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CLIENT'S COPY





NOVEMBER 15, 2019

CAMP QUEST, INC. PO BOX 341 STAUNTON, VA 24402

DEAR NEIL:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2018 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2018 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

TRAVIS W. SIMPSON CPA

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2018

Prepared for	CAMP QUEST, INC. PO BOX 341 STAUNTON, VA 24402
Prepared by	HANTZMON WIEBEL LLP, CPA'S 818 E. JEFFERSON ST., P.O. BOX 1408 CHARLOTTESVILLE, VA 22902
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

EXTENSION GRANTED TO NOVEMBER 15, 2019

Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047
2018

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

and ending A For the 2018 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change CAMP QUEST, INC. Name change 27-0100286 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ PO BOX 341 540-324-9088 termin-ated 78,205. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return STAUNTON, VA 24402 H(a) Is this a group return Applica-F Name and address of principal officer: NEIL POLZIN Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.CAMPQUEST.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2002 M State of legal domicile: KY Part I Summary Briefly describe the organization's mission or most significant activities: CAMP QUEST, INC. PROVIDES AN Activities & Governance EDUCATIONAL ADVENTURE SHAPED BY FUN, FRIENDS, AND FREETHOUGHT, Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 2 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 404 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 38 **Prior Year Current Year** 314,848. 70,780. Contributions and grants (Part VIII, line 1h) Revenue 7,054. 5,435. Program service revenue (Part VIII, line 2g) 68,049. 755. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,235. 32. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 389,983. 78,205. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 31,483. 16,141. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 44,098. 64,204. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 32,439. 55,994. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 108,020. 136,339. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 281,963. -58,134. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 370,204. 302,105. 20 Total assets (Part X, line 16) 6,000. О. 21 Total liabilities (Part X, line 26) 364,204. 302,105. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign NEIL POLZIN, CHAIR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature TRAVIS W. SIMPSON P00481332 Paid HANTZMON WIEBEL LLP, CPA'S 54-0618213 Preparer Firm's name Firm's EIN Firm's address 818 E. JEFFERSON ST., P.O. BOX 1408 Use Only CHARLOTTESVILLE, VA 22902 Phone no. (434)296-2156

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

Other program services (Describe in Schedule O.)

including grants of \$

65,611. Total program service expenses

Form **990** (2018)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	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	_		Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		x
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	Ť		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		21
b	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		Х
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		Х
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 (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2018) CAMP QUEST, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
- •	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
•		38	Х	
Pai	Note. All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	ΩΩΩ	(0040

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Form **990** (2018)

Form 990 (2018) CAMP QUEST, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	·			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a		X
b	If "Yes," enter the name of the foreign country:				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action 114, Report of Foreign Bank Action 114, Report of Foreign Bank Action 114, Rep	·	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for the line Farm 2000 TO		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
Va			6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		ua		
b	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and a contribution and a contri	vices provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	100			
		10a 10b			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100			
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	114			
~		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	1	13b			
	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				v
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	h in a sure o	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.		Form	990	(2010

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5										
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•	•	•						
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14		Х						
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?									
а	The organization's CEO, Executive Director, or top management official	15a		Х						
	Other officers or key employees of the organization	15b		Х						
	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									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶VA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s onlv) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.		,							
	X Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	THE ORGANIZATION - 540-324-9088									
	PO BOX 341, STAUNTON, VA 24402									

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Form **990** (2018)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos check ess pe	more rson	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NEIL POLZIN	2.00					1.0			•	
CHAIR	2.00	X		X				0.	0.	0
(2) SHAWN JEFFERS	2.00			37					0	_
VICE CHAIR	2.00	X		X				0.	0.	0
(3) CHELSEA PAVEY	2.00	$ _{\mathbf{x}}$		Х				0.	0.	0
SECRETARY (4) MEGAN PIKE	2.00			^				0.	0.	0
TREASURER	2.00	X	1	Х		1		0.	0.	0
(5) THERESA BULANDER	2.00	122		122				0.	0.	
DIRECTOR	2.00	\mathbf{x}						0.	0.	0
(6) MEG COLBURN	2.00									
DIRECTOR		$ _{\mathbf{x}}$						0.	0.	0
(7) BEN FREY	2.00									
DIRECTOR		x						0.	0.	0
(8) ALANA RICKETT	2.00									
DIRECTOR		X						0.	0.	0
(9) CHUCK WOLBER	2.00									
DIRECTOR		Х						0.	0.	0
(10) KIMBERLY NEWTON	40.00								_	_
EXECUTIVE DIRECTOR				Х				46,800.	0.	0
		1								
		+								
		1								
		+		_		_				
		_								

Page 8

	t VII Section A. Officers, Directors, True (A)	(B)	رد.ح				9.10		(D)	(E)			(F)	
	Name and title	Average	` ' `						Reportable	(=) Reportable		Eo		٨
	Name and title	hours per	(do not check more than one box, unless person is both an			than		compensation						
		week		cer an					from	compensatio from related			other	//
		(list any	tor						the	organization			pensat	tion
		hours for	dire				pa		organization	(W-2/1099-MIS		fr	om the	•
		related	tee o	ustee			ensat		(W-2/1099-MISC)			org	anizati	on
		organizations	al trus	nal tr		oyee	omp e						d relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ns
		iii ie)	트	su	#0	Ke	E, E	호						
			-											
							_							
									· ·					
			_				H							
1b	Sub-total							ightharpoons	46,800.		0.			0.
С	Total from continuation sheets to Part V	II, Section A					,	ightharpoons	0.		0.			0.
d	Total (add lines 1b and 1c)								46,800.		0.			0.
2	Total number of individuals (including but i	not limited to th	nose	liste	ed al	OOV	e) wł	no r	eceived more than \$100	0,000 of reportable	le			C
	compensation from the organization												Yes	No
3	Did the organization list any former officer	, director, or tru	uste	e, ke	y en	nplo	yee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for											3		X
4	For any individual listed on line 1a, is the s	•							•	•				37
_	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con					-			ted organization or indiv	idual for services		5		Х
Sec	tion B. Independent Contractors	.p.010 0011000.		0, 0,		0.0	, , , ,							
1	Complete this table for your five highest control the organization. Report compensation for										npens	ation f	rom	
	(A)								(B)			(C		
	Name and business	address	N	INC	<u> </u>				Description of s	ervices		omper	nsation	1
	Total number of independent contractors (including but n	not li	mito	d to	the	ا مع	ster	d above) who received a	ore than				
	\$100,000 of compensation from the organ		iot il	iiiite	u 10		0	عد د (above, who received if	IOIG IIIAII				
									<u>-</u>			Form	990 (2	018)

14091115 700786 27024

Га	rt VII			5			
		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	Revenue excluded from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f CAMP PROGRAM FEES All other program service revenue	Business Code 611710	70,780.	5,435.	revenue	sections 512 - 514
	g	Total. Add lines 2a-2f		5,435.			
	3 4 5	Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond properties	est, and	755.			755.
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) Securities	(ii) Other				
e	d	Gain or (loss) Net gain or (loss) Gross income from fundraising events (not	>				
Other Revenue	b	including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
٦	С	Net income or (loss) from fundraising events	>				
	b	Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities					
	b	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory					
ı			Business Code				
	11 a	MISC REVENUE	900099	1,235.			1,235.
	b						
	С						
		All other revenue		1 225			
		Total. Add lines 11a-11d		1,235. 78,205.	5,435.	0.	1,990.
	12	Total revenue. See instructions		10,403.	J,4JJ•	0.	1,330.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	16 141	16 141		
	and domestic governments. See Part IV, line 21	16,141.	16,141.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	46 900	11 700	11 700	22 400
_	trustees, and key employees	46,800.	11,700.	11,700.	23,400
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	12 056	2 220	2 220	6 170
7	Other salaries and wages	12,956.	3,239.	3,239.	6,478
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1 110	1 112	1 112	2 224
10	Payroll taxes	4,448.	1,112.	1,112.	2,224
11	Fees for services (non-employees):				
a		3,360.	1,680.	1,680.	
b	Legal	6,997.	1,000.	6,997.	
С.	5 F	0,997.		0,997.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	ř – – – – – – – – – – – – – – – – – – –				
f	Investment management fees				
g	` '				
	column (A) amount, list line 11g expenses on Sch O.)	E 161	E 161		
12	Advertising and promotion	5,464. 1,512.	5,464. 170.	1,342.	
13	Office expenses	1,312.	170.	1,342.	
14	Information technology				
15	Royalties	2,572.	1,286.	1,286.	
16	Occupancy	4,231.	1,416.	938.	1,877
17	Travel	4,431.	1,410.	930.	1,0//
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	994.	497.	497.	
19	Conferences, conventions, and meetings	334.	437•	49/•	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,172.	10.	1,142.	20
23	Other expanses Itamize expanses not severed	1,1/4.	10.	1,144.	۷.
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 0.) SOFTWARE SUPPORT	9,100.	7,022.	2,078.	
a	LEADERSHIP SUMMIT	9,100.	9,062.	4,010•	
b	TRAINING & DEVELOPMENT	5,859.	5,586.	68.	205
C	PRINTING AND POSTAGE	2,618.	789.	520.	1,309
d		3,053.	437.	218.	2,398
e oe		136,339.	65,611.	32,817.	37,911
25	Total functional expenses. Add lines 1 through 24e	130,339.	03,011.	34,011.	31,311
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

Form **990** (2018)

Form 990 (2018) Part X Balance Sheet

Га	πх	balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	298,008.	1	233,119.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	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			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	72,196.	11	68,986.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	370,204.	16	302,105.
	17	Accounts payable and accrued expenses	6,000.	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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		25	
	26	Total liabilities. Add lines 17 through 25	6,000.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	364,204.	27	271,525.
3al	28	Temporarily restricted net assets		28	30,580.
Fund Balances	29	Permanently restricted net assets		29	
표		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
þ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	364,204.	33	302,105.
	34	Total liabilities and net assets/fund balances	370,204.	34	302,105.

Form **990** (2018)

Pa	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			8,2 6,3			
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3		-58,134				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
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		_	3,9	65.		
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		30	2,1	05.		
Pa	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: X Cash Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,					
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit					
	Act and OMB Circular A-133?		L	3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				

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 CAMP QUEST, INC. 27-0100286 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning 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	Ì					
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	,	,			12	
13	First five years. If the Form 990 is for	· ·	s first, second, thir	d, fourth, or fifth t	tax year as a sectio	n 501(c)(3)	. \square
Sec	organization, check this box and stopetion C. Computation of Publi	here ic Support Pe	rcentage		<u></u>		<u></u> ▶□
	Public support percentage for 2018 (I			column (f)\		14	%
	Public support percentage from 2017						
	33 1/3% support test - 2018. If the o						-
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2017. If the co						
_	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				· · · · · · · · · · · · · · · · · · ·	-	
h	10% -facts-and-circumstances test						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				-		ightharpoonup
18	Private foundation. If the organization						ns
			, 10	, , , ,			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.)

Se	ction A. Public Support	,,	,				
Cale	endar year (or fiscal year beginning 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.")	190,066.	154,007.	180,120.	314,848.	70,780.	909,821.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		2,168.		7,054.	5,935.	15,157.
3	Gross receipts from activities that				70021	7,000	
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge	190,066.	156 175	180,120.	321,902.	76 715	924,978.
	Total. Add lines 1 through 5	190,000.	130,173.	100,120.	321,902.	70,713.	724,770.
	A Amounts included on lines 1, 2, and 3 received from disqualified persons	117,698.	16,574.	75,000.	220,164.	25,025.	454,461.
ĸ	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						0.
(Add lines 7a and 7b	117,698.	16,574.	75,000.	220,164.	25,025.	454,461.
	Public support. (Subtract line 7c from line 6.)						470,517.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 76,715.	(f) Total
9	Amounts from line 6	190,066.	156,175.	180,120.	321,902.	76,715.	924,978.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,286.		1,329.	2,639.	755.	6,009.
Ł	Unrelated business taxable income	,		,	,		, , , , , ,
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b	1,286.		1,329.	2,639.	755.	6,009.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	101 252	156 175	101 440	32.	1,235.	1,267.
	Total support. (Add lines 9, 10c, 11, and 12.)	191,352.	156,175.	181,449.	-	78,705.	932,254.
14	First five years. If the Form 990 is for	· ·			•	. , , , ,	ation,
90	check this box and stop here ction C. Computation of Publ						P LL_
	•			oolumn (fl)		15	50.47 %
	Public support percentage for 2018 (I Public support percentage from 2017		•			16	99.28 %
	ction D. Computation of Inves					10 [33.20 %
	Investment income percentage for 20			ne 13 column (fl)		17	.64 %
	Investment income percentage from 2			ne ro, column (i))		18	.72 %
	a 33 1/3% support tests - 2018. If the						
.50	more than 33 1/3%, check this box a	-					► X
Ł	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation If the organization			•		•	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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.
- **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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 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.
- 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.
- **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.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
ou .		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
55		
6		
7		
8		
9a		
9b		
9с		
40		
10a		
10b		

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must com-	nplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	^ব V │ Type III Non-Functionally Integrated 509	∂(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	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 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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
CERTAIN PRIOR YEAR AMOUNTS REPORTED IN PART III, SECTIONS A AND B, HAVE
BEEN RESTATED IN THIS 2018 FORM 990. THE PRIOR YEAR PUBLIC SUPPORT
PERCENTAGE REPORTED IN SECTION C, LINE 16, WAS NOT RESTATED FOR THESE
CHANGES AND THEREFORE AGREES TO THE ORGANIZATION'S 2017 FORM 990.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

C.	AMP QUEST, INC.	27-0100286
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foun	dation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule .	
Note: Only a section 501(c	c)(7), (8), or (10) organization can check boxes for both the General Rule and	a Special Rule. See instructions.
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributed on the contributor. Complete Parts I and II. See instructions for determining a	
Special Rules		
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1.) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% Z, line 1. Complete Parts I and II.	, line 13, 16a, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that reputions of more than \$1,000 exclusively for religious, charitable, scientific, lite lelty to children or animals. Complete Parts I (entering "N/A" in column (b) instance.	erary, or educational purposes, or for the
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rens exclusively for religious, charitable, etc., purposes, but no such contribution here the total contributions that were received during the year for an exclusion omplete any of the parts unless the General Rule applies to this organization ble, etc., contributions totaling \$5,000 or more during the year	ons totaled more than \$1,000. If this box ively religious, charitable, etc., n because it received nonexclusively
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Son Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-Et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

CAMP QUEST, INC.

27-0100286

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)		(c)	(d)	
No. 1	Name, address, and ZIP + 4	\$_	Total contributions 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
2		\$_	10,970.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
3		\$_	10,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
4		\$_	5,025.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization

Employer identification number

27-0100286 CAMP QUEST, INC. Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) Description of noncash property given from Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Name of or	rganization				Employer identification number
CAMP (QUEST, INC.				27-0100286
Part III		through (e) and the following charitable, etc., contributions of \$1, (line entry For o	rganizations	that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, an	nd ZIP + 4	Re	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, an	nd ZIP + 4	Re	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
-					
	Transferee's name, address, a	(e) Transfer	-	elationship of tra	nsferor to transferee
(a) No. from					
Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
-	Transferee's name, address, a	(e) Transfer		elationship of tra	nsferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CAMP OUEST TNC. **Employer identification number** 27-0100286

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accor	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir			arrana de la maria
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
			-	Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizat		-	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically impo	rtant land area
	Protection of natural habitat	Preservation of a certi		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ire	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	he organiza	tion's accounting for
	conservation easements.	(4) 11: 1 : 17	. 0: :	
Pa		•	ner Simi	lar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ex	,	nce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	olic service,	provide the following amounts
	relating to these items:		_	
	(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, historical tre	•	gaın, provid	ie
	the following amounts required to be reported under SFAS 1		_	Φ.
a	Revenue included on Form 990, Part VIII, line 1			
р	Assets included in Form 990, Part X			Φ

832051 10-29-18

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Schedule D (Form 990) 2018

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simi	lar Asse	ts (continu	Jed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant	use of its	collection	items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explair	n how they further t	he organization's ex	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's c	ollection?			Yes	No_
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	ns or other assets no	t included	l	_	
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					
							Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or c	ustodial account liab	ility?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI	II			
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	years back
1a	Beginning of year balance	68,231.	54,963.	54,963.		55,051.		51,666.
b	Contributions		3,118.					
С	Net investment earnings, gains, and losses	755.	10,150.			-88.		3,385.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	68,986.	68,231.	54,963.		54,963.		55,051.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a)) held as:	•			
а	Board designated or quasi-endowment	100.00	%					
b	Permanent endowment	%	7					
С	Temporarily restricted endowment ▶	<u></u> %						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	and administered for	the organ	ization		
	by:						7	Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990, Part X	(, line 10.			
	Description of property	(a) Cost or ot	ther (b) Cost	or other (c) A	Accumulat	ed	(d) Book	value
		basis (investm	nent) basis	(other) de	epreciation	۱		
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
	Add lines 1a through 1e (Column (d) must ed		X column (R) line :	10c)		$\overline{}$		0.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 CAMP QUEST,	INC.	2'	7-0100286 _{Page} 3
Part VII Investments - Other Securities.			¥
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. li	ne 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			<u> </u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. li	ne 11d. See Form 990. Part X. line 15.	
	Description	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Book value
(1)			1 ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
Part X Other Liabilities.	<i>0 10.)</i>		1
Complete if the organization answered "Yes"	on Form 990 Part IV li	ne 11e or 11f See Form 990 Part X line 2	25
1. (a) Description of liability	0111 01111 000, 1 411 14, 11	(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			

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

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

Schedule D (Form 990) 2018

(8)

Par	t XI	Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per R	eturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а		nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С		veries of prior year grants	2c		
d		(Describe in Part XIII.)	2d		
е		nes 2a through 2d		2e	
3		act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
		nes 4a and 4b		4c	
		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Stateme		Doturn	
Pai	LAII	, -	ints with Expenses per	neturii.	
	T-4-1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	ا ما		
a		ed services and use of facilities			
b		/ear adjustments	2b		
C		losses (Describe in Port VIII.)	2c 2d		
d		(Describe in Part XIII.)		20	
е 3		nes 2a through 2d		2e 3	
4		act line 2e from line 1 nts included on Form 990, Part IX, line 25, but not on line 1:			
-		ment expenses not included on Form 990, Part VIII, line 7b	4a		
		(Describe in Part XIII.)	4b		
		nes 4a and 4b		4c	
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
		Supplemental Information.		•	
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V, lines 1b and 2b; Part V, line	4; Part X, line 2; Par	t XI,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional information.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number											
CAMP QUE	27-0100286											
Part I General Information on Grants	and Assistance											
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No												
												2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any
	_				anization answered "\	Yes" on Form 990, Part	t IV, line 21, for any					
recipient that received more than	1		1		(f) Method of	ı	i					
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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
CAMP QUEST SOUTHEAST												
553 DELAFIELD DRIVE							OPERATING SUPPORT AND					
SUMMERVILLE, SC 29483	45-3065921	501(C)3	8,095.	0.			CAMPER FINANCIAL AID					
2 Enter total number of section 501(c)(3)	and government of	ragnizations listed in th	l line 1 teble		<u> </u>		<u> </u>					
3 Enter total number of other organization			ie iii ie i tabie				0,					

Schedule I (Form 990) (2018) CAMP QUEST, INC. 27-0100286

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. (e) Method of valuation (book, FMV, appraisal, other) (c) Amount of (d) Amount of non-(a) Type of grant or assistance (b) Number of (f) Description of noncash assistance cash assistance recipients cash grant Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: CAMP QUEST, INC APPROVES THE DISBURSEMENT OF GRANT FUNDS BASED ON A DETAILED REVIEW OF THE REQUEST AND FUNDING NEEDS OF EACH CAMP QUEST AFFILIATED ORGANIZATION. EACH CAMP OUEST AFFILIATE GRANT RECIPIENT IS REQUIRED TO PROVIDE THEIR ANNUAL BUDGET TO CAMP QUEST, INC FOR GRANT MONITORING PURPOSES.

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Page 2

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CAMP QUEST,

Employer identification number 27-0100286

INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FEATURING SCIENCE, NATURAL WONDER AND HUMANIST VALUES. FORM 990, PART VI, SECTION B, LINE 11B: EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE FORM 990 PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY AND ACKNOWLEDGE AND SIGN THEIR COMMITMENT LETTER REQUIRING CONFLICT DISCLOSURES. ANY DISCLOSURES ARE RECORDED IN MEETING MINUTES. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 1023 AND FORM 990 ARE STORED AT THE ORGANIZATION'S OFFICE AND ARE AVAILABLE UPON REQUEST. THE FORM 990 IS ALSO POSTED ON THE ORGANIZATION'S WEBSITE. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND COMPILED FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. HOWEVER, REQUESTS ARE SUBJECT TO THE APPROVAL OF THE EXECUTIVE DIRECTOR AND THE ORGANIZATION'S CONSIDERATION OF THE INTENDED USE OF THE REQUESTED DOCUMENTS.

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

Schedule O (Form 990 or 990-EZ) (2018)