		-	o, coldinii (i))	• •	16	87.44 %
	on D. Computation of Investment In-				<u> </u>	1 .0 1	07.44 /0
17	Investment income percentage for 2017 (·		v line 13. colun	nn (fl)	17	6.05 %
18	Investment income percentage from 2016			,		18	7.34 %
19a	331/3% support tests—2017. If the organ			on line 14, ar	nd line 15 is m		
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2016. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 301/3%, check this line 18 is not more than 301/3%.						3 ¹ /3%, and
20	Private foundation. If the organization di						_

Part IV Supporting Organizations

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

Section A. A.	ΑII	Supporting	Organi	zations
---------------	-----	------------	--------	---------

			Yes	No
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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 500(a)(1) or (2)? If "Yes," explain in Fart VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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	3b		
С	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	3c		,]
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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	4b		. 11
С	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)(D) purposes	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
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?	5b	. 	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 chantable 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in 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 .	9c		
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 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10h		

Part	Supporting Organizations (continued)		r	T
			Yes	No
. 11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (h) and (c) below, the governing body of a supported organization?	11a	'	
b	A family member of a person described in (a) above?	11b	-	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	on B. Type I Supporting Organizations	1		<u> </u>
	on brigger capporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization'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 supported organization,		1,11	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		L
Secti	on C. Type II Supporting Organizations			· · · · · · · · · · · · · · · · · · ·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			1 1
	the supported organization(s)	-	. '	1
Socti	on D. All Type III Supporting Organizations	1_		
Secti	on b. 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		-	140
•	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			2
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), 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	i		
	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		Ĺ
<u>Secti</u>	on 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	nstru	ctions	s)
а	☐ 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 government entity (see in:	struct	ions)
•		ļ		
2	Activities Test Answer (a) and (b) below.		Yes	NO
a	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			i i
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			, 1
	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 (a) and (b) below.			
a	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? 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	3b		

Part.V. Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part.V.	jani	izations	•
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section 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		
Section 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		
e 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 1-1/2% 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 035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	4	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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		1	
emergency temporary reduction (see instructions)	6	l	
7 Check here if the current year is the organization's first as a non-functionall instructions)	y int	tegrated Type III supporti	ng organization (see

Part	1 ype III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exc			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	•		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(ııi) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014 .			
d	From 2015			
е	From 2016 .		4,414,40	waterwarenesseen seemen has and destanding
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		mondaming control or and perform to all he	A. W. D. Mary, Dr. of . Mark & along play on Mandagathin Scholar additional suppressional and the Control of th
4	Distributions for 2017 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2018. Add lines 3j and 4c		,	
8	Breakdown of line 7			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017 .			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	III, line 12, Part IV B, lines 1 and 2, 3a, and 3b; Part	nformation. Provide the Arction A, lines 1, 2 Part IV, Section C, line V, line 1; Part V, Section C and a complete this part V.	2, 3b, 3c, 4b, 4c, 5 e 1, Part IV, Secti on B, line 1e; Par	5a, 6, 9a, 9b, 9 on D, lines 2 a t V, Section D,	əc, 11a, 11b, an Ind 3; Part IV, S , Imes 5, 6, and	d 11c, Part IV, ection E, lines 8, and Part V, S	Section 1c, 2a, 2b,
Schedule A	, Part III, Line 12 - TR	ADING POST INCOME					-
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SCHEDULE D (Form 990)

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.

o, 11c, 11d, 11e, 11f, 12a, or 12b.

Form 990.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

vaine c	in the organization		Employer identification number
CAMP	PUHTOK FOR BOYS AND GIRLS INC		26-0214249
Par		ised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered		
		(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 writing that the assets h	neld in donor advised
Ū	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
U	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	interior denter of denter devices, or s	Yes No
Dar	Conservation Easements.		i les la No
L GII	Complete if the organization answered	"Vas" on Form 990 Part IV line 7	
-			•
1	Purpose(s) of conservation easements held by the	=	f a historically important land area
	Preservation of land for public use (e.g., recrea	·	•
	Protection of natural habitat	☐ Preservation o	of a certified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eid a qualified conservation contribution	W 100 - 110
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easement		2b
С	Number of conservation easements on a certified l		2c
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	I I
	historic structure listed in the National Register		· 2d
3	Number of conservation easements modified, tran-	sferred, released, extinguished, or teri	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation ea	isements it holds?	· · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Parl	Organizations Maintaining Collection	s of Art, Historical Treasures, or	r Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S		
D	works of art, historical treasures, or other similar		
	public service, provide the following amounts relat		addation, or resource in lutticidation of
		-	. •
	(i) Revenue included on Form 990, Part VIII, line 1		· · · ▶ \$
_	(ii) Assets included in Form 990, Part X		D D
2	If the organization received or held works of art		
	following amounts required to be reported under S	oras i to (asc 956) relating to these i	Irenio
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X .		▶ \$

Part										
3	Using the organization's acquisition, collection items (check all that apply).	accession, and ot	her reco	ds, chec	k any of the	follow	ing that are a	signific	ant us	e of its
а	☐ Public exhibition		d	🗌 Loan	or exchange	e progr	ams			
b	☐ Scholarly research		е	Othe	r					
С	Preservation for future generations	3								
4	Provide a description of the organizat XIII.	tion's collections a	and expla	ain how t	hey further t	the orga	anızatıon's exe	empt pu	rpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather							ılar . 🔲	Yes	□ No
Part										
	Complete if the organization	answered "Yes'	" on For	m 990, f	Part IV, line	9, or r	eported an a	mount	on Fo	orm
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth		-		ons or	other assets		Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing to	able					
								Amount		
С	Beginning balance.					1c				
d	Additions during the year					1d				
е	Distributions during the year				•	1e				
f	Ending balance					1f				
2a	Did the organization include an amour	nt on Form 990. Pa	art X. line	21. for e	scrow or cu	stodial	account liabili	tv?	Yes	☐ No
	If "Yes," explain the arrangement in Pa									
Pari				•						
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	10.				
		(a) Current year		or year	(c) Two years		(d) Three years ba	ck (e) F	our yea	rs back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses			 						
Ь	Grants or scholarships .									
	Other expenditures for facilities and					-				
_	programs									··
t	Administrative expenses .									
g	End of year balance				l , , , , ,					
2	Provide the estimated percentage of the			e (line 1g	i, column (a)) neid a	S			
a	Board designated or quasi-endowmer	nt ▶	%							
	Permanent endowment									
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 3									
3a	Are there endowment funds not in the	e possession of th	e organi	zation tha	at are held a	and adn	ninistered for	the		
	organization by								Ye	s No
	(i) unrelated organizations							3a	(i)	
	(ii) related organizations							. <u>3a</u>	(iı)	
b	If "Yes" on line 3a(ii), are the related or							. [3	<u> </u>	
4	Describe in Part XIII the intended uses		n's endo	wment for	unds					
Part	Land, Buildings, and Equip Complete if the organization		on For	m 990, f	Part IV, line	11a S	See Form 990), Part I	X, lıne	10.
	Description of property	(a) Cost or ot	her basis	(b) Cost of	or other basis	(c) A	ccumulated		3ook va	
		(investm		(0	ther)	aeı	oreciation			
	Land		0		0					0
b	Buildings .		0		0		0			0
C	Leasehold improvements .		0		2,176,726		1,096,066		1,0	080,660
d	Equipment		0		33,965		27,728			6,237
е 	Other	· . L	0		55,544		38,512			17,032
rotal.	Add lines 1a through 1e (Column (d) m	nust equal Form 99	90. Part)	c. columr	1 (B). line 10d	2 J	▶		1 1	103.929

Part VII	Investments – Other Securities.		
	Complete if the organization answered "Yes" on Form 990, Part		orm 990, Part X, line 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-h	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	o) must equal Form 990, Part X, col. (B) line 12.) ▶		Andrew Angele and retrieble discourse of the second
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on Form 990, Part		
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
			Cost of end-of-year market value
(1)	The state of the s		ļ
(2)			
(3)			-
(4)	-		
(5)			
(6)			
<u>(7)</u>		-	
(8)			
(9)			
	o) must equal Form 990, Part X, col. (B) line 13) ►		
Part IX	Other Assets.	N. I. 44 I.O. E	000 Ded V lees de
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11a. See F	(b) Book value
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
			
(8)			
(9)	mn (b) must equal Form 990, Part X, col (B) line 15)		

Part X	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part	N/ lung 11g or 11f	Saa Farm 000 Part V
	·	iv, line the or th	See Form 990, Part A,
1.	line 25		(b) Book value
(1) Federal in	(a) Description of liability		
			0 207 707
	ED RENT LIABILITY		26,797
(3)		. 	
(4)		****	
(5)			
(6)			
(7)			
(8)			
(9)			
	o) must equal Form 990, Part X, col. (B) line 25.) ►	The state of the s	26,797
> Liability tor	uncertain tax positions in Part XIII provide the text of the footnote to the organic	inization's tinancial sta	nements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part			•	Return.	•
	Complete if the organization answered "Yes" on Form 990,	Part IV,	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,361,859
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	89,967		
C	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII)	2d	48,964		
e	Add lines 2a through 2d			2e	138,931
3	Subtract line 2e from line 1	1 1		3	1,222,928
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.			
a b	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII)	4a 4b	100.055		
	Add lines 4a and 4b	40	100,955	40	100.055
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	•	4c 5	100,955
Part		····	With Expenses ne		1,323,883
· Gi t	Complete if the organization answered "Yes" on Form 990,			i rictarii.	
1	Total expenses and losses per audited financial statements		, mio 12a	1	1,490,030
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				.,
а	Donated services and use of facilities	2a	89,967		
b	Prior year adjustments	2b	0		
С	Other losses	2c	0		
d	Other (Describe in Part XIII)	2d	48,964		
е	Add lines 2a through 2d	•		2e	138,931
3	Subtract line 2e from line 1			3	1,351,099
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII)	4b	100,955		
	Add lines 4a and 4b			4c	100,955
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18)		5	1,452,054
Part					
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an				4, Part X, line
	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part				
	ule D, Part X, Line 2 - THE ORGANIZATION IS EXEMPT FROM INCOME TAX UI				
	IUE CODE (THE CODE) AND COMPARABLE STATE LAW, AND CONTRIBUTIO		• •		
	TIONS PRESCRIBED BY THE CODE. THE ORGANIZATION IS SUBJECT TO U				
	E RECEIVED FOR VARIOUS EVENTS UNRELATED TO THE MISSION OF THE				AND
	HE ORGANIZATION HAD \$0 DUE FOR UNRELATED BUSINESS INCOME TAX				
	JNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMIN				
	PECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN TH				
	NCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UI				
	/ THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION OF THE POSITIONS. THERE WERE NO UNDECOGNIZED TAX S				
	IICAL MERITS OF THE POSITIONS. THERE WERE NO UNRECOGNIZED TAX E ITIES FOR THE YEAR ENDED AUGUST 31, 2018 AND 2017.				
LIADIL	THES FOR THE TEAR ENDED AUGUST 31, 2016 AND 2017.				
Sched	ule D, Part XI, Line 2d - TRADING POST EXPENSES \$18,068; DIRECT RENTAL	FYDEN	SES \$30 806		
Jenea					
Sched	ule D, Part XI, Line 4b - SCHOLARSHIPS NETTED WITH TUITION REVENUE				
Sched	ale D, Part XII, Line 2d - TRADING POST EXPENSES \$18,068; DIRECT RENTAL	EXPEN	SES \$30.896		
Sched	ule D, Part XII, Line 4b - SCHOLARSHIPS NETTED WITH TUITION REVENUE				

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

e 6a. 20**17**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

	of the organization					Employer identific	
	P PUHTOK FOR BOYS AND GIRLS I						0214249
Par		•	-		vered "Yes" on F	orm 990, Part IV,	line 17
	Form 990-EZ filers are n						
1	Indicate whether the organization	n raised funds	through any	of the follo	owing activities Ch	neck all that apply.	
а	☐ Mail solicitations		e 🗆	Solicitati	on of non-governn	nent grants	
b	Internet and email solicitation	ns	f [on of government		
c	Phone solicitations		q [fundraising events	J	
d	☐ In-person solicitations		9 -	J Opoolai i	and along overto		
2a	Did the organization have a writ	ten or oral agre	ement with	any individ	lual (including offic	ere directore triist	244
La	or key employees listed in Form						
h	, ,		-				
b	compensated at least \$5,000 by			iraisers) pu	irsuant to agreeme	ents under willer th	e fullulaisel is to be
	compensated at least \$5,000 by	r the organization) ()				
			1				-
	(i) Name and address of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity		r control of outlons?	from activity	fundraiser listed in	(or retained by) organization
			9011111			col (ı)	
			Yes	No]		
1							
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3							
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4							
5							
J							
6			-	<u> </u>			
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otal			<u> </u>	<u> </u>	<u> </u>		<u> </u>
3	List all states in which the orga	nization is regis	stered or lic	ensed to s	olicit contributions	or has been notific	ed it is exempt from
	registration or licensing						
	•••••						

Pa	art II	Fundraising Events. Com than \$15,000 of fundraising				
		gross receipts greater tha		and gross medine on	TOTH 550-LZ, lines Ta	ind ob. List events with
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FALL FEST	TASTE OF MONKTON	1	(add col (a) through col (c))
<u>o</u>			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	24,572	19,838	16,614	61,024
ш	2	Less Contributions	2,270	8,303	2,000	12,573
	3	Gross income (line 1 minus line 2) .	22,302	11,535	14,614	48,451
	4	Cash prizes	0	0	0	0
Direct Expenses	5	Noncash prizes .	0	0	0	0
enses	6	Rent/facility costs	0	14,218	9,507	23,725
ct Exp	7	Food and beverages	7,675	0	0	7,675
Dire	8	Entertainment	0	0	0	0
	9	Other direct expenses	0	0	0	0
	10 11	Direct expense summary Ad- Net income summary Subtra	act line 10 from line 3, c	olumn (d)	. Dot IV Inc 10 or	31,400 17,051
ĿĊ	rt III	Gaming. Complete if the than \$15,000 on Form 99		ed res on Form 98	o, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes .	····			
Direct	4	Rent/facility costs .				
	5	Other direct expenses				
	6	Volunteer labor .	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad-	d lines 2 through 5 in c	olumn (d)	. •	
	8	Net gaming income summary	Subtract line 7 from li	ne 1, column (d)	. •	
9	En	nter the state(s) in which the org	ganization conducts ga	ming activities		
		the organization licensed to co "No," explain	•			
10		ere any of the organization's ga	amıng licenses revoked	l, suspended, or termin	ated during the tax year	? ☐ Yes ☐ No

Schedu	le G (Form 990 or 990-EZ) 2017 Page	3
11 3	Does the organization conduct gaming activities with nonmembers?	
13	Indicate the percentage of gaming activity conducted in	
а	The organization's facility	
þ	An outside facility	<u> </u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name ▶	
	Address►	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	0
b c	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party	
Ū	Name ►	
	Address ►	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation ► \$	
	Description of services provided ▶	
	□ Director/officer □ Employee □ Independent contractor	
17 a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	0
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

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

>	to Public
8	Open

OMB No 1545-0047

Employer identification number

CAMP PUHTOK FOR BOYS AND GIRLS INC	LS INC						26-0214249
Part General Information on Grants and Assistance	on Grants and	Assistance					
1 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 criteria used to award the grants or assistance?	ain records to subs award the grants o	stantiate the amou or assistance?	int of the grants or	r assistance, the c	grantees' eligibility fo	r the grants or assistance	e, and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ization's procedur	es for monitoring	the use of grant fu	inds in the United	States		
Part II Grants and Other Assistance to Domestic Or 990, Part IV, line 21, for any recipient that received the contract of the	ssistance to Doi for any recipient	mestic Organiz that received m	ations and Domore than \$5,000.	nestic Governm Part II can be d	nents. Complete if uplicated if addition	ganizations and Domestic Governments. Complete If the organization answered "Yes" on Form yed more than \$5,000. Part II can be duplicated If additional space is needed.	ered "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
(4)							
(5)							
(9)							
(7)				:			
(8)							
(6)							
(10)							
(11)				,			
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	7501(c)(3) and gov organizations listed	ernment organizat	tions listed in the li	Ine 1 table			A A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructions	s for Form 990.		O	Cat No 50055P		Schedule I (Form 990) (20

Schedule I (Form 990) (2017)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed	l space is needec				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 See Schedule I, Part IV, Statement 1					
2					
3					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, lin	e 2, Part III, columr	(b), and any other additi	onal information.
Schedule I, Part I, Line 2 - TUITION ASSISTANCE TO CAMPERS DEMONSTRATING FINANCIAL NEED	MPERS DEMONSTR	ATING FINANCIAL NEI	ED.		
	,				
					Schedule I (Form 990) (2017)

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

CAIVIP PU	JHTOK FOR BOYS AND GIRLS INC	20-0214247
Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29)	organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (d) Corrected? (b) Relationship between disqualified person and (c) Description of transaction 1 (a) Name of disqualified person organization Yes No (1)(2)(3)(4)(5)(6)

2	Enter the amount of tax	x incurred by the	organization	managers or	aisquaiitiea	persons auring	; the	year	
	under section 4958								\$
3	Enter the amount of tax.	if any, on line 2, a	hove reimbii	rsed by the ora	anization			. ▶	\$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person) Name of interested person (b) Relationship with organization loan		(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) in default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From	1		Yes	No	Yes	No	Yes	No
(1) LOUIS KOUSOURIS	PRESIDENT	CONSTRUCTION	V		799,000	799,000		~	~		~	
(2) PETER ANGELOS	FAMILY MEME	CONSTRUCTION	~		300,000	300,000		1	1		~	
(3) IN THE PINES LLC	35% CONTRO	OPERATING E	~		36,647	36,647		1	~		~	
(4)												
(5)												
(6)												
(7)			-									
(8)								<u> </u>				
(9)												
(10)												
Total			· · ·		>	\$ 1,135,647						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person (b) Relationship between interested person and the organization		(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance		
(1)				_		
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)						

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

Cat No 50056A

Schedule L (Form 990 or 990-EZ) 2017

chedule L (Form 990 or 990-EZ) 2017				F	age 2
Part IV Business Transactions In Complete if the organization	ivolving Interested Persons. on answered "Yes" on Form 990), Part IV, line 28a, 2	28b, or 28c.	•	•
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
		****		Yes	No
(1) LOUIS KOUSOURIS (2)	PRESIDENT	55,877	RENTAL		~
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
0)					
Part V Supplemental Information	n tion for responses to questions	an Cabadula I (asa			
		••••••••••••••			

		•••••••••••			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public

Internal Revenue Service Employer identification number Name of the organization CAMP PUHTOK FOR BOYS AND GIRLS INC 26-0214249 Form 990, Part VI, Section A, Line 1a - ALEXANDRA KOUSORIS GROTE, THE DIRECTOR OF OPERATIONS AND TREASURER, SITS ON THE BOARD OF DIRECTORS AS A NON-VOTING MEMBER. Form 990, Part VI, Section A, Line 2 - LOUIS KOUSOURIS, PRESIDENT OF THE BOARD, IS ALEXANDRA KOUSOURIS GROTE'S FATHER. ALEXANDRA KOUSOURIS GROTE IS THE DIRECTOR OF OPERATIONS AND TREASURER. ADDITIONALLY, BOARD MEMBERS BRUCE MCMILLIAN AND KATITY MCMILLIAN ARE HUSBAND AND WIFE, BOARD MEMBERS JACALYNN SOKOLOW AND MICHAEL SOKOLOW ARE ALSO HUSBAND AND WIFE Form 990, Part VI, Section B, Line 11b - THE FORM 990 WILL BE REVIEWED BY THE DIRECTOR OF OPERATIONS AND WILL BE FURNISHED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILING Form 990, Part VI, Section B, Line 12c - BOARD MEMBERS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS Form 990, Part VI, Section B, Line 15 - SALARIES ARE DETERMINED BY LOOKING AT DATA PROVIDED BY THE AMERICAN CAMPING ASSOCIATION AS WELL AS PERFORMANCE AND LENGTH OF EMPLOYMENT ALL SALARIES AND INCREASES ARE APPROVED BY THE BOARD. Form 990, Part VI, Section C, Line 19 - THE ORGANIZATION WILL FURNISH THE DOCUMENTS UPON REQUEST. Form 990, Part IX, Line 11g - CONTRACTUAL SERVICES