Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 **2018**

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

Open to Public

| Inter | nal Rev | venue Service | ► G | o to www i | rs.gov/Forn | <i>n</i> 990 for inst | tructions and | the latest i | nformati | on/ /// | <u>/</u> | inspection |
|--------------------------------|-------------|------------------------------------|----------------|-----------------|------------------|-----------------------|-------------------|------------------|----------------|-------------------------------|-------------|--------------------------------|
| A | For t | he 2018 calendar | year, or tax | year begin | ning 9/ | 01 | , 2018, ; | and ending | 8/3 | | | 2019 |
| В | Check | ıf applicable C | | | | | | | | D Employ | er identifi | cation number |
| | ПА | ddress change CA | AMP PUHT | OK FOR | BOYS AN | D GIRLS, | INC. | | | 26-0 | 02142 | 49 |
| | Пи | | 7433 BIG | | | | | | | E Telepho | ne numbe | er |
| | Ir | nitial return MC | ONKTON, I | MD 2111 | 1 | | | | | (410 |)) 32 | 9-6590 |
| | | nal return/terminated | | | | | | | ľ | | | |
| | \prod_{A} | mended return | | | | | | | | G Gross re | eceipts \$ | 1,484,754. |
| | H_{A} | pplication pending F | Name and addr | ess of principa | officer ATE | AVUDDY KUI | JSOURIS GRO | re H | l(a) Is this a | group return | n for subo | rdinates ² Yes X No |
| | | SA | AME AS C AE | BOVE | NUL | AMIDIG NOC | BOOKID GRO | 10 | (b) Are all | subordinates attach a list | included? | Yes No |
| $\overline{\Gamma}$ | Tax | | 501(c)(3) | 501(c) (|) ◄ (١ | insert no) | 4947(a)(1) or | 327 | 11 140, | attacii a iist | (300 11131 | ructions) |
| J | We | bsite: ► WWW. | CAMPPUHT | OK.COM | | | 1 | 1// | l(c) Group e | exemption nu | mber ► | |
| ĸ | Forn | | Corporation | Trust | Association | Other ► | LY | ear of formation | 200 | 7 M s | tate of leg | gal domicile MD |
| Pa | ırt I | Summary | | | _ | | - (| | | | | |
| | 1 | | | | | | | | | | | OUTDOOR CAMP |
| ø | | FOR BOYS A | | | | | | | | | | |
| Š | | OTHER PEOP | LE AND T | HEMSEL | ES, THE | ROUGH SE | RVICE LEA | RNING (| OPPORT | UNITIE | <u>s, s</u> | PIRITUAL |
| Ë | | MEDITATION | I,_INDEPE | ENDENT (| CHALLENC | <u> ES AND </u> | <u>OUTDOOR</u> E | XPLORA: | LTON- | | | |
| ove. | 2 | Check this box | | _ | | - | itions or dispo | sed of mhori | e than 2! | of its | | |
| G S | 3 | Number of voting | • | • | - | • | | | 1 | , | 3.1 | 16 |
| Se | 4 5 | Number of indep Total number of | | _ | _ | | | 1631 11 | 11 (2) | 2020 | 15 | |
| Activities & Governance | 6 | Total number of | | | • | eai 2010 (i a | art v, iirie za) | ပြ | | LULU | 6 | 350 |
| ç | 7a | Total unrelated b | • | | | lumn (C), lır | ne 12 | رييرسيين | | | -7a, | 0. |
| | b | Net unrelated bu | usiness taxab | ole income | from Form ! | 990-T, line 3 | 8 | \Box Q $^{(}$ | - 1 | i, i i 🗐 | 7b | 0. |
| | | | | | | | | | P | ior Year | | Current Year |
| d) | 8 | Contributions an | id grants (Pa | rt VIII, line | 1h) | | | | | 143,0 | | 78,389. |
| Revenue | 9 | Program service | • | | | | | | 1 | ,000,4 | 57. | 1,149,503. |
| eve | 10 | Investment incor | | | | | | | | | | 537. |
| α | 11 | Other revenue (F | | | | | | 1.0\ | | 180,4 | | 216,999. |
| | 12 | Total revenue – | | <u>_</u> | <u> </u> | | | e 12) | 1 | ,323,8 | | 1,445,428. |
| | 13 | Grants and simil | • | • | | • • • | 3) | | ļ | 100,9 | 55. | 116,572. |
| | 14 | Benefits paid to | | • | | | (A) 1 | F 10) | | 222 | 00 | |
| S | 15 | Salaries, other c | • | | • | | mn (A), lines | 5-10) | | 202,0 | 28. | ·_ · |
| Expenses | 16 a | Professional fund | draising fees | (Part IX, c | column (A), | line 11e) | | | | | | |
| xbe | b | Total fundraising | expenses (F | Part IX, col | umn (D), Iır | те 25) ► | 3(| 0,591. | | | | |
| ш | 17 | Other expenses | (Part IX, coli | umn (A), lır | nes 11a-11d | i, 11f-24e) | | | 1 | ,149,0 | 71. | <u>1,653,704.</u> |
| | 18 | Total expenses | Add lines 13 | 3-17 (must e | equal Part I | X, column (/ | A), line 25) | | 1 | ,452,0 | 54. | 1,770,276. |
| | 19 | Revenue less ex | cpenses Sub | tract line 1 | 8 from line | 12 | | | | -128,1 | 71. | -324,848. |
| ٠ <u>ق</u> | | | | | | | | | | g of Curren | | End of Year |
| alanc lanc | 20 | Total assets (Pa | | | | | | | | ,391,2 | | 1,019,968. |
| Ase | 21 | Total liabilities (F | Part X, line 2 | 26) | | | | | 1 | ,554,4 | 00. | 1,507,919. |
| Net Assets or Fund Balances | 22 | Net assets or fur | nd balances | Subtract II | ne 21 from | line 20 | | | | -163,1 | 03. | -487,951. |
| | rt II | Signature E | Block | | | | | | | | | |
| Unde | er pena | Ities of perjury, I declar | | mined this retu | rn, including ac | companying sch | edules and statem | ents, and to th | e best of m | y knowledge | and belie | f, it is true, correct, and |

Sign Here ALEXANDRA KOUSOURIS GROTE EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Chris Scholtes 7/14/2020 P01607734 CHRIS SCHOLTES, CPA self-employed **Paid** C.E.A. SCHOLTES AND ASSOCIATES Preparer **Use Only** 106 TUNBRIDGE RD Firm's EIN ► 03-0483170 BALTIMORE, MD 21212 410-323-0010 Phone no Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 08/20/18

Form 990 (2018)

| Form 990 (2018) CAMP PUHTOK FOR BOYS AND GIRLS, INC. | 26-021 <u>4</u> 249 Page 2 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Rartilli Statement of Program Service Accomplishments | |
| Check if Schedule O contains a response or note to any line in this Part III | X |
| Briefly describe the organization's mission | |
| SEE SCHEDULE O | |
| ~ | |
| | |
| | |
| 2 Did the organization undertake any significant program services during the year which were not listed on the | · — — |
| Form 990 or 990-EZ? | ☐ Yes X No |
| If "Yes," describe these new services on Schedule O | . 🗀 🗆 |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program | n services? Yes X No |
| If "Yes," describe these changes on Schedule O | |
| 4 Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated. | services, as measured by expenses |
| and revenue, if any, for each program service reported | ations to others, the total expenses, |
| | |
| 4a (Code) (Expenses \$ 1,386,211. including grants of \$ 116,572. |) (Revenue \$ 1,085,271.) |
| TO FACILITATE A SUMMER CAMP PROGRAM FOR CHILDREN THAT ALLOWS T | |
| ACTIVITIES THAT EMPHASIZE LEADERSHIP, TEAMWORK, SPIRITUALITY, | |
| AND DISCOVERING OUR AMERICAN HERITAGE. THE ONE-WEEK DAY CAMP P | |
| AGES 5-9. THE RESIDENTIAL CAMP PROGRAM OFFERS A ONE WEEK OR TW | |
| FOR CHILDREN AGES 7-16. | O WELL SHELL AWAI CHAL |
| TOR CHILDREN AGES 7-10. | |
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| | |
| 4. (0.1 | \(\(\beta\) |
| |) (Revenue \$ 64,232.) |
| TO FACILITATE OUTDOOR LEARNING AND LEADERSHIP EXPERIENCES FOR | |
| PRIVATE SCHOOLS AND COMMUNITY BASED ORGANIZATIONS. CAMP PUH'TO | |
| PRISTINE WOODLANDS TO EXPLORE FOR DAY AND OVERNIGHT OUTDOOR LE | · |
| SURROUNDED BY GUNPOWDER STATE PARK, CAMP PUH'TOK PROVIDES EASY | |
| ADDITIONAL HIKING TRAILS, CANOEING, TUBING AND FISHING ALONG T | <u> HE_GUNPOWDER_RIVER</u> |
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| | |
| 4c (Code) (Expenses \$ including grants of \$ |) (Revenue \$) |
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| | · |
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| | |
| | |
| 4 d Other program services (Describe in Schedule O) | |
| (Expenses \$ including grants of \$) (Revenue | \$ |
| 4e Total program service expenses ► 1,386,211. | |
| | |

ABOGILO

PartilV Checklist of Required Schedules

| | | | Yes | No |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | | X |
| 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 | | Х_ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | X _ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | - | Х |
| 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 | | Х |
| 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 | | X |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | Х | |
| ١ | 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 | 11 b | | Х |
| (| c 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 | 11 c | | X |
| (| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | X |
| • | e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X | 11 e | Х | |
| | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | Х | |
| | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | Х | |
| I | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section $170(b)(1)(A)(ii)^2$ If 'Yes,' complete Schedule E | 13 | | X |
| 14 | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| ŀ | 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 | | _X_ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000$ of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | Х |
| 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 | 18 | Х | |
| 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 | | Х |
| 20a | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | X |
| t | 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 | | Х |

Form 990 (2018) CAMP PUHTOK FOR BOYS AND GIRLS, 26-0214249 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Х 22 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 Х 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 X 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a 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 Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Schedule L. Part I 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 X 26 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 X 27 of any of these persons? If 'Yes,' complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) \overline{X} 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 X 28b Schedule L. Part IV c 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 X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 X 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, $Part\ Il$ 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х and Part V, line 1 34 X 35 a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Χ organization 'î Îf 'Yes,' complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Χ 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 X 38

| - are continued and are are are a second and a second are | | | | _ | | | | |
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| Check if Schedule O contains a response or note to any line in this Part V | | | | | | | | |
| | | | Yes | No | | | | |
| 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1 a | 0 | | | | | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1 b | 0 | 1 1 | | | | | |
| Del the annual to a second with health withhelding vide for reportable promonts to condeve | and reportable campa | | | | | | | |

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c TEEA0104L 08/03/18 Form 990 (2018) BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form 990 (2018)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Λ 2 b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a 3 b b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a b If 'Yes.' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6 a Х solicit any contributions that were not tax deductible as charitable contributions? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible? 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 and X 7 a services provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с X Form 82821 7 d d If 'Yes,' indicate the number of Forms 8282 filed during the year X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C7 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a 9 b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10 a a Initiation fees and capital contributions included on Part VIII, line 12 10 b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12 a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c Х 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Х excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N Х 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If 'Yes,' complete Form 4720, Schedule O

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 16 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 b Enter the number of voting members included in line 1a, above, who are independent 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? SEE SCHEDULE O X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Χ 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents Х since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a X members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х a The governing body? Х 8ь b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10 a Х 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O X 12 a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in SEE SCHEDULE O Х Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ 15 a a The organization's CEO, Executive Director, or top management official 15b Х **b** Other officers or key employees of the organization SEE SCHEDULE O If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website Upon request Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

329-6590

ALEXANDRA KOUSOURIS GROTE 17433 BIG FALLS ROAD MONKTON MD 21111 (410)

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the
- 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

| Check this box if neither the organization nor any rela | ted organiz | ation | con | nper | sate | ed any | cur | rrent officer, direct | or, or trustee | |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|------------------------|-----------------------|----------------------------|--------------------------------------------------|--------|----------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|
| | | | | (C) |) | | | | | |
| (A) Name and Title | (B) Average hours per | thar | n one s both dır | box, an c ector | unles fficer /truste | | n | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| | per week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | from the organization and related organizations |
| (1) ALEXANDRA KOUSOURIS GROTE | 40 | | | | | | | | | |
| EXECUTIVE DIR. | 0 | <u> </u> | | Х | | | | 0. | 41,827. | 0. |
| (2) LOUIS KOUSOURIS | 1 |] | | | | | | | | |
| PRESIDENT | 0 | X | | X | | | | 0. | 0. | 0. |
| (3) GEORGE NEMPHOS | 1_1_ | | | | | | | | ì | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | <u> </u> |
| (4) JAMES E GOOD | 11 | | | | | | | | | |
| DIRECTOR | 0 | X | | | | <u> </u> | | 0. | 0. | <u> </u> |
| (5) BRUCE MCMILLION | 11 | | | | | | | | _ | _ |
| DIRECTOR | 0 | X | | <u> </u> | | | | 0. | 0. | 0. |
| (6) KATHY MCMILLION | 1 | | | | | | | _ | _ | |
| DIRECTOR | 0 | X | | | | <u> </u> | | 0. | 0. | 0. |
| _(7)_KRISTIN_HUBER | 11 | 1 | | | | | | | | |
| DIRECTOR | 0 | Х | | | | | _ | 0. | 0. | <u> </u> |
| _(8) BRIAN KOWITZ | 11 | | | | | | | | | • |
| DIRECTOR | 0 | Х | | | _ | \vdash | 4 | 0. | 0. | 0. |
| (9) JOHN DILLOW | 11 | | | | | | | _ | | • |
| DIRECTOR | 0 | X | L | | | | _ | 0. | 0. | 0. |
| (10) MARC PARTEE | 11 | | | | | | 1 | | | • |
| DIRECTOR | 0 | X | | | | | _ | 0. | 0. | 0. |
| (11) ROBERT GAST | 1 | | | | | | | | | • |
| DIRECTOR | 0 | Х | | | _ | | | 0. | 0. | 0. |
| (12) SCOTT STEVENS | 1 | | | ļ | | | | _ | | |
| DIRECTOR | 0 | X | | | | | _ | 0. | 0. | 0. |
| (13) JENA VALLE SMITH | 11 | | | | | | | | | |
| DIRECTOR | 0 | X | _ | | | | 4 | 0. | 0. | 0. |
| (14) MICHAEL SOKOLOW | 11 | | | | | | ļ | | | _ |
| DIRECTOR | 0 | X | | <u> </u> | L | $\perp \perp$ | | 0. | 0. | 0. |
| BAA | TEEA0 | 107L | 08/0 | 3/18 | | | | | | Form 990 (2018) |

| Part | VII Section A. Officers, Directors, 110 | | ney | En | | | es, | and | a riignest Con | ipensated Emp | ioyees | (continuea) |
|-------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------|----------------------|---------------|----------------------|---------------------------------|-------------|---------------------------------------------------------------|----------------------------------------------------|-------------|--------------------------------------|
| | (A) | | (B) (C) Position trage (do not check more than one box, unless person is both ar | | | | | one | (D) | (E) | 1 | (F) |
| | Name and title | hours per week | offi | cer a | nd a | direct | or/trus | itee) | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations | amou | timated int of other pensation |
| | | (list any hours for related | or director | nstitutional trustee | Officer | Key employee | Highest co | Former | (W-2/1099-MISC) | (W 2/1099-MISC) | orga and | om the anization d related |
| | | organiza - tions below | tor to: | onal tr | | ployee | ee | | | | orga | inizalions |
| | | dotted line) | stee | ustee | | | Highest compensated employee | | | | | |
| | JACALYNN SOKOLOW DIRECTOR | $-\frac{1}{0}$ | X | | | | | | 0. | 0. | | 0 |
| (16) | JOHN DAVIS | 1_1_ | | | | | | T | | | | <u> </u> |
| | DIRECTOR ALLISON BORSELLA | 1 | Х | | | | | - | 0. | 0. | <u> </u> | 0 |
| | DIRECTOR | 0 | x | | | | | | 0. | 0. | | 0 |
| (18)_ | | | | | | | | | | | | |
| (19) | | | | - | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22)_ | | | | | | | | | | | | · |
| (23) | | | - | | | | | | | <u>.</u> | | <u></u> |
| (24) | | | | | | | | | | | | |
| (25) | | | - | _ | | | | | | | - | |
| 1 b S | Sub-total | | ļ | | | | <u></u> | | 0. | 41,827. | . | 0 |
| | otal from continuation sheets to Part VII, Secti | on A | | | | | | > | 0. | 0. | _ | 0 |
| | otal (add lines 1b and 1c) otal number of individuals (including but not limited | I to those I | ısted | abo | ve) v | who | recei | ved | 0 . more than \$100,00 | 41,827. | pensation | 0 |
| | rom the organization • 0 | | | | | | | | | | | |
| а г | Old the organization list any former officer, direc | tor or tru | stee | kev | , em | nlo | VEE | or h | nighest compensa | ted employee | | Yes No |
| 3 [| on line 1a? If 'Yes,' complete Schedule J for suc | th individu | ial | , KC | y C11 | ipio | ycc, | 0. 1 | iighest compensa | tod ciripioyee | 3 | X |
| t | for any individual listed on line 1a, is the sum of the organization and related organizations greated | f reportab er than \$1 | le co 50,0 | mpe | ensa /f '\ | ition <i>es</i> , | and con | oth | ner compensation ete Schedule J for | from | -4- | x |
| 5 (| such individual Old any person listed on line la receive or accru or services rendered to the organization? If 'Yes | e comper | satio | on fr | om | any | unre | elate | ed organization or | ındıvıdual | 5 | X |
| Secti | on B. Independent Contractors | | | | | | | | | | | |
| 1 (| Complete this table for your five highest compen compensation from the organization. Report compensation is a second compensation. | sated ind sation for | epen the c | den alen | t coi dar | ntra year | ctors end | tha | at received more t with or within the or | han \$100,000 of ganization's tax yea | r | |
| | (A) Name and business add | ress | | | | | | | Description (B) | | Compe | c) nsation |
| | | | | | | | | | | | | |
| | | | | . | | | | | | | | |
| | | | | | | | | | | | | |
| 2 7 | otal number of independent contractors (including t | but not lim | ıted t | o the | ose l | liste | d abo | ve) | who received more | than | | |
| | 100,000 of compensation from the organization | | | | | | | | | | | |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII

| <u> </u> | | Check if Schedule O contains | a resp | · | (A) | (B) | (C) | (D) |
|--------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------|-----------|-----------------|-----------------|---------------------------------------------|----------------------------------|-----------------------------------------------------------|
| | | | | | Total révenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| <u>s</u> s | 1 a | Federated campaigns | 1 a | | | , evenue | | 9,2 9 1 |
| in and | | Membership dues | 1 b | · | | | | |
| 2 E | С | Fundraising events | 1 c | | | | | |
| ar A | d | Related organizations | 1 d | • | | | | |
| S ≅ | е | Government grants (contributions) | 1 e | 18,000. | ı | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 60,389. | | | | |
| 털 | g | Noncash contributions included in lines 1a- | 1f \$ | | | | | |
| | h | Total. Add lines 1a-1f | | > | 78,389. | | | |
| Program Service Revenue | | | | Business Code | | | | |
| ₹ | 2 a | SUMMER CAMP PROGRAMS | | 721210 | 1,149,503. | 1,149,503. | | |
| æ | b | | | , | | | | |
| .ĕ | С | | | | | | | |
| Ser | d | | | | | | | |
| аЩ | е | | | | | | | |
| ğ | f | All other program service revenu | e [| | | | | |
| <u>~</u> | | Total. Add lines 2a-2f | | • | 1,149,503. | | | |
| | 3 | Investment income (including divother similar amounts) | idends | s, interest and | E 2 7 | | | 537. |
| | 4 | Income from investment of tax-e | vemnt | hand proceeds | 537. | | | 331. |
| | 5 | Royalties | kempt | bona proceeds | | | | |
| | , | (i) Re | al | (ii) Personal | | - | | |
| | 6 a | Gross rents 153, | | | | | | |
| | | | 250 | • | | | | |
| | | Rental income or (loss) 151, | | • | | | | ļ |
| | d | Net rental income or (loss) | 0 10 | <u> </u> | 151,845. | 96,745. | | 55,100. |
| | 7 a | Gross amount from sales of assets other than inventory | rities | (II) Other | | - 507.10. | | |
| | b | Less cost or other basis and sales expenses | | | | | | |
| | С | Gain or (loss) | | | | | | |
| | d | Net gain or (loss) | - | • | | | | |
| evenue | 8 a | Gross income from fundraising er (not including \$ | | | | | |) |
| eve | | of contributions reported on line | 1c) | | | | | |
| Ŗ | | See Part IV, line 18 | | 58,598. | | | | |
| Other | | Less direct expenses | - | 20,117. | | | | |
| δ | С | Net income or (loss) from fundra | sing e | events | 38,481. | | | 38,481. |
| | 9 a | Gross income from gaming activities See Part IV, line 19 | ties a | a | 9 | | | |
| | b | Less direct expenses | ŀ | | | | | |
| | С | Net income or (loss) from gaming | activ | ities • | | | | |
| | 10 a | Gross sales of inventory, less ret and allowances | | 28,007. | | | | |
| | b | Less cost of goods sold | ŀ | 17,959. | | | | |
| | c | Net income or (loss) from sales of | of inve | ntory | 10,048. | 10,048. | | |
| | Miscellaneous Revenue Business Code | | | | | | | |
| | 11 a | INSURANCE PROCEEDS | | 900099 | 15,312. | 15,312. | | |
| | b OTHER INCOME 900099 | | | | 1,313. | 1,313. | | |
| | c d | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d. | | • | 16,625. | | | ľ |
| | | Total revenue. See instructions | | • | 1,445,428. | 1,272,921. | 0. | 94,118. |
| BAA | | | | TEEA | .0109L 08/03/18 | | | Form 990 (2018) |

| Sec | tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a r | | | mpiete column (A) | [X] |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------|---------------------------------|--------------------------|
| | | (A) | (B) | (C) | (D) |
| | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22. | 116,572. | 116,572. | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0. | 0. | 0. | 0. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| Ł | Legal | | | | |
| (| : Accounting | 12,121. | | 12,121. | |
| c | I Lobbying | | • | | |
| ε | Professional fundraising services See Part IV, line 17 | | | - | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column | 720 061 | E20 E74 | 205,498. | 2 000 |
| 10 | (A) amount, list line 11g expenses on Schedule O SCH C | 738,961. | 530,574. | 203,430. | <u>2,889.</u> 17,936. |
| | Advertising and promotion | 17,936. | 27 507 | 14,811. | 17,930. |
| 13 | · | 42,318. | 27,507. 12,501. | 6,731. | |
| 14 | Information technology Royalties | 19,232. 6,735. | 6,735. | 0,731. | |
| 15 | Occupancy | | 180,642. | 31,878. | |
| 16 | ' | 212,520. | | 2,274. | |
| 17 | | 6,498. | 4,224. | 2,214. | |
| | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| | Conferences, conventions, and meetings | | | | |
| | Interest | 674. | | 674. | |
| 21 | · · · · · · · · · · · · · · · · · · · | | | | |
| 22 | · ' ' ' - ' | 161,178. | 128,942. | 32,236. | |
| 23 | | 34,455. | 29,287. | 5,168. | |
| 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). | | | ۰ | |
| ā | CAMP EXPENSES | 273,366. | 273,366. | | |
| | GROUNDS AND MAINTENANCE | 60 <u>,</u> 536. | 37,289. | 23,247. | |
| | EQUIP RENTAL AND MAINTENANCE | 53,162. | 38,572. | 14,590. | |
| c | | 9,766. | | | 9,766. |
| 6 | All other expenses | 4,246. | | 4,246. | |
| 25 | Total functional expenses Add lines 1 through 24e | 1,770,276. | 1,386,211. | 353,474. | 30,591. |
| 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) | | | | |

Form 990 (2018)

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year **(B)** End of year Cash - non-interest-bearing 284,221 1 56,119. Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 1,454 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 3,147 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 2,285,880 **b** Less accumulated depreciation 10b 1,103,929 10 c 962,395 323,485 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 15 Other assets See Part IV, line 11 15 391,297 16 1,019,968. 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 339,240 245,665. 17 18 18 Grants payable 19 Deferred revenue 41,950 62,450. 19 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 135,647. 1,135,647 22 23 Secured mortgages and notes payable to unrelated third parties 10,766. 23 1,631. 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26,797 25 62,526. 26 Total liabilities. Add lines 17 through 25 1,554,400 1,507,919. Organizations that follow SFAS 117 (ASC 958), check here > X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. -221,560 27 -537,914. 27 Unrestricted net assets Temporarily restricted net assets 58,457 28 49,963. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 -487,951.33 Total net assets or fund balances -163,103. 34 34 Total liabilities and net assets/fund balances 1,391,297. 1,019,968.

| Forn | n 990 (2018) CAMP PUHTOK FOR BOYS AND GIRLS, INC. | <u> 26-0214249</u> | | Pa | ige 12 |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------|------|--------|
| Pai | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,4 | 45,4 | 428. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,7 | 70,2 | 276. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -3: | 24,8 | 348. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -10 | 63,1 | 103. |
| 5 | Net unrealized gains (losses) on investments | 5 | | - | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain 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 | -4 | 87,9 | 951. |
| Pai | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O | | | | |
| 2 8 | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis | viewed on a | | | |
| ŀ | were the organization's financial statements audited by an independent accountant? | | 2 b | X | 1 |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a set basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis | eparate | | | |
| (| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? | audīt, | 2 c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | |
| 3 a | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133? | gle | 3 a | | х |
| t | o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits | d audit | 3 b | | |
| BAA | TEEA0112L 08/03/18 | | Form | 990 | (2018) |

•

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

Open to Public Inspection

Employer identification number Name of the organization 26-0214249 CAMP PUHTOK FOR BOYS AND GIRLS, INC. Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state 5 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). 6 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)(v). (Complete Part II) R 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 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations a Provide the following information about the supported organization(s) (III) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (ii) EIN (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) Yes (A) (B) (C) (D) (E) Total

| Sche | dule A (Form 990 or 990-EZ) 201 | 8 CAMP PUR | HTOK FOR BO | YS AND GIRLS | S, INC. | 26-0214249 | Page 2 |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------|--------------------------------------------|--------------------------------------|-----------------------------------------|-------------------|
| Par | t II Support Schedule for (Complete only if you checked organization fails to qualify | the box on line 5. | , 7, or 8 of Part I or | of the organization | failed to qualify un | d 170(b)(1)(A)(der Part III If the | vi) |
| Sec | tion A. Public Support | | · · · · · · · · · · · · · · · · · · · | | | · · · · · · · · · · · · · · · · · · · | |
| begi | ndar year (or fiscal year nning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') | | | | | | |
| 2 | Tax revenues levied for the 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 organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | / | | |
| | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| begi | ndar year (or fiscal year nning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | | | / | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). | | | | | | |
| 11 | Total support. Add lines 7 through 10 | / | | | | | |
| 12 | Gross receipts from related active | ities, etc (see in | nstructions) | | | 12 | |
| 13 | First five years. If the Form 990 is organization, check this box and | for the organization | on's first, second, th | nird, fourth, or fifth | tax year as a section | on 501(c)(3) | ▶ [|
| | tion C. Computation of Pul | | | | | | |
| | Public support percentage for 20 | | | ne 11, column (f)) |) | 14 | % |
| | Public support percentage from | | | | | 15 | <u> </u> |
| 16a | 33-1/3% support test—2018. If the and stop here. The organization | he organization o qualifies as a pi | did not check the lublicly supported o | box on line 13, an organization | d line 14 is 33-1/3 | 3% or more, check | this box |
| b | 33-1/3% support test—2017. If the and stop here. The organization | e organization d qualifies as a pi | id not check a bo ublicly supported | x on line 13 or 16a organization | a, and line 15 is 3 | 3-1/3% or more, cl | neck this box |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts' | meets the 'facts- | -and-circumstance | es' test, check this | box and stop he | re. Explain in Part | VI how |
| | 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and | meets the 'facts _' d-circumstances' | -and-circumstance test The organiz | es' test, check this ation qualifies as | box and stop he a publicly suppor | re. Explain in Part ted organization | VI how the ► |
| 18 | Private foundation. If the organi | zation did not ch | eck a box on line | 13, 16a, 16b, 17a | , or 17b, check th | is box and see ins | tructions |
| ВАА | | | | | Sc | hedule A (Form 99 | 0 or 990-EZ) 2018 |

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)

| Calendar year (or fixed year beginning in) > (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, confinitions, and membership (less decle any furnissis) (grants ?) 146, 212, 150, 359, 242, 050, 143, 014, 78, 389, 760, 02 2 Gross receipts from admissions, merchandes soll or services burnisted in any activity that is reliated to the organization's cores receipts from admissions of the organization of the organization's cores receipts from admissions of the organization of the organization's period on the organization of the organization's benefit and its behalf to or expended on the standard organization without charge of Total. Add lines 1 through 5 2a Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 or 26,500. 27,455. 17,368. 3,000. 74,322 2 Public support (Subtract line 7 to 26,500. 27,455. 17,368. 3,000. 74,322 3 Public support (Subtract line 7 to 26,500. 27,455. 17,368. 3,000. 74,322 3 Public support (Subtract line 7 to 26,500. 27,455. 17,368. 3,000. 74,322 3 Public support (Subtract line 8 to 26,500. 27,455. 17,368. 3,000. 74,322 3 Public support (Subtract line 8 to 26,500. 27,455. 17,368. 3,000. 74,322 4 Public support (Subtract line 8 to 26,500. 27,455. 37,391. 55,637. 326,777 4 Public support (Subtract line 8 to 26,500. 27,455. 37,391. 55,637. 326,777 4 Public support (Subtract line 8 to 26,500. 27,455. 37,391. 55,637. 326,777 4 Public support (Subtract line 8 to 26,500. 27,455. 37,391. 55,637. 326,777 4 Public support (Subtract line 8 to 26,500. 27,455. 37,391. 55,637. 326,777 4 Public support (Subtract line 9 to 26,500. 27,457. 37,455. 37,391. 55,637. 326,777 4 Public support (Subtract line 8 to 26,500. 27,457. 37,455. 37,391. 55,637. 326,777 4 Public support (Add lines 9 to 26,500. 27,457. | Sec | tion A. Public Support | ests listed below, | picase complete | Tarrii) | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------|--------------------------------------------|---------------------|--------------------|--------------------|
| Girts, grants, contributions, grant mode environs and produce and produced environs an | Calen | dar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 2 Gross receipts from admissions, merchandles sold or services furnished in any activity that is reliated to the organization's Gross receipts from activities and receipt purpose Gross receipts from activities or bismess under section 513 A Tax revenues level for the organization's the extension of the organization sherified and the paid to or expended on the organization's the organization without charge Gross receipts and or expended on facilities furnished by a governmental unit to the organization without charge Gross receipts and the paid to or expended on facilities furnished by a governmental unit to the organization without charge Gross receipts and activities furnished by a governmental unit to the organization without charge Gross receipts and a received from other than disqualified persons that exceed the greater of \$5,000 or \$26,500 or \$27,455 or \$17,368 or \$3,000 or \$74,32 or \$100 or | 1 | Gifts, grants, contributions, and membership fees received (Do not include | | | | | | |
| Google G | 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is | 146,212. | 150,359. | 242,030. | 143,014. | 78,389. | 760,024. |
| 4 Tax revenues level for the organization's benefit and either paid to or expended on its behalf is behalf in the value or expended on its behalf is behalf in the value or expended on its behalf is behalf in the organization without charge of powermental unit to the organization without charge of the value of value | 3 | tax-exempt purpose Gross receipts from activities that are not an unrelated trade | 695,011. | 763,849. | 878,907. | 1,112,647. | 1,246,248. | 4,696,662. |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons 0. 26,500. 27,455. 17,368. 3,000. 74,32: b Amounts included on lines 2 and 3 received from other than exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c. from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7c. from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7c. from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7c. from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7c. from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7c. from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7c. from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7c. from line 6) Section B. Total Support beginning in Figure 1 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7c. from line 6) Section D. Computation of Public Support Percentage 1 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7c. from line 1 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7c. from line 1 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7c. from line 1 (c) 2015 (d) 2017 (e) 2018 (f) Total 7c. from line 1 (c) 2015 (d) 2017 (e) 2018 (f) Total 7c. from line 1 (c) 2015 (d) 2017 (e) 2018 (f) Total 7c. from line 1 (c) 2015 (d) 2017 (e) 2018 (f) Total 7c. from line 1 (c) | 4 | Tax revenues levied for the organization's benefit and either paid to or expended on | | | | | | 0. |
| 7a Amounts included on lines 1, 2, and 3 received from offisqualified persons by 6 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 or 1% of the year of 1% of the mount on line 13 or 1% of the year of 1% of the year of 1% of the amount on line 13 or 1% of the year of 2,500 or 1% of the amount on line 13 or 26,500 or 1% of the amount on line 13 or 1% of the year of 2,500 or 1% of the year of 2,500 or 27,455 or 17,368 or 3,000 or 74,32 or 2,455 or 2,455 or 3,000 or 1% of the year of 2,500 or 27,455 or 3,000 or 1% of the year of 2,500 or 2,7,455 or 3,000 or 3,0 | 5 | The value of services or facilities furnished by a governmental unit to the | | | | | | 0. |
| 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 co. Add lines 7a and 7b | | Amounts included on lines 1, 2, and 3 received from | | | | | | 5,456,686. |
| c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ► 9 Amounts from line 6 10 Ago Amounts from line 6 10 Amounts from line 84 11 Alt Amounts from line 84 11 Amounts from line 84 12 Amounts from line 84 13 Total support. (Add lines 9, 10c, 11, and 12) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Folial support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 15 Public support percentage from 2017 Schedule A, Part III, line 15 16 Bas. 37 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2017 Schedule A, Part III, line 17 18 6.05 19 33-113% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 18 is more than 33-1/3%, and line 16 is more than | 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 | | | | | | 74,323. |
| Section B. Total Support Calendar year (or fiscal year beginning in) Section B. Total Support Calendar year (or fiscal year beginning in) Section C. Computation of Public Support Percentage Section D. Computation of Investment Income Percentage Sa3-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, and line 18 in 18 in very sup or the form such as a conduction of the properties of the organization of high capital sease of capital seases of capi | _ | • | | | | | | |
| Calendar year (or fiscal year beginning in Ca) 2014 | _ | Public support. (Subtract line | <u> </u> | 26,300. | 27,455. | 17,300. | 3,000. | 5,382,363. |
| 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, reints, royalties, and income from surface and income from surface and income (less securities) loans, reints, royalties, and income from surface and income (less section 511 taxes) from businesses acquired after June 30, 1975 c. Add lines 10a and 10b 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 (Exolain in Part VI) SEE PART VI 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 17 Investment income percentage from 2017 Schedule A, Part III, line 15 18 6.05 19a 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. | Sec | tion B. Total Support | | | | | | |
| 10a Grass income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 86,753. 68,426. 78,565. 37,391. 55,637. 326,775. | Calen | lar year (or fiscal year beginning in) 🟲 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| payments received on securities loans, rents, royalties, and income from similar sources 86,753. 68,426. 78,565. 37,391. 55,637. 326,777. b Unirelated business taxable income (less section 51) taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 10 robs from the sale of capital assets. (Explain in VII) and 12) 12 Other income Do not include gain or loss from the sale of capital assets. (Explain in VIII) and 12) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2017 Schedule A, Part III, line 17 18 88.85 19 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization is not more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicl | 9 | Amounts from line 6 | 841,223. | 914,208. | 1,120,957. | 1,255,661. | 1,324,637. | 5,456,686. |
| income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on capital assets (Explain in Part VI) SEE PART VI 17, 354. 78, 878. 101,713. 31,848. 44,632. 274,429. 13 Total support. (Add lines 9, 10c, 11, and 12) 945,330. 1,061,512. 1,301,235. 1,324,900. 1,424,906. 6,057,889. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) section C. Computation of Public Support Percentage 15 Public support percentage from 2017 Schedule A, Part III, line 15 16 88.37 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2017 Schedule A, Part III, line 17 5.39 18 Investment income percentage from 2017 Schedule A, Part III, line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization by 33-1/3% support tests—2017. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33-1/3%, and | | payments received on securities loans, rents, royalties, and income from similar sources | 86,753. | 68, 126. | 78,565. | 37,391. | 55,637. | 326,772. |
| 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) SEE FART VI 17,354. 78,878. 101,713. 31,848. 44,632. 274,429. 13 Total support. (Add lines 9, 10c, 11, and 12) 945,330. 1,061,512. 1,301,235. 1,324,900. 1,424,906. 6,057,889. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 88.85. 16 Public support percentage for 2017 Schedule A, Part III, line 15 16 88.37. Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 5.39. 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 6.05. 19a 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization by 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and | | income (less section 511 taxes) from businesses acquired after June 30, 1975. | 0.6 550 | | 70.565 | 27 201 | 55 605 | 0. |
| Other income Do not include garn or loss from the sale of capital assets (Explain in Part VI) SEE PART VI 17,354. 78,878. 101,713. 31,848. 44,632. 274,429. 13 Total support. (Add lines 9, 10c, 11, and 12) 945,330. 1,061,512. 1,301,235. 1,324,900. 1,424,906. 6,057,883. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) rorganization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 88.85. 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 88.37. Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 5.39. 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 6.05. 19a 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization by 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and | | Net income from unrelated business activities not included in line 10b, whether or not the business is | 86,753. | 68,426. | /8,565. | 37,391. | 55,637. | 326,772. |
| 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 15 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 16 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 17 Section D. Computation of Investment Income Percentage 18 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 19 Investment income percentage from 2017 Schedule A, Part III, line 17 19 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 18 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and | 12 | Other income Do not include gain or loss from the sale of | 17,354. | 78,878. | 101,713. | 31,848. | 44,632. | 274,425. |
| First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 5 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and | 13 | | | | | | | |
| Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2017 Schedule A, Part III, line 15 17 Section D. Computation of Investment Income Percentage 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 19 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and | 14 | First five years. If the Form 990 | is for the organiza | | | | | |
| Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 13, column (f)) Investment income percentage from 2018 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage from 2018 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage from 2018 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage from 2018 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage from 2018 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage from 2018 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage from 2018 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage from 2018 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage from 2018 (line 10c, column | Sec | | | ercentage | | | | <u> </u> |
| Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 19 Investment income percentage from 2017 Schedule A, Part III, line 19 Investment income percentage from 2018 (line 10c, column (f)) Investment income percentage from 2018 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage from 2018 (line 10c, column (f)) | | | | | ne 13, column (f) |) | 15 | 88.85 % |
| Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19a 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and | | • • • • | · · · · · · · · · · · · · · · · · · · | • | | | | 88.37 % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 6.05 19 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 5 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and | Sec | tion D. Computation of Inv | estment Incor | ne Percentage | <u> </u> | | | |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 6.05 19 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 5 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and | | | | | | umn (f)) | 17 | 5.39 % |
| 19a 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and | | • | • | • • • | • | | 18 | 6.05 % |
| b 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | 19a | 33-1/3% support tests—2018. If t is not more than 33-1/3%, check | the organization d this box and sto j | lid not check the p here. The organ | box on line 14, ar nization qualifies a | as a publicly supp | orted organization | d line 17 ► X |
| 20 Private foundation If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | line 18 is not more than 33-1/3% | , check this box a | and stop here. Th | e organization qu | alifies as a public | ly supported organ | 1/3%, and nization |

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.)

| Sec | tion A. All Supporting Organizations | | | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----|----------|
| | | | 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 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) | | | |
| 3 a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below | | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination | | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use | 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 | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^2$ If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes | 4c | | <u> </u> |
| 5a | 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 | | |
| c | 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 charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI . | | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ) | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° 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 | | | - |
| 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 | | |
| c | 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 determine whether the organization had excess business holdings) | 10b | | |

| Pa | t IV | Supporting Organizations (continued) | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|----|
| | | | | Yes | No |
| | | the organization accepted a gift or contribution from any of the following persons? | | | |
| • | A pers gover | son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization? | 11a | | |
| | A fan | nily member of a person described in (a) above? | 11b | | |
| , | A 359 | % controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. | 11c | | |
| | | B. Type I Supporting Organizations | | | |
| | | 51 Type I cappet ting of gameations | | Yes | No |
| 1 | Did th | ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint | | | |
| | or ele | ct at least a majority of the organization's directors or trustees at all times during the tax year? If No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities organization had more than one supported organization, describe how the powers to appoint and/or remove | | | |
| | dıreci | tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ed to such powers during the tax year | 1 | | i |
| 2 | Did th | ne organization operate for the benefit of any supported organization other than the supported organization(s) | | | |
| | bener | operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization | | | |
| Sec | | C. Type II Supporting Organizations | | | |
| - | | or type if supporting organizations | | Yes | No |
| 1 | 14/040 | a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees | | | 1 |
| • | of eac | ch of the organization's directors of trustees during the tax year also a majority of the directors of trustees or the organization of the organization of the organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | | |
| Sec | tion [| D. All Type III Supporting Organizations | | | |
| | | 7,1 | | Yes | No |
| | | | | | 1 |
| 1 | organ | ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, organ | 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? | | | |
| | 3 | | | | 1 |
| 2 | 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how | | | | |
| | the of | rganization maintained a close and continuous working relationship with the supported organization(s) | 2 | | |
| 9 | D | and of the veletionship described in (2), did the exactination's supported exacting house a significant | | | |
| 3 | voice | ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played | | | |
| | | s regard | 3 | | |
| Sec | tion E | E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | | |
| á | ı 🗌 T | he organization satisfied the Activities Test Complete line 2 below | | | |
| | \equiv | he organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| | | | ctruc | tione) | |
| | lane. | he organization supported a governmental entity Describe in Part VI how you supported a government entity (see in | isti uc | | |
| 2 | Activi | ties Test Answer (a) and (b) below. | | Yes | No |
| á | suppo organ | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was | , | | |
| | | onsive to those supported organizations, and how the organization determined that these activities constituted lantially all of its activities | 2a | | |
| | | | - | | |
| ı | the or | ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the | | | |
| | | nization's involvement | 2b | | 1 |
| | | nt of Supported Organizations Answer (a) and (b) below. | | | |
| ā | Did the each | ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i> | - <u>-</u> | | |
| ŀ | Did th | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard | | | |

| Sche | dule A (Form 990 or 990-EZ) 2018 CAMP PUHTOK FOR BOYS AND GIRLS, Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | | | 14249 Page |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------|-----------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization | t on N | lov 20, 1970 (explain in ist complete Sections A | Part VI). See through E |
| Sec | tion 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 | | |
| Sec | tion 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) | | | |
| á | Average monthly value of securities | 1a | | |
| ŀ | Average monthly cash balances | 1b | | |
| - | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| • | 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 | | |
| Sec | tion 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 | | |
| | Enter greater of line 2 or line 3 | 4 | , F | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | ; - | |

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

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Schedule A (Form 990 or 990-EZ) 2018

| Part V Type III Non-Functionally Integrated 509(a)(3) S | upporting Organiza | tions (continued) | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|--|--|--|--|
| Section D — Distributions | | | Current Year | | | | |
| 1 Amounts paid to supported organizations to accomplish exempt p | | | | | | | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity | 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | | | | | | |
| 3 Administrative expenses paid to accomplish exempt purposes of s | supported organizations | | | | | | |
| 4 Amounts paid to acquire exempt-use assets | | | | | | | |
| 5 Qualified set-aside amounts (prior IRS approval required) | | <u> </u> | | | | | |
| 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 the organization Part VI) See instructions | tion is responsive (provide | details | | | | | |
| 9 Distributable amount for 2018 from Section C, line 6 | | | | | | | |
| 10 Line 8 amount divided by line 9 amount | | | | | | | |
| Section E — Distribution Allocations (see instructions) | (i) Excess Distributions | (II) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 | | | | |
| 1 Distributable amount for 2018 from Section C, line 6 | | | | | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI) See instructions | | | | | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | | | | | |
| a From 2013 | | | | | | | |
| b From 2014 | | | | | | | |
| c From 2015 | | | | | | | |
| d From 2016 | | | | | | | |
| e From 2017 | ļi | | | | | | |
| f Total of lines 3a through e | | | | | | | |
| g Applied to underdistributions of prior years | | | | | | | |
| h Applied to 2018 distributable amount | | | | | | | |
| i Carryover from 2013 not applied (see instructions) | | | | | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | | | | | |
| 4 Distributions for 2018 from Section D, line 7 \$ | | | | | | | |
| a Applied to underdistributions of prior years | | | | | | | |
| b Applied to 2018 distributable amount | | | | | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | | | | | |
| 5 Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | • | | | | | | |
| 7 Excess distributions carryover to 2019. Add lines 3 _j and 4c | | | | | | | |
| 8 Breakdown of line 7 | | | | | | | |
| a Excess from 2014 | | | | | | | |
| b Excess from 2015 | | | | | | | |
| c Excess from 2016 | | | | | | | |
| d Excess from 2017 | | | | | | | |
| e Excess from 2018 | | _ | | | | | |

BAA

Schedule A (Form 990 or 990-EZ) 2018

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME

| NATURE AND SOURCE | 2018 | 2017 | 2016 | _ | 2015 | 2014 |
|----------------------------------------|--------------------------|-----------------------|---------------------|----|--------------------|---------------|
| TRADING POST INCOME INSURANCE PROCEEDS | \$ 28,007. 15,312. | \$ 31,728. \$ | 30,542. | \$ | 14,511. | \$ 17,354. |
| OTHER TOTAL | \$ 1,313. 44,632. | \$ 120. 31,848. | 71,171. 101,713. | \$ | 64,367. 78,878. | \$ 17,354. |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete If the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 2018

Open to Public Inspection Employer identification number

| | CAMP PUHTOK FOR BOYS AND G | IRLS, INC. | 26-0214249 |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Pa | rt I Organizations Maintaining Dono | r Advised Funds or Other Similar Fur | nds or Accounts. |
| | Complete if the organization ansi | wered 'Yes' on Form 990, Part IV, line | 6 |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 7 | 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 dor are the organization's property, subject to the | nor advisors in writing that the assets held in do organization's exclusive legal control? | onor advised funds Yes No |
| 6 | Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit? | rs, and donor advisors in writing that grant func of the donor or donor advisor, or for any other | ds can be used only purpose conferring Yes No |
| Pai | t II Conservation Easements. | | |
| | <u> </u> | wered 'Yes' on Form 990, Part IV, line | 7 |
| 1 | Purpose(s) of conservation easements held by | | |
| | Preservation of land for public use (e g , r | · | f a historically important land area |
| | Protection of natural habitat | Preservation o | f a certified historic structure |
| _ | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization hast day of the tax year | ield a qualified conservation contribution in the form | n of a conservation easement on the |
| | last say of the tex year | | Held at the End of the Tax Year |
| | a Total number of conservation easements | | 2a |
| ı | Total acreage restricted by conservation easer | ments | 2 b |
| | Number of conservation easements on a certif | ied historic structure included in (a) | 2 c |
| | d Number of conservation easements included in | n (c) acquired after 7/25/06, and not on a histor | ic |
| | structure listed in the National Register | | [2d[|
| 3 | Number of conservation easements modified, tran tax year ► | sferred, released, extinguished, or terminated by the | ne organization during the |
| 4 | Number of states where property subject to conse | rvation easement is located > | _ |
| 5 | Does the organization have a written policy reand enforcement of the conservation easement | garding the periodic monitoring, inspection, har its it holds? | ndling of violations, Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, i | nspecting, handling of violations, and enforcing cor | nservation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspe ►\$ | cting, handling of violations, and enforcing conserv | ration easements during the year |
| 8 | Does each conservation easement reported or and section 170(h)(4)(B)(II)? | n line 2(d) above satisfy the requirements of sec | ction 170(h)(4)(B)(i) Yes No |
| 9 | In Part XIII, describe how the organization reports include, if applicable, the text of the footnote t conservation easements | conservation easements in its revenue and expens o the organization's financial statements that d | se statement, and balance sheet, and escribes the organization's accounting for |
| Par | 1 III Organizations Maintaining Colle | ctions of Art, Historical Treasures, or wered 'Yes' on Form 990, Part IV, line | Other Similar Assets. 8. |
| 1 2 | a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan | ld for public exhibition, education, or research in fu | nue statement and balance sheet works of rtherance of public service, provide, |
| ŀ | o If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items | SFAS 116 (ASC 958), to report in its revenue in public exhibition, education, or research in furthe | |
| | (i) Revenue included on Form 990, Part VIII, | line 1 | ► \$ |
| | (ii) Assets included in Form 990, Part X | | ► \$ |
| 2 | If the organization received or held works of art, he amounts required to be reported under SFAS | istorical treasures, or other similar assets for financi 116 (ASC 958) relating to these items: | cial gain, provide the following |
| á | a Revenue included on Form 990, Part VIII, line | 1 | ▶ \$ |
| ŧ | Assets included in Form 990, Part X | | ► \$ |

| Part III Organizations Maintai | ning Collection | ns of Art, Histo | ricai i reasures, o | r Other Similar Ass | ers (COI | iunu | eu) | |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------|---------------|----------|--------|--|
| 3 Using the organization's acquisition items (check all that apply) | , accession, and ot | _ | | re a significant use of its | collection | | | |
| a Public exhibition d Loan or exchange programs | | | | | | | | |
| b Scholarly research | | e 🔲 Other | | | | | | |
| c Preservation for future generations | | | | | | | | |
| 4 Provide a description of the organization Part XIII | ation's collections a | and explain how they | further the organization | s exempt purpose in | | | | |
| to be sold to raise funds rather th | to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No | | | | | | | |
| Part IV Escrow and Custodial line 9, or reported an a | Arrangement amount on For | s. Complete if the model of t | he organization an line 21 | swered 'Yes' on Fo | irm 990, | Par | t IV, | |
| 1 a Is the organization an agent, trus on Form 990, Part X? | | | | er assets not included | Yes | | No | |
| b If 'Yes,' explain the arrangement | in Part XIII and c | omplete the following | ng table | | | | | |
| | | | | | Amount | | | |
| c Beginning balance | | | , | 1 c | | | | |
| d Additions during the year | | | | 1 d | | | | |
| e Distributions during the year | | | | 1 e | | | | |
| f Ending balance | | | | 1 f | | | | |
| 2 a Did the organization include an ai | mount on Form 9 | 90, Part X, line 21, | for escrow or custodial | account liability? | Yes | | No | |
| b If 'Yes,' explain the arrangement | ın Part XIII. Chec | k here if the explan | ation has been provide | ed on Part XIII | | |] | |
| Part V Endowment Funds. Co | omplete if the | organization an | swered 'Yes' on Fo | orm 990, Part IV, III | ne 10. | | | |
| | (a) Current year | (b) Prior year | | | (e) Fou | ır years | s back | |
| 1 a Beginning of year balance | | | | | | | | |
| b Contributions | - | | | | - | | | |
| c Net investment earnings, gains, and losses | | | | | | | _ | |
| d Grants or scholarships | | | | | | | | |
| e Other expenditures for facilities and programs | | | | | <u></u> | | | |
| f Administrative expenses | | | | | | | | |
| g End of year balance | | | | | | | | |
| 2 Provide the estimated percentage | of the current ye | ar end balance (lin | e 1g, column (a)) held | as | | | | |
| a Board designated or quasi-endowme | ent ► | % | | | | | | |
| b Permanent endowment ► | 8 | | | | | | | |
| c Temporarily restricted endowmen | it ► | % | | | | | | |
| The percentages on lines 2a, 2b, an | | 100% | | | | | | |
| 3 a Are there endowment funds not in the organization by | ne possession of th | e organization that a | re held and administered | d for the | | ⁄es | No | |
| (i) unrelated organizations. | | | | | 3a(ı) | | | |
| (ii) related organizations | | | | | 3a(II) | | | |
| b If 'Yes' on line 3a(ii), are the rela | ted organizations | listed as required of | on Schedule R? | | 3b | | | |
| 4 Describe in Part XIII the intended | uses of the orga | nization's endowme | nt funds. | | | | | |
| Part VI Land, Buildings, and I | Equipment. | | | | | | | |
| Complete if the organiz | | ed 'Yes' on Forn | n 990, Part IV, line | e 11a. See Form 99 | 0, Part | X, Iır | ne 10 | |
| Description of property | (a) (| ost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Bo | ok va | lue | |
| 1 a Land | | | | | | | | |
| b Buildings | | | | | | | | |
| c Leasehold improvements | | | 2,185,947. | 1,241,739. | | 944, | ,208. | |
| d Equipment | | · - | 44,389. | 32,125. | | | ,264. | |
| e Other | <u> </u> | | 55,544. | 49,621. | | | ,923. | |
| Total. Add lines 1a through 1e (Colum | n (d) must equal | Form 990. Part X. o | | <u> </u> | | | , 395. | |
| BAA | (-) | | | Sched | ule D (For | | | |

Page 2

Schedule D (Form 990) 2018 CAMP PUHTOK FOR BOYS AND GIRLS, INC.

(a) Description of liability (b) Book value

(1) Federal income taxes
(2) DEFERRED RENT LIABITLY 62,526.
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)

Total (Column (b) must equal Form 990, Part X, column (8) line 25)

^{2.} Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII SEE PART XIII

| Schedule D (Citti 990) 2018 CAMP FORTON FOR BOTS AND GIRLS, | | UZIA | 1245 Tage 4 |
|------------------------------------------------------------------------------|---------------------------|---------|---------------------------------------|
| Part XI Reconciliation of Revenue per Audited Financial Stater | nents With Revenue per Re | eturn. | |
| Complete if the organization answered 'Yes' on Form 99 | 0, Part IV, line 12a | | |
| 1 Total re/enue, gains, and other support per audited financial statements | | 1 | 1,429,690. |
| 2 Amount's included on line 1 but not on Form 990, Part VIII, line 12 | | | <u> </u> |
| · a Net un ealized gains (losses) on investments | 2 a | | |
| b Donated services and use of facilities | 2b 81,625. | 1 | |
| c Recoveries of prior year grants | 2 c |] | |
| d Othe/ (Describe in Part XIII.) SEE PART XIII | 2d 19,209. |]] | |
| e Add lines 2a through 2d | | 2 e | 100,834. |
| 3 Sub ract line 2e from line 1 | | 3 | 1,328,856. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | ļ | |
| b O'her (Describe in Part XIII) SEE PART XIII | 4b 116,572. | <u></u> | |
| c Add lines 4a and 4b . | | 4 c | 116,572. |
| 5 7/otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line | 12) | 5 | 1,445,428. |
| Part XII Reconciliation of Expenses per Audited Financial State | ments With Expenses per | Returr | 1. |
| Complete if the organization answered 'Yes' on Form 99 | | | |
| 1 Total expenses and losses per audited financial statements | | 1 | 1,754,538. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | · · · · · · · · · · · · · · · · · · · |
| Donated services and use of facilities | 2a 81,625. | | |
| b Prior year adjustments | 2 b | 1] | |
| c Other losses | 2 c | 1 1 | |
| d Other (Describe in Part XIII.) SEE PART XIII | 2d 19,209. | 1 1 | |
| e Add lines 2a through 2d | | 2 e | 100,834. |
| 3 Subtract line 2e from line 1 | | 3 | 1,653,704. |
| Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | | |
| b Other (Describe in Part XIII) SEE PART XIII | 4b 116,572. | | |
| c Add lines 4a and 4b | | 4 c | 116,572. |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line | 18) | 5 | 1,770,276. |
| Part XIII Supplemental Information. | | | |

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

PART X - FIN 48 FOOTNOTE

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITIONS. THERE WERE NO

UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEAR ENDED BAA

Schedule D (Form 990) 2018

Part XIII | Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

AUGUST 31, 2019 AND 2018.

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

| DIRECT RENTAL EXPENSE | | \$ ' | 1,250 |
|-----------------------|-------|------|--------|
| TRADING POST EXPENSE | | | 17,959 |
| | TOTAL | \$ | 19,209 |
| | | | |

SCHEDULE D, PART XI, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

| SCHOLARSHIPS NETTED WITH TUITION | REVENUE | | \$ 116,572. |
|----------------------------------|---------|-------|----------------|
| | | TOTAL | \$ 116,572. |

SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

| DIRECT RENTAL EXPENSE | | \$ 1,250. |
|-----------------------|-------|---------------|
| TRADING POST EXPENSE | | 17,959. |
| | TOTAL | \$ 19,209. |

SCHEDULE D, PART XII, LINE 4B OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

| SCHOLARSHIPS NETTED WITH TUITION REVENUE | \$ 116,572. |
|------------------------------------------|----------------|
| TOTAL | \$ 116,572. |

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization 26-0214249 CAMP PUHTOK FOR BOYS AND GIRLS, INC Partil Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Internet and email solicitations f Solicitation of government grants Special fundraising events Phone solicitations g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes X No b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (vi) Amount paid to (III) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) have custody or control of contributions? or entity (fundraiser) from activity fundraiser listed in organization column (I) Yes 1 2 3 5 6 8 9 10 Total 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

| | | G (Form 990 or 990-EZ) 2018 CAMP PL | | | | |
|-----------------|-------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------------------|------------------------------------------------------------|
| Pai | rt II | Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gro | event contributions | nswered 'Yes' on Fo s and gross income | orm 990, Part IV, I e on Form 990-EZ, | ne 18, or reported lines 1 and 6b. |
| R E | | List overtie man groot receipte gro | (a) Event #1 TASTE OF MONKT (event type) | (b) Event #2 FALL FEST (event type) | (c) Other events NONE (total number) | (d) Total events (add column (a) through column (c)) |
| REVENUE | 1 | Gross receipts | 40,193. | 18,405. | | 58,598. |
| U E | 2 | Less Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 40,193. | 18,405. | | 58,598. |
| | 4 | Cash prizes. | | | | |
| | 5 | Noncash prizes | | | | |
| D RECT | 6 | Rent/facility costs | 11,572. | 7,849. | , | 19,421. |
| Č T | 7 | Food and beverages | | 696. | | 696. |
| E X P | 8 | Entertainment | | | | |
| EXPENSES | 9 | Other direct expenses | | | | |
| S | | Direct expense summary Add lines 4 thr Net income summary. Subtract line 10 fr | • , , | | . | 20,117. 38,481. |
| Par | | Gaming. Complete if the organiza | | s' on Form 990, Pa | rt IV, line 19, or re | |
| | | \$15,000 on Form 990-EZ, line 6a | | (b) Pull tabs/instant | | (d) Total gaming |
| REVENUE | ` | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | (add column (a) through column (c)) |
| | 1 | Gross revenue | | | | |
| E | · 2 | Cash prizes. | | | | |
| DIRECT | 3 | Noncash prizes | | | | |
| C S T E S | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes 8 | Yes% | Yes % | • |
| | 7 | Direct expense summary Add lines 2 thr | ough 5 in column (d) | | . | |
| | 8 | Net gaming income summary Subtract li | ne 7 from line 1, colum | nn (d). | • | |
| 9 | Ente | er the state(s) in which the organization co | onducts gaming activitie | es | | |
| | | he organization licensed to conduct gamin | _ | nese states? | | Yes No |
| | | re any of the organization's gaming license 'es,' explain | | or terminated during th | | Yes No |
| BAA | \ | | TEEA3702L 0 | 7/02/18 | Schedule G (For | m 990 or 990-EZ) 2018 |
| | | | | | | |

| Sch | edule G (Form 990 or 990-EZ) 2018 CAMP PUHTOK FOR BOYS AND GIRLS, INC. 26 | 5-02142 | 249 | Page 3 |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|-------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | [| Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in | 1 1 | | |
| - | a The organization's facility | 13a | | 8 |
| | b An outside facility | 13b | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name ► | | | |
| | Address • | | . – – – | |
| ŀ | a Does the organization have a contract with a third party from whom the organization receives gaming revenue by If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$ \$ c If 'Yes,' enter name and address of the third party | e ² e amount | Yes | No |
| | Name • | | | |
| | Address • | - - | . – – – | |
| 16 | Gaming manager information | | | |
| | Name • | | | |
| | Gaming manager compensation ► \$ | | | |
| | Description of services provided | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| 17 | Mandatory distributions | | | |
| а | a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | Yes | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | ne | | |
| | organization's own exempt activities during the tax year ► \$ | | | |
| <u>P</u> ar | TIV Supplemental Information. Provide the explanations required by Part I, line 2b, column and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information. See instructions. | umns (ii additio | ı) and (nal | √) , |
| | | | | |
| | | | | |
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| | | | | ı |
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| | | | | |

SCHEDULE I (Form 990)

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

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|------------|
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| (7 |
| |
| |

OMB No 1545-0047

ջ □

Employer identification number X Yes Partill Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on 26-0214249 Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. SEE PART IV 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? 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 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States CAMP PUHTOK FOR BOYS AND GIRLS, INC. Partil General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

| 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) | | | | | | | |
| | | | | | | | |
| <u>(4)</u> | | | | | | | |
| | | | | | | | |
| <u>(5)</u> | | | | | | | |
| | | | | | | | |
| (9) | | | | | | | |
| | | | | | | | |
| <u>6</u> | | | | | | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | |
| (8) | | | | | | | |
| | | | | | | - | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table |) and government c | organizations listed | n the line 1 table | | | A | 0 |
| 3 Enter total number of other organizations listed in the line 1 tabl | ons listed in the line | 1 table | | | | • | 0 |

Schedule I (Form 990) (2018)

TEEA3901L 07/13/18

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

Page 2 Part III | 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.

| | (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 |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|------------------------------------|-------------------------------------------------------|---------------------------------------|
| TUI | TUITION ASSISTANCE TO | 1,163 | | 107,472. | | |
| 2 SCH | 2 SCHOLARSHIPS | 11 | | 9,100. | | |
| ю | | | | | | |
| 4 | | | | | | |
| . 2 | | | | | | |
| 9 | | | | | | |
| 7 | | | | | | |
| Part IV | Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information | de the information | required in Part I, | line 2, Part III, col | umn (b); and any othe | r additional information |

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

TUITION ASSISTANCE TO CAMPERS DEMONSTRATING FINANCIAL NEED.

Schedule I (Form 990) (2018)

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. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2018

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 26-0214249

CAMP PUHTOK FOR BOYS AND GIRLS, INC. 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 incurred by the organization | managers of | or disqualified | persons du | iring the | year | under |
|---|------------------------------------------------------|-------------|-----------------|------------|-----------|------|-------|
| | section 4958 | _ | | | | | |

| 3 | Enter the amount of | if tax, | ıf any, | on line 2 | 2, above, | reimbursed | by the | organization |
|---|---------------------|---------|---------|-----------|-----------|------------|--------|--------------|
|---|---------------------|---------|---------|-----------|-----------|------------|--------|--------------|

▶\$ **►**\$

Partili 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 | (b) Relationship with organization | (c) Purpose of loan | fro | an to or n the ization? | (e) Original principal amount | (f) Balance due | (g) In c | default? | (h) Ap by bo comm | ard or | (ı) Wi agreei | ntten ment? |
|-------------------------------|------------------------------------|---------------------|-----|-------------------------------|-------------------------------|-----------------|----------|----------|-------------------------|----------|------------------|----------------|
| | | | То | From | | | Yes | No | Yes | No | Yes | No |
| (1) LOUIS KOUSOURIS | SPRESIDENT | CONSTRUCT | X | | 799,000. | 799,000. | | Х | Х | | Х | |
| (2) PETER ANGELOS | FAMILY MEM | CONSTRUCT | X | | 300,000. | 300,000. | | Х | Х | | Х | |
| (3) IN THE PINES, | ILC | | | | | | | | | | | |
| (4) | 35% CONTR | OPERATING | X | | 36,647. | 36,647. | | Х | Х | | Х | |
| (5) | | | | | | - | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | <u> </u> | | |
| otal | | | _ | | ▶ \$ | 1.135.647. | | | | | | |

Partill 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) | | | | | |

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

Schedule L (Form 990 or 990-EZ) 2018

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organi | aring of zation's nues? |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|--------|-------------------------------|
| | | | | Yes | No |
| (1) LOUIS KOUSOURIS | PRESIDENT | 78,229 | RENTAL | | Х |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | _ | | | |
| (6) | | | | | |
| (7) | | _ | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | - | | | | |

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE O (Form 990 or 990-EZ)

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

2018

Open(to)Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

26-0214249

CAMP PUHTOK FOR BOYS AND GIRLS, INC.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO OPERATE AN EDUCATIONAL OUTDOOR CAMP FOR BOYS AND GIRLS WITH PROGRAMS DESIGNED TO DEVELOP AN APPRECIATION FOR NATURE, OTHER PEOPLE AND THEMSELVES, THROUGH SERVICE LEARNING OPPORTUNITIES, SPIRITUAL MEDITATION, INDEPENDENT CHALLENGES AND OUTDOOR EXPLORATION.

FORM 990, PART VI, LINE 1A - EXPLANATION OF MATERIAL DIFFERENCES OF VOTING RIGHTS

ALEXANDRA KOUSORIS GROTE, THE DIRECTOR OF OPERATIONS AND TREASURER, SITS ON THE

BOARD OF DIRECTORS AS A NON-VOTING MEMBER.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

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 KATHY MCMILLIAN ARE HUSBAND AND WIFE; BOARD

MEMBERS JACALYNN SOKOLOW AND MICHAEL SOKOLOW ARE ALSO HUSBAND AND WIFE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

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, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

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, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
THE ORGANIZATION WILL FURNISH THE DOCUMENTS UPON REQUEST.

| Schedule O (Form 990 or 990-EZ) (2018) | Page 2 |
|----------------------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| CAMP PUHTOK FOR BOYS AND GIRLS, INC. | 26-0214249 |

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

| | | (A) | (B) PROGRAM | (C) MANAGEMENT | (D) FUND- |
|-------------|----------|----------|-----------------|--------------------|--------------|
| | _ | TOTAL | <u>SERVICES</u> | & GENERAL | RAISING |
| CONTRACTUAL | _ | 738,961. | 530,574. | 205,498. | 2,889. |
| | TOTAL \$ | 738,961. | \$ 530,574. | <u>\$ 205,498.</u> | \$ 2,889. |