OMB No 1545-0047

(Rev January 2020)

Return of Organization Exempt From Income Tax

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

2019

Department of the Treasury

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

Open to Public

	Inte		ue Service	mation.	MIN	Inspec	tion						
	A	For the	2019 calen	dar year, or tax	year beginning		, 2019,	and endi	ing		V	, 20	
	В	Check if	applicable.	C Name of organi	zation Camp Wi	lkes, Inc					D Emplo	yer identification	number
		Address	change	Doing business	as							64-0383074	
		Name ch	nange	Number and str	reet (or P O. box if	mail is not delivered	to street address)		Room/s	uite	E Telephone number		
		Initial reti	urn	PO Box 69								(228) 388-3736	j
		Final retu	rn/terminated	City or town, sta	ate or province, co	ountry, and ZIP or for	eign postal code					·	
		Amende	d return	Biloxi, MS 39	9533						G Gross	receipts \$	89,953
		Applicati	on pending	F Name and addre	ess of principal off	ficer			Н	I(a) Is this a gr	oup return fo	r subordinates? 🔲 Y	es 🗌 No
									H	I(b) Are all s	ubordinate	es ıncluded? 🔲 Y	es 🗌 No
)	1	Tax-exer	npt status:	☑ 501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1) o	r 🗌 52 1	ノク	If "No," a	attach a lis	st. (see instruction:	s)
n	J	Website	: ► www.ca	mpwilkesinc.org			4		Н	I(c) Group e	xemption	number >	
<i>y</i>	ĸ	Form of o	organization 🛭	Corporation 🔲 T	Trust 🗌 Associa	ition ☐ Other ►	LY	ear of forn	nation	1942	M State	of legal domicile	MS
	P	art I	Summa										
		1	Briefly des	scribe the organ	nization's miss	ion or most sign	ificant activitie	s Topro	ovide a	car	np facility	for youth group	S
	Governance		and adult g	roups to learn and	d practice life sk	ulls and team build	ng	4	Y				
	nan	Ì						34		166	<u>) </u>		
2	ě.	2	Check this	s box 🟲 🗌 if the	e organization	discontinued its	operation	dispose	id at it	de than	25% of	ıts net assets.	
2	္မင္ဟ	3	Number of	l voting membe	ers of the gove	erning body (Part	VI, line 1a) .	IDIA	7 .	الاملاكندر	3		12
_	tivities &	4	Number of	f independent v	oting membei	rs of the governii n calendar year 2	ng body (Part \	VI, line 1	bà É	thi.	4		12
C	ٷ	5						ne 29	EU.		5		2
ر	ڲؚٙڔ	6			*	necessary)		ALEUE.			6		125
2	A P					Part VIII, column	• •				7a		0
	-	b	Net unrela	ted business ta	<u>xable income</u>	from Form 990-	T, line 39 .		<u> </u>	<u> </u>	7b		0
SCANNED	i									Prior Yea		Current Y	
	9	8		ons and grants							27,114		31,066
₹	ē	9		ervice revenue									
ၒၟ	ě	10		•	•	a), lines 3, 4, and	•				6,057		7,173
vj		11				es 5, 6d, 8c, 9c,			-		4,539		(179)
		12				nust equal Part V		line 12)_	+		37,710	 	38,060
		13	Grants and	Smollar amoun	Heapaid (Part I	X, column (A), lin		つうつ	, 		22,250		20,038
		14	Benefitte p	ald to or for me	mbers Part I	K, column (A), line	ع (4) <u>(4) ده دا</u>		\vdash		22,230		20,036
	ses	15				benefits (Part IX,		38 5-10)	-				
	Expenses	. ·				olumn (A), line 1							
	Ä	17				umn (D), line 25) es 11a-11d, 11f-					14,286	·	26,101
		18				equal Part IX, co		 25)	-	 	36,536		46,139
		19		ess expenses. S	-	· ·			-		1,174		(8,029)
	- 8		nevenue it	ess expenses.	Subtract line i	o iroin iine 12 .		• • •	Begin	ning of Curr		End of Ye	
	Assets or designation	20	Total asse	ts (Part X, line 1	16)				Dogin		221,285		2,213,206
	Ass	21		ities (Part X, line	•								-,
	Pet,			•	•	ine 21 from line 2	20			2.3	221,285		2,213,206
		art II		re Block	es. Odbiract i	ine 21 iron inic 2	-0	· · ·					-11
					ve examined this i	return, including acco	moanving schedu	les and sta	atements	s, and to the	best of m	nv knowledge and	belief, it is
						officer) is based on a						,	
			K	Mut	m 5.	mutus						-	
•	Sig	gn	Signat	ure of officer		11.				Date		1 1	
7	He	re		JANDR	2A 5.5	m. H	TREA:	SUR	eR	_	05	112/20	ZO
			Type o	or print name and tit									
	 Pa	id	Print/Type	e preparer's name		Preparer's signatur	9		Date		Check [] _{If} PTIN	
		io epare	ابر					_			self-emp	loyed	
		epare e Onl	[]	me ►						Firm's	EIN ►		
			Firm's add	dress ▶						Phone	e no		
	Ma	y the IF	RS discuss	this return with	the preparer	shown above? (s	ee instructions	s)			<u> </u>	. 🗌 Yes	□No
	For	Paperv	vork Reduct	tion Act Notice,	see the separa	te instructions.		Cat	t. No 11	282Y	¬ -	Form S	990 (2019)

For Paperwork Reduction Act Notice, see the separate instructions.

Part		Statement of Program Ser Check if Schedule O contain			line in this Parl	· III						
1	Briefly describe the organization's mission: Provide a quality camp facility for youth and adult groups to learn and practice life skills, team building and leadership skills in an outdoor setting.											
				·····			······································					
2	prior	he organization undertake any Form 990 or 990-EZ? es," describe these new servic										
3	Did servi	the organization cease cond ces?	ucting, or mak n Schedule O.	e significant			. □Yes ☑No					
4	expe	cribe the organization's progra enses. Section 501(c)(3) and 50 otal expenses, and revenue, if	01(c)(4) organiza	ations are requ	ured to report t							
4a	(Cod	e 501c(3)) (Expenses \$	98,239 ın	cluding grants	of \$) (Revenue \$	89,953)					
	skills		n the amount of \$	17,835 were rec	eived to replace a	number of mattresses in som	e of the					
4b	/0 1						<u>-</u>					
-												
		`				•••••						
4c	(Cod	e) (Expenses \$	ın	cluding grants	s of \$) (Revenue \$)					
					••••							
4d	(Expe		on Schedule O.) ling grants of \$) (Revenue \$)						
40	Total	nrogram service evidences		98 239								

Part IV Checklist of Required Schedules

			162	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		~
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		V
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .	4		V
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		V
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	-	_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		V
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
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		
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	_	V
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		V
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		V
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		/
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
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		~
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		V
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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		~

Part I	V 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		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		V
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		~
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		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38		
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u>··</u>		
4 =	Fatantha mumban manadad in Danio at Fanna 1000 Fatan 2 ()		Yes	No
1a h	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 Let b = 0 Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	1c	~	

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 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		当歌	LEN
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	H-		
_	required to file Form 8282?	7c		1
ď	If "Yes," indicate the number of Forms 8282 filed during the year		d out 14 st.	1 -
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	45	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		C. This	出版
	sponsoring organization have excess business holdings at any time during the year?	8	2 204 diff.14	20-2 (F.C. 184)
9	Sponsoring organizations maintaining donor advised funds.	46793 i o 46089 i 1	污渍深	is Make
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	tatil usidadi.	1142-451-241
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	常譜	inan'	Tight teld
а	Initiation fees and capital contributions included on Part VIII, line 12	網維		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		تبلالك	
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.		THE	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		144	
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
	If "Yes," see instructions and file Form 4720, Schedule N.			中的
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
_	If "Yes," complete Form 4720, Schedule O.			

_	(2010)			uge 🕶
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on 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 . 12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 12			
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		•
3 4 5 6	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders?	3 4 5	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\(\times \)
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_	~	
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	✓	(s), to
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a b	The governing body?	8a 8b	-	~
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Abalatisus	a.l.shifted
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	AL DESCRIPTION
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
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	~	
13	Did the organization have a written whistleblower policy?	13	~	
14	Did the organization have a written document retention and destruction policy?	11	✓	raunanni u
15 a	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ř.		
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		1
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		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Mississippi			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	

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Page

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

Check this box it fletther the organization not	i ally relate	u org	ainz	alic	πιс	ompe	:115a	ned any current	Jincer, director,	or trustee.
				(4	C)					_
(A)	(B)			Pos	ition			(D)	(E)	(F)
	1	(do n	ot ch	neck	more	e than e	one	ł.	1	
Name and title	Average	box,	unles	ss pe	rson	is both	n an	Reportable	Reportable	Estimated amount
	hours	office	er an	d a d	lirect	or/trus	tee)	compensation	compensation	of other
	per week	0 7	l -	0	×	ΘI	T	from the	from related	compensation
	(list any	2 4	ı≅	₹	e	ફ	읔	organization	organizations	from the
	hours for	를 â	₹	Officer	9	Ş Ş	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	유틸	g		[호	8 2	Ι'			related organizations
	organizations	7 #	2		Key employee	l ă	ľ			
	below	is	2		ě	Per				
	dotted line)	Individual trustee or director	Institutional trustee			ISA	l			
			æ			Highest compensated employee				
(1) Cindy Bamburg President	2									
	†									
(2) Austin Wellman Vice President	2									
	†									
(3) Sandra Smith Secretary	2									-11
	†									
(4) Suzette Duhe' Treasurer	4			 -		-	<u> </u>			
	†									
(5) Rochelle Malone	1			T						
	 						ĺ			
(6) Honey LaBlanc	2	 		\vdash		 				
(6)	 									
(7) David Stanovich	1		\vdash	-	\vdash					
(1) David Glandvist	 									
(8) Wayne Ross	1	 		_					-	
(b) Wayne was	 									
(9) David Groves	1		\vdash		_	 				
(3) 20/10 0/0/0	 									
(10) Ronald Cochran	2			-	┢		-		-	
(10) Kondo Coditali	 							ł		
(11) Leigh Coleman	1	<u> </u>		-			H		-	
(11) Leigh Coleman	 									•
(12) George Drieling	1	 	-	-			-			
(12) George Driening	 									
(13)	 	 	 	-	\vdash					<u> </u>
(19)	 									
(14)	 		-		\vdash	ļ				<u> </u>
(17)	 									
	1	i				1	1	1	,	

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (continued)
						C)						
	(A)	(B)	(do n	ot ch		ition	e than e	one	(D)	(E)	(F)	
	Name and title	Average hours	box,	unles	ss pe	rson	is both	n an	Reportable compensation	Reportable compensation		Estimated amount of other
	•	per week	-	$\overline{}$		_	or/trus	-	from the	from re	elated	compensation
		(list any hours for	Individual trustee or director	istit	Officer	Key employee	mpla	Former	organization (W-2/1099-MISC)	organız (W-2/109		from the organization and
		related	dual	ğ	ੈ	mplc	st cc	, in				related organizations
		organizations below	trus	al tr		yee	mpe					
		dotted line)	8	Institutional trustee			Highest compensated employee					
(4.5)	· · · · · · · · · · · · · · · · · · ·		<u> </u>		<u> </u>	-	<u> </u>	<u> </u>	_			
(15)		 										
(16)												
(17)		ļ										
(18)					H	-	ļ					
(10)		 										
(19)										-		
			<u> </u>									
(20)		ļ						1				
(21)			-	-		-		-				
32.17		 				1						
(22)												
						_						
(23)		ļ				ĺ		ĺ				
(24)				\vdash		-		-				
3	•	†										;
(25)												
								Ļ				
1b c	Subtotal							>				
d	Total (add lines 1b and 1c)							•				
2	Total number of individuals (including but							e) w	ho received mor	e than \$1	100,000	of
	reportable compensation from the organi	zation >										
												Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete to							•	loyee, or highes	•	ensated	3
4	For any individual listed on line 1a, is the							-			rom the	Dank and the surgery than problems and
•	organization and related organizations											
	ındıvıdual											4 V
5	Did any person listed on line 1a receive of for services rendered to the organization											
Secti	on B. Independent Contractors	' II 165, C	Jonipi	ere	301	ieut	ile J i	01 3	sucri persori .		• •	5 /
1	Complete this table for your five high	nest comp	ensate	ed	ınde	epei	ndent	СО	entractors that r	eceived	more t	than \$100,000 of
	compensation from the organization. Rep	ort compen	satior	ı foı	r the	ca	lenda	r ye	ar ending with or	within th	e organ	ization's tax year.
	(A) Name and business add	race							(B) Description of sen	ucas		(C) Compensation
	rearile and pusitiess add				_		_	-			 	
								-	.			
	Total number of independent assets to	ro (in aludi	30 b						and listed object	0) 11:5-		
2	Total number of independent contractor received more than \$100,000 of compens							'n	iose iisted adov	e) wno		

	90 (201	<u> </u>	'	1			<u> </u>			Page 9
Part	VIII						lima un Abra Da	net 1/111		
		Check if Schedule	0 60	ntains a re	espon	ise or note to a	1	T	T	· · · · L.
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
					Γ.		a.c.phiwodamblepana.theffe.com	Carria Charles and Great Street in Armin	anamina arajeppunca anamas	sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaig			1a	4.07/				
Sra 10u	b	Membership dues			1b	1,375 3,307				
S, (C	Fundraising events			1c 1d	3,307				
Giff lar	d	Related organizatio Government grants			1e					
is, (e 4	_	-		16					
tributions, Gifts, Grants Other Similar Amounts	'		contributions, gifts, grants, ir amounts not included above 1f							
ig #	a	Noncash contribution			<u> </u>	26,384				
a d	9	lines 1a–1f			1g	ls				
Cont	h	Total. Add lines 1a-				>	31,066			
				•		Business Code				
Program Service Revenue	2a				·					
erv Je	b									
gram Ser Revenue	С									
ran lev	d							ļ		
og F	е									
<u>P</u>	f	All other program so				L	0.1.00	r n brid	ance veraninge vargenierise, und bee	Taki az e mani saaada mara 20 .(1997).
	g	Total. Add lines 2a-								
	3	Investment income other similar amoun	•	_			7,173			
	4	Income from investr					7,173			
	5	D			•					
		rioyanico	Ė	(i) Rea		(iı) Personal				
	6a	Gross rents	6a	5	1,161					
	b	Less rental expenses	6b	5	2,100					
	С	Rental income or (loss)	6c	(939)						
	đ	Net rental income o	r (loss	3)			(939)			
	7a	Gross amount from		(ı) Securit	ties	(II) Other				
		sales of assets								
		other than inventory	7a							
ne	b	Less cost or other basis								and the second s
Other Rever		and sales expenses .	/b							
Re	C C	Gain or (loss)	7c							
Jer	d	Net gain or (loss)	· ·			<u>-</u>				
5	8a	Gross income fro events (not including		noraising						
		of contributions re		d on line		•				
		1c). See Part IV, line			8a					
	b	Less direct expens	es .		8b					
	С	Net income or (loss)			g eve	nts >				
	9a	Gross income 1								
		activities. See Part I			9a					
	b	Less direct expens			9b	L				
	С	Net income or (loss)			ctivitie	es 🕨	lustagumatur sii qilut di merkur saritteindi	Coffee Triangel Limited Nichology - Local Strate Coffee	li-vocus - muladar atımalıktırılıs' - (mindi-kisik	Tringh pur interestable to the extractional of
	10a	Gross sales of in		•						
	L	returns and allowan			10a					
	b	Less cost of goods Net income or (loss)			10b	l Prv				
_	·	1461 ILLOUING OF (1055)	, 110111	Saics UI II	i v C i il C	Business Code				
اه و	11a	Miscellaneous					760	groverstandenske statuse (Septembligg), e	प्रकारकार वस्ता (११४०) तहासी प्राप्त हो स्वतिस्ता	- A AND THE PROPERTY OF THE PR
scellaneo Revenue	b						1			· · · · · · · · · · · · · · · · · · ·
elk eve	c	***************************************				·				
Miscellaneous Revenue	d	All other revenue		• • •						
Σ	е	Total. Add lines 11a	<u>a–11</u> d	<u></u> .	• •	▶	760	unedublitathia of fide u.s. "be tett ib bete	FRENEWAY	
	12	Total revenue. See	instru	uctions		. <u></u>	38,060	l		

Part IX Statement of Functional Expenses											
Section	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .										
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 5	Benefits paid to or for members										
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	20,038	14,038	6,000							
7 8	Other salaries and wages										
9 10	Other employee benefits	1,533	1,074	459							
11 a b	Fees for services (nonemployees). Management										
c d	Accounting										
e f	Professional fundraising services. See Part IV, line 17 Investment management fees										
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)										
12	Advertising and promotion	136									
13	Office expenses	3,617	2,128	489							
14	Information technology	1,856	928	928							
15 16	Royalties	2.400		2,400							
16 17	Occupancy	2,400		2,400							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19 20	Conferences, conventions, and meetings . Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization .	13,791	13,791								
23	Insurance	1,991	848	1,143	Hart a company and the same and						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
а	Miscellaneous	422	明確成。6.週期 7.年間5月5月	422	是如何的自然所以明显						
b	Dues & Subscriptions	325		325							
c	Bank Charges	30		30							
d											
e	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	46,139	33,943	12,196							
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)		·								

Part X	Balance	Sheet
--------	---------	-------

		Check if Schedule O contains a response or note to any line in this Pa	ntX		📙
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	22,940	1	24,921
	2	Savings and temporary cash investments	28,196	2	28,312
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6 6	
छ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
8	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 2,205,184			
	b	Less: accumulated depreciation 10b 45,211	2,168,550	10c	2,159,973
1	11	Investments—publicly traded securities		11	
	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 33)	2,221,285	16	2,213,206
	17	Accounts payable and accrued expenses		17	
i	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	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
ا ت	23	Secured mortgages and notes payable to unrelated third parties		23	
1	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		26	
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
33	27	Net assets without donor restrictions	333,883		333,883
힐	28	Net assets with donor restrictions	1,887,402	28	1,879,323
r Fun		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.			
<u>s</u>	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
<u>e</u>	32 33	Total net assets or fund balances	2,221,285	32	2,213,206
		Latel liabilities and not ecosts //ad belones	2,221,285	33	2,213,206

Part	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	,	38	8,060
2	Total expenses (must equal Part IX, column (A), line 25)	_2		40	6,139
3	Revenue less expenses. Subtract line 2 from line 1	3		(8	,079)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,22	1,285
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7		_	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		2,213	3,206
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	· · ·		<u> </u>
			46.90,0686	Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ın		
_	Schedule O.				MIN
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		7.00003.002.00	annere e	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or		
	reviewed on a separate basis, consolidated basis, or both:				
_	Separate basis Consolidated basis Both consolidated and separate basis		. 2b		
b	Were the organization's financial statements audited by an independent accountant?		ur izinm		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both	tea or	ı a		
	Separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis				
_		~~~.~h+		104,3101	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounts				
	If the organization changed either its oversight process or selection process during the tax year, e		mancaulat	101-101	
	Schedule O.	Apiairi			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t	he		
Ja	Single Audit Act and OMB Circular A-133?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	lerao t			
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a				
				ո 990	(2019)

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

Name of the organization Employer identification number Camp Wilkes, Inc. 64-0383074 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/2% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)			!			
(D)						
(E)						
Total		- 	 			

Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	Qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support	1.			T		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Socti	Public support. Subtract line 5 from line 4 on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	(8) 2015	(6) 2010	(6) 2017	(u) 2010	(6) 2019	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	•	•	d, third, fourth	or fifth tax ye	12	n 501(c)(3)
	organization, check this box and stop he				ji		▶ 🗆
Secti	on C. Computation of Public Support						
14 15	Public support percentage for 2019 (line 6 Public support percentage from 2018 Sch		•	1, column (f))		15	<u>%</u>
16a	331/3% support test—2019. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, ar	nd line 14 is 33		
b	331/3% support test—2018. If the organithis box and stop here. The organization					is 331/3 or m	ore, check ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts-	-and-circumsta	ances" test, ch	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets th	e "facts-and-c	circumstances'	" test, check t	this box and s	top here.
18	Private foundation. If the organization dinstructions					k this box and	, –

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees		•				
^	received. (Do not include any "unusual grants.")	4,002	18,322	20,491	9,344	27,758	79,917
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	46,836	45,907	45,419	47,640	55,022	240,824
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		•			à	
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.	50,838	64,229	65,910	56,964	82,780	320,741
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						320,741
Secti	on B. Total Support	worder and same and same and	THE WALL COMMON TO SEE SEE SEE	The same of the sa	In Charle by Company of the Charles	Second hunch second hundred	
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	50,838	64,229	65,910	56,984	82,780	320,741
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	8,842	7,283	6,324	6,057	7,173	35,679
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	8,842	7,283	6,324	6,057	7,173	35,679
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					-	
13	Total support. (Add lines 9, 10c, 11, and 12.)	59,680	71,512	72,234	63,041	89,853	356,420
14	First five years. If the Form 990 is for to organization, check this box and stop he					ear as a section	
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2019 (line					15	89 99 %
16	Public support percentage from 2018 Sc			<u></u>	<u></u> .	16	88 35 %
	on D. Computation of Investment In				(0)	1 2=1	0.00.00
17	Investment income percentage for 2019					17	9 00 %
18	Investment income percentage from 201 331/3% support tests—2019. If the organ					18 221 mg/	11.65 %
19a	17 is not more than 331/3%, check this box						
b	331/3% support tests—2018. If the organization 18 is not more than 331/3%, check this	zation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization d						

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

- 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 filling 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 79 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
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Part	IV Supporting Organizations (continued)	
4.4		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) below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Sect	ion B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	
	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.	
2	Did the organization operate for the benefit of any supported organization other than the supported	71474449 284 2 644 43464344
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Sect	on C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	
Secti	on D. All Type III Supporting Organizations	<u> </u>
		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
Secti	on E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions)
a	The organization satisfied the Activities Test. Complete line 2 below	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	(a.aa.da.t. a.a.)
с 2	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	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	
•		2b
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported programzations? If "Yes" describe in Part VI the role played by the programs, and activities of each	3h

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	<u>izations</u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	<u> </u>	
3 Other gross income (see instructions)	3		<u> </u>
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		endren, series ar alle programme de la companya de La companya de la co La companya de la co	
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	d. No. 4 b. di D. b di D. H. C. L	Contraction of the contraction o
e Discount claimed for blockage or other	踢		
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	D. 199 College of the	
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y in	tegrated Type III supporting	g organization (see
OGDEN, UT	,		orm 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3)	3) Supporting Organ	izations (continued)	
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes		
	Amounts paid to perform activity that directly furthers exe		orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations	
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 whice (provide details in Part VI). See instructions.	ch the organization is re	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
c	From 2016	mintelligation of the property	anim ayanga adda da karangaranga naganga da a sa anim ang karang mangalangan nagangan nagangan nagan sa anim	
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior'years			
<u>h</u>	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7.			
a	Applied to underdistributions of prior years		arang 1474-a mangang pagata. Terepad mangangan	
<u>b</u>	Applied to 2019 distributable amount			augus es sucha art 101 iung 1104, iung 1504, iung 1504, iung 25
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.	* S. C. Hilld, H. L. T. L. Card C. H. Jack St. W. L. C. Andr. L. St. W. C.		
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		The statement of the st	
6	Remaining underdistributions for 2019. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3			
,	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
<u>b</u>	Excess from 2016	and and the per Tay Toy only of the Capt to		
	Excess from 2017	The state of the s	and and the first the state of	er er mengenman, senning fra 1822 in det einer De Francis de Santa i planten in 1822 in det einer Me de ander 1882 in de einer
d	Excess from 2018			
e	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2019

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	see separate instructions), the		, rux, (see separat					
	ection 501(c)(4), (5), or (6) orga of organization	anizations Complete Part III		Fleverides	Aifraction arrabas			
	Wilkes, Inc			Employer ider	ntification number 64-0383074			
Part		e organization is exempt und	er section 501(c	c) or is a section 527 of	organization.			
1 2	Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions)							
3		cal campaign activities (see instruc			<u> </u>			
Part		e organization is exempt und		<u> </u>				
1		excise tax incurred by the organiza) 			
2 3	•	excise tax incurred by organization	•		· · · · · · · · · · · · · · · · · · ·			
3 4a	Was a correction made?	ed a section 4955 tax, did it file For	•		☐ Yes ✓ No ☐ Yes ✓ No			
b	If "Yes," describe in Part				Lifes Pino			
Part			er section 501(c), except section 501	(c)(3).			
1 2 3 4 5	1 Enter the amount directly expended by the filing organization for section 527 exempt function activities							
(1)					If none, enter -0			
(2)								
(3)								
(4)								
(5)								
(6)								

f Grassroots lobbying expenditures

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Par	II-A Complete if the organizatio section 501(h)).	n is exempt ι	ınder section 50	01(c)(3) and file	d Form 5768 (ele	ection under
A C	heck Inf the filing organization belon address, EIN, expenses, and				liated group memb	per's name,
в	heck if the filing organization check	ed box A and '	'limited control" pr	ovisions apply.		
	Limits on Lobb	ying Expendit	ures		(a) Filing	(b) Affiliated
	(The term "expenditures" m)	organization's totals	group totals
1a	Total lobbying expenditures to influence	public opinion	(grassroots lobby)	ng)		
b	Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying	g)		
C	Total lobbying expenditures (add lines 1	a and 1b) .				
d	Other exempt purpose expenditures .					
е	Total exempt purpose expenditures (add	lines 1c and 1	d)			
f	Lobbying nontaxable amount. Enter columns.	the amount fr	om the following	table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	t is:		
	Not over \$500,000	20% of the an	nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess or	ver \$1 ,500,000.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25	% of line 1f)				
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-				
i	Subtract line 1f from line 1c. If zero or le	•				
j	If there is an amount other than zero reporting section 4911 tax for this year?		1h or line 1i, did	•		Yes No
	(Some organizations that made a sec	ction 501(h) ele	Period Under Sec ection do not have ructions for lines	e to complete all	of the five colum	ns below.
	Lobbying	Expenditures	During 4-Year Av	eraging Period	,	
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2019

•.	, ,					
Schedu	le C (Form 990 or 990-EZ) 2019				F	Page 3
Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	iled	Form	5768		
or e	each "Yes" response on lines 1a through 1ı below, provide in Part IV a detailed	(6	2)		(b)	
	uption of the lobbying activity.	Yes	No	Ar	nount	t
1 a b	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
C	Media advertisements?		~			
d e	Mailings to members, legislators, or the public?		7			
f	Grants to other organizations for lobbying purposes?		~			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		~			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		~			
i	Other activities?	u anicii ii i	.003.000000000			
j	Total. Add lines 1c through 1i	ativ)		aniti'mintatalisi leba	usaansi hilahiisa.	wirldt at to te
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912		'			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			mosso assimum	4 . Moldistration	.neatheathea
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (or se	ction		
1 2 3	Were substantially all (90% or more) dues received nondeductible by members?		vear?	1 2 3	Yes	No
-	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes."	(5), (or se	ction	ine 3	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
C	Total	•	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?	/ing	14. 4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pari		•				
rovic	le the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Par	t II-A, lı	nes 1	and
		••				
		••				

	n 990 or 990-EZ) 2019	age 4
Part IV	Supplemental Information (continued)	
		
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	Wilkes, Inc.	Employer identification number
		64-0383074
Pai	Organizations Maintaining Donor Advised Funds or Other Similar F	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the asset	ts held in donor advised
	funds are the organization's property, subject to the organization's exclusive legal co	ontrol? Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or	or for any other purpose
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Par	t II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	☐ Preservation of land for public use (for example, recreation or education) ☐ Preservati	on of a historically important land area
	☐ Protection of natural habitat ☐ Preservati	on of a certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contrib	oution in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a) .	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and r	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or	terminated by the organization during the
	tax year ▶	, ,
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring,	inspection, handling of
	violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting handling to leating and enfe	excing conservation easements during the year
		.
7	Amount of expenses incurred in monitoring, inspecting, handling of wiplations, and enforce	ng conservation easements during the year
	Amount of expenses incurred in monitoring, inspecting, here ling of yiolations, and en the state of the stat	,
8		
	Does each conservation easement reported on line 2(d) above satisfy the requirement and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its rever	nue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's	
	organization's accounting for conservation easements.	
Part	Organizations Maintaining Collections of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 8.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its re-	venue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, educa	
	service, provide in Part XIII the text of the footnote to its financial statements that des	
b	If the organization elected, as permitted under FASB ASC 958, to report in its reven	nue statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, o	
	provide the following amounts relating to these items.	•
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
2	If the organization received or held works of art, historical treasures, or other sim	nilar assets for financial dain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these item	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	• \$

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Page	7

Part	Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or O	ther Similar As	sets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and ot	her recor	ds, chec	k any of th	ne follov	ving that make s	significant i	use of its
а	☐ Public exhibition		d	Loan (or exchang	je progi	ram		
b	☐ Scholarly research		е	Other					
C	☐ Preservation for future generations	;							·
4	Provide a description of the organiza XIII.	tion's collections a	and expla	un how th	ney further	the org	ganization's exer	npt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Part			•				<u> </u>		
	Complete if the organization 990, Part X, line 21.	answered "Yes"	" on For	m 990, F	Part IV, lin	e 9, or	reported an ar	nount on I	Form
1a	Is the organization an agent, trustee included on Form 990, Part X^{2}							ot ☐ Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able				
						<u> </u>	A	mount	
C	Beginning balance					10			
d	Additions during the year					10			
е	Distributions during the year					16			
f	Ending balance								
2a	Did the organization include an amount								∐ No
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the ex	planation	n nas been	provia	ed on Part XIII .	· · ·	
Par			" -	000 [Sa4 11 / 15	- 10			
	Complete if the organization						(4) There was been	(-) F	
4.	Deministra of consultations	(a) Current year	(b) Prid	or year	(c) Two year	irs back	(d) Three years bac	k (e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships							-	
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	;						<u> </u>	
2	Provide the estimated percentage of t			e (line 1g	, column (a	a)) held	as:		
а	Board designated or quasi-endowment		%						
b	Permanent endowment >								
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of th	ne organiz	zation tha	at are held	and ad	ministered for th		
	organization by							-	es No
	(i) Unrelated organizations							3a(i)	
	• •							3a(ii)	_
_	If "Yes" on line 3a(ii), are the related o							3b	
4	Describe in Part XIII the intended uses		on's endo	wment fu	ınds.				
Part							o = 000	5	40
	Complete if the organization								
	Description of property	(a) Cost or ot (investm		• •	r other basis ther)	d	Accumulated epreciation	(d) Book	
1a	Land								1,894,759
b	Buildings				273,077		36,591		236,486
С	Leasehold improvements				15,802		1,983		13,819
d	Equipment				21,546	<u> </u>	6,637		14,909
e	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 95	90, Part >	(, column	(B), line 10	0c)	▶		2,159,973

rait VII	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lir	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		thod of valuation -of-year market value
(1) Financia	I derivatives	-		
	neld equity interests			,
				- · · · · · · · · · · · · · · · · · · ·
/ / \				
/D\				
(C)				
(D)				
(E)				
(G)				
(H)			al hillstowned-transmission of 55, a. s. b. f. c.	obnek (1866-1880) Ganda temanak la 1885 (k. Antonos (The Substituti kelakat ali Jajakk (k.
	mn (b) must equal Form 990, Part X, col. (B) line 12) . ▶			
Part VIII	Investments—Program Related.	000 B + N/ I'	44.0.5	000 D- LV !' 40
	Complete if the organization answered "Yes" on Fo			
	(a) Description of investment	(b) Book value	1	thod of valuation i-of-year market value
(1)				
(2)			ļ <u>-</u>	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h)		. Kratina nationi priconi planini krej vom . ne i i i i si i strativi ni i i	is olem kir baki kemilikala kirikala kir samaki kiri kiri kiri kiri kiri kiri kiri k
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) . Other Assets.			
· arc ix	Complete if the organization answered "Yes" on Fo	rm 990. Part IV. lir	ne 11d. See Form	990. Part X. line 15.
	(a) Description		<u> </u>	(b) Book value
(1)				
(2)		 		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15)	<u> </u>	<u> </u>	
Part X	Other Liabilities. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lir	ne 11e or 11f. Sed	e Form 990, Part X,
1.	line 25. (a) Description of liability			(b) Book value
(1) Federal ır				(a) Dock value
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	<u> ▶</u>	<u> </u>
	r uncertain tax positions. In Part XIII, provide the text of the footr			
organization	s liability for uncertain tax positions under FASB ASC 740. Chec	vinere ii trie text of the	e roothote has been	provided in Part XIII . L

Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		Return.
			T 4 T
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1.	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	,	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
C	Add lines 4a and 4b		4c
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			er Return.
_	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		4¢
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
	······································		
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Schedule D (Fo	m 990) 2019 ,	Page 5
Part XIII	Supplemental Information (continued)	
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SCHÈDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Camp Wilkes, Inc	64-0383074
Part VI Line 6	
Camp Wilkes, Inc. has approximately 35 voting members who pay dues annually	
Part VI Line 7a	
Camp Wilkes, Inc. has approximately 35 voting members	
Part VI Line 11	
Camp Wilkes, Inc. governing body receives a copy of Form 990 by email for review prior to filing	
Part VI Line 19	
Camp Wilkes, Inc. tax return and financial statements are available for public inspection upon request at the address	ss of record
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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
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