Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

2018

Department of the Treasury Internal Revenue Service

Open to Public Inspection

For calendar year 2018 or tax year beginning , 2018, and ending	
EAGLE QUEST OF NEVADA INC	A Employer identification number 33-1047580
3680 N RANCHO DR	B Telephone number (see instructions)
LAS VEGAS, NV 89130	(702) 646-5437
	C If exemption application is pending, check here
G Check all that apply Initial return Initial return of a former public charit	D 1 Foreign organizations, check here
Final return Amended return Address change Name change	2 Foreign organizations meeting the 85% test, check
H Check type of organization Section 501(c)(3) exempt private foundation	here and attach computation
Section 4947(a)(1) nonexempt charitable trust X Other taxable private foundation	
I Fair market value of all assets at end of year J Accounting method Cash X Accrus	under, section 507(b)(1)(A), check here
(from Part II, column (c), line 16) Other (specify) Part L column (d) must be on cash basis.	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here · ►
Part Analysis of Revenue and	
Expenses (The total of amounts in (a) Revenue and (b) Net investi	
columns (b), (c), and (d) may not expenses per books income necessarily equal the amounts in	income purposes (cash basis only)
column (a) (see instructions))	
1. Contributions, gitts, grants, ctc, recoved (office) schoulds) 77, 210.	
	The first of a second process of the second
- 3 Interest on savings and temporary cash investments 4 1.	1. 1.
5 a Gross rents	
b Net rental income or (loss)	
6 a Net gain or (loss) from sale of assets not on line IU D Gross sales price for all	
assets on line 6a	
7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain	
9 Income modifications	
10 a Gross sales less returns and allowances	
b Less Cost of goods sold	
C Gross profit or (loss) (attach schedule)	
.11 Other income (attach schedule)	
12 7301	
12 Total Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc	1.
14 Other employee salaries and wages	
15 Pension plans, employee benefits	
16a Legal fees (attach schedule) b Accounting fees (attach sch)	
C Other professional fees (attach sch) 17 Interest 18 Taxes (attach school/JAVen metrs)	
18 Taxes (attach schedule)(see instrs)	,
19 Degreciation (attach schedule) and depletion	
20 Occupancy	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
21 Travel, conferences, and meetings. 22 Printing and publications	
23 Other, expenses (attach schedule)	
SEE STATEMENT 1	65,632
Total operating and administrative expenses. Add lines 13 through 23	65 632 5
17 Interest 18 Taxes (attach schedule)(see instrs) 19 Degrenation (attach schedule) 20 Occupancy 21 Travel, conferences, and meetings. 22 Printing and publications 23 Other expenses (attach schedule) SEE STATEMENT 1 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid	65,632.
3 Z6 Total expenses and disbursements .	The second secon
Add lines 24 and 25 72,996.	0. 65,632.
a Excess of revenue over expenses	
and disbursements 4,215.	Carlos and the Carlos and Carlos and Carlos and the
b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	1.
	12/12/18 . Form 990-PF .(2018)

Pär	E	Balance Sheets	Attached schedules and amounts in the description column should be for end of-year amounts only	Beginning of year	End o	of year
	* · ·	Dalance Sheets	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest	-bearing	10,739.	14,918.	14,918.
	2	Savings and tempora	ary cash investments	2,246.	2,247.	2,247.
	3	Accounts receivable	•			
		Less allowance for o	doubtful accounts •			
	4	Pledges receivable				
		Less allowance for o	doubtful accounts •	- and the state of	A TOWN AND HOLD STATE OF THE PROPERTY OF THE PERSON OF THE	
	5	Grants receivable				
	6	Receivables due from offici disqualified persons (attac	ers, directors, trustees, and other th schedule) (see instructions)			
	7	Other notes and loans rece	ervable (attach sch)	THE WAS THE SEE		
		Less allowance for o	doubtful accounts ►	THE STATE OF THE PROPERTY OF T	(hand in the latest of the la	
ş	8	Inventories for sale of				
Assets	9	Prepaid expenses ar	nd deferred charges			
Ä	10 a		and state government			
		Investments — corporate s	· · · · · · · · · · · · · · · · · · ·			
		Investments — corporate I	,			
		Investments – land, equipment basis	buildings, and			
		Less. accumulated depreci (attach schedule)		The state of the s	<u>lananyaaninining manganananininya mangananinya manganan</u>	<u>որ միրուսարութա (1999), 99 ը շարգայի բուսութարար</u> այի, դով
	12	Investments – morto				
	13	Investments – other				
		Land, buildings, and	•			
	14	Less accumulated deprect (attach schedule)			· · · · · · · · · · · · · · · · · · ·	
	15 16	Other assets (describ	be ► completed by all filers —)			
		see the instructions	Also, see page 1, item l).	12,985.	17,165.	17,165.
	17	Accounts payable an	nd accrued expenses	35.		and distant and an expensive 12th
(A	18	Grants payable				法建筑性理论的企业
Liabilities	19	Deferred revenue				TEACHER TO A STATE OF THE STATE
藚	20	Loans from officers, direct	tors, trustees, & other disqualified persons			
"	21	Mortgages and other notes	payable (attach schedule)			是一位。 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.
	22	Other liabilities (desc	cribe •)			
	23	Total liabilities (add	lines 17 through 22)	35.	0.	
ces			llow SFAS 117, check here X 24 through 26, and lines 30 and 31.			
ä	24	Unrestricted		12,950.	17,165.	
3a	25	Temporarily restricte	d			はおの動物を表れる。
Þ	26	Permanently restricted	ed			
Net Assets or Fund Balance		Foundations that do and complete lines 2	not follow SFAS 117, check here Page 117, check her			
ō	27	Capital stock, trust p	rincipal, or current funds			DESIGNATION OF THE PERSON OF T
ë	28	Paid-in or capital surplus,	or land, bldg, and equipment fund			2000年5月1000000000000000000000000000000000
SS	29	Retained earnings, accumi	alated income, endowment, or other funds			BOUNTAINERS &
4	30	- :	und balances (see instructions)	12,950.	17,165.	ELFE BOOKER LEE
Š	31		net assets/fund balances	12,985.	17,165.	
Par	ų į	Analysis of Chan	ges in Net Assets or Fund Balanc	es		
1	Total end-	I net assets or fund ba	alances at beginning of year – Part II, colu d on prior year's return).	umn (a), line 30 (must a	agree with	12,950.
2		r amount from Part I,		-	2	4,215.
		increases not included in lir			3	
		lines 1, 2, and 3	· · · · · · · · · · · · · · · · · · ·		4	17,165.
		ases not included in line 2 (itemize) ►		5	
		•	alances at end of year (line 4 minus line 5)) – Part II, column (b).		17,165.
			, , , , , , , , , , , , , , , , , , , ,			

(a) List and describe	the kind(s) of property sold (for examwarehouse, or common stock, 200 s	ple, real estate,	(b) How acquire P — Purchase D — Donation	e (mo, day, yr)	(d) Date sold (mo , day, yr)
1a N/A					
b					
С	***************************************				
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or ((e) plus (f) m	
a				.,	
b					
С				<u> </u>	
d					
e					
Complete only for assets shown	ng gain in column (h) and owned by th	e foundation on 12/31/69		(I) Gains (Col	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		gain minus col (k), b than -0-) or Losses (fi	
a					
b					
С					
d					
e					
2 Capital gain net income or (n		o enter in Part I, line 7 nter -0- in Part I, line 7	- :	2	
3 Net short-term capital gain or	(loss) as defined in sections 1222(5) and (6)			
If gain, also enter in Part I, Iii in Part I, line 8	ne 8, column (c) See instructions I	f (loss), enter -0-	-	3	
Part V Qualification Under	er Section 4940(e) for Reduce	ed Tax on Net Investn	ent Incon	1e	
	this part blank ection 4942 tax on the distributable lify under section 4940(e) Do not co		pase period?	Yes	No
1 Enter the appropriate amount in	each column for each year, see the in	nstructions before making any	entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets	(d) Distribution (col (b) divided	
2017		· · · · · · · · · · · · · · · · · · ·		······································	
2016				•••••••••••••••	
2015					
2014					
2013					
2. Total of two 1. column (d)		<u> </u>		2	
2 Total of line 1, column (d).			<u> </u>	2	
	e 5-year base period – divide the total on has been in existence if less that		_ ;	3	
4 Enter the net value of noncha	aritable-use assets for 2018 from Pa	rt X, line 5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	
8 Enter qualifying distributions	from Part XII, line 4			8	
If line 8 is equal to or greater the	an line 7, check the box in Part VI, line	e 1b, and complete that part	using a 1% ta	x rate See the	

Forr	n 990-PF (2018) EAGLE QUEST OF NEVADA INC	33-	1047	' 580	P	age 4	
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948						
	Exempt operating foundations described in section 4940(d)(2), check here			TENNET	104 (4 1.07)	7.5	
	Date of ruling or determination letter (attach copy of letter if necessary – see instructions)		34.94.14H		ili militari (Childre		
- 1	Domestic foundations that meet the section 4940(e) requirements in Part V,	_	1			0.	
	check here ► and enter 1% of Part I, line 27b		# 14 M	in The	1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	松、神	
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		200 pt		Property Control		
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable						
2	foundations only, others, enter -0-)		2			0.	
3	Add lines 1 and 2		3			0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter-	0-)	4			0.	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5			0.	
6	Credits/Payments		高いの		MAN SERVICE SE	EF M	
;	a 2018 estimated tax pmts and 2017 overpayment credited to 2018						
	Exempt foreign organizations — tax withheld at source 6b	-					
	Tax paid with application for extension of time to file (Form 8868)	-					
	Backup withholding erroneously withheld 6 d				arte.		
	Total credits and payments Add lines 6a through 6d		7	- 100 may 100	aroome and a second	0.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			0.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10		-		
	Enter the amount of line 10 to be Credited to 2019 estimated tax	•	11				
	t VII-A Statements Regarding Activities						
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or di participate or intervene in any political campaign?	d it			•	No X	
ı	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?						
	See the instructions for the definition			1	b	X	
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials publishe or distributed by the foundation in connection with the activities	d					
	Did the foundation file Form 1120-POL for this year?			1	c	<u>X</u>	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						_
	(1) On the foundation > \$ 0. (2) On foundation managers > \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		_	0.	التفالا		
,	foundation managers >\$ 0.					Life and the second	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	15 Highwayer 1	X	
_	If 'Yes,' attach a detailed description of the activities			528			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles						
_	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	es		3		<u>X</u>	
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4		<u>X</u>	
_	olf 'Yes,' has it filed a tax return on Form 990-T for this year?			5	b N	A A	
5				141, - 2	The products to	X Variotaia	
_	If 'Yes,' attach the statement required by General Instruction T				生物		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			19 miles			
	By language in the governing instrument, or						
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that con with the state law remain in the governing instrument? 	flict		6	X	- 164 / Aug 1	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV			7	X		
8 8	Enter the states to which the foundation reports or with which it is registered. See instructions						
	N/A					22.	
1	a If the answer is 'Ves' to line 7, has the foundation furnished a copy of Form 990 PF to the Attorney General						
	(or designate) of each state as required by <i>General Instruction G?</i> If 'No,' attach explanation SEE STATE	MEN'	. 2	8		X	_
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If 'Yes,' cor)(3) oi nplete	r 4942 Part	(j)(5) XIV 9		X X	1

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses SEE STATEMENT 3

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Par	Statements Regarding Activities (continued)	t		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule See instructions	11	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement See instructions	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► <u>WWW . EAGLEQUESTOFNEVADA . ORG</u>			
14	The books are in care of ► RAY TIPPETTS Telephone no ► (702)	646	-543	37
	Located at ► 3680 N RANCHO DR LAS VEGAS NV ZIP + 4 ► 89130			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here.	N/A	, -	
	and enter the amount of tax-exempt interest received or accrued during the year			N/A
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
Par	tWIBS Statements Regarding Activities for Which Form 4720 May Be Required	pionessa	Trust Season	\$0 95° 00
1,000	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	32	Yes	No
1 a	During the year, did the foundation (either directly or indirectly)			\$1054
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			772
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			北
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) Yes X No			
b	If any answer is 'Yes' to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	<u>1</u> b	N	/A
	Organizations relying on a current notice regarding disaster assistance, check here		3	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? Yes X No			
	If 'Yes,' list the years ► 20 _ , 20 _ , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions.)	2 b	N	/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	► 20 _ , 20 _ , 20 _ , 20 , 20	4	k z	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
b	olf 'Yes,' did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018)	3 h	N	/2
		3 ь	I N	/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	S. Wal	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4 b		X
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Rart VII-B: Statements Regarding Activit	es for Which Form	4720 May Be Req	uired (continue	d)		
5 a During the year, did the foundation pay or incur a	•				120	Yes No
(1) Carry on propaganda, or otherwise attemp	-		Yes	X No	الإرتاق	Mary Police of the Control of the Co
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?		Yes	X	91.40	
(3) Provide a grant to an individual for travel,	•	•	∐ Yes	X No)	
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	a charitable, etc , organi	zation described	Yes	X No	o 🖔	
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	, literary, or or animals?	Yes	X No	o .	
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in a d See instructions	the transactions fail to current notice regarding d	qualify under the excepsions asser assistance?	otions		5 b	N/A
Organizations relying on a current notice rega	rding disaster assistanc	e, check here	•	· 🗌	7 () 3 () y	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon		emption from the	N/A Yes	No		
If 'Yes,' attach the statement required by Regi	ulations section 53 4945	5–5(d)			10 10 10 10 10 10 10 10 10 10 10 10 10 1	
6a Did the foundation, during the year, receive ar on a personal benefit contract?			Yes	XNo	0	
b Did the foundation, during the year, pay prem	iums, directly or indirect	tly, on a personal bene	fit contract?		6 b	X
If 'Yes' to 6b, file Form 8870 7a At any time during the tax year, was the found	dation a party to a prob	hitad tay shaltar transa	iction? Yes	XNo		
b If 'Yes,' did the foundation receive any procee	· · · · ·			N/		
8 Is the foundation subject to the section 4960 tax of	•				2015	电影教
or excess parachute payment(s) during the ye	ar?		Yes	XN	o 174	建建筑
Part VIII Information About Officers, D	irectors. Trustees.	Foundation Manag	ers. Highly Pa	id Em	plovees	 5.
and Contractors						<u> </u>
1 List all officers, directors, trustees, and found	(b) Title, and average	(c) Compensation. See	(d) Contributions	+0		
(a) Name and address	hours per weekdevoted_to-position	(If not paid, —enter -0-)—	employee bend plans and defer compensation	efit rred_		e account, llowances
RAY TIPPETTS 3680 N. RANCHO DR LAS VEGAS, NV 89130	PRESIDENT 5.00	0.		0.		0.
LESLIE TIPPETTS 3680 N. RANCHO DR LAS VEGAS, NV 89130	SECRETARY/TR 5.00	0.		0.		0.
			<u></u>			
2 Compensation of five highest-paid employees (of		on line 1 – see instruction	ns). If none, enter 'N (d)Contributions	to l		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee bene plans and defer compensation	efit (9 rred	e) Expens other a	e account, llowances
NONE						
	-	*	••			
				-		
-						
Total number of other employees paid over \$50,000	<u> </u>		ı	•		

Form 9	90-PF (2018) EAGLE QUEST OF NEVADA INC	33-104	
Part \	VIII Information About Officers, Directors, Trustees, Found	dation Managers, Highly Paid E	mployees,
2 5	and Contractors (continued)	A A STATE OF THE S	
3 F	ive highest-paid independent contractors for professional services. See in (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		(b) Type of Service	(c) compensation
1,0110			
	-		
Total n	umber of others receiving over \$50,000 for professional services	•	0
Part I	X:As Summary of Direct Charitable Activities		
List the forganizat	oundation's four largest direct charitable activities during the tax year. Include relevant statistica ions and other beneficiaries served, conferences convened, research papers produced, etc	I information such as the number of	Expenses
1 S	EE STATEMENT 4		
			65,632.
2 _			
3			
_			
4 _			
_			
Part'l	X-Bi Summary of Program-Related Investments (see instruc	ctions)	
-	e the two largest program-related investments made by the foundation during the	tax year on lines 1 and 2	Amount
1 <u>N</u>	I <u>∠A</u> 		
_			
2 -			
	er program-related investments. See instructions		
3 _			
_			

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Total. Add lines 1 through 3

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6 Adjusted qualifying distributions. Subtract line 5 from line 4

OIII 990-FI (2016) EAGLE QUEST OF NEVADA INC	-104/300	i age u
Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	eign foun	dations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities.	1 a	
b Average of monthly cash balances	1 b	12,554.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	12,554.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation).		
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	12,554.
A Cook doorsed held for should be not with a Fator 1 1/20/ of time 2		
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	188.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	12,366.
6 Minimum investment return. Enter 5% of line 5	6	618.
Partixin Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	ing found	
and certain foreign organizations, check here ▶ ☐ and do not complete this part.)	J	
1 Minimum investment return from Part X, line 6	1	618.
2a Tax on investment income for 2018 from Part VI, line 5		
b Income tax for 2018 (This does not include the tax from Part VI) 2 b		
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	618.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	618.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	618.
Qualifying Distributions (see instructions)		
 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 	1 a	65,632.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3b \	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	65,632.
Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	E .	

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

BAA

Form 990-PF (2018)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7			-	618.
2 Undistributed income, if any, as of the end of 2018.				010.
a Enter amount for 2017 only			455.	
b Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2018		,	, ogravejngenæpppinnense	Middle Marian (1974)
a 1 rom 2013	1 1 1101 1 104 1 15 1101	THE POPE THE SHARE DESIGNATION OF A STATE OF THE SHARE T	i no car cha chique ouere populari Inchorodoro cont. E	The state of the s
b From 2014				
c From 2015		и стр	s 1 1 1	t , tir लाहर
d From 2016				
e From 2017 46, 257.	r silv Matailadainna			
f Total of lines 3a through e	46,257.			
4 Qualifying distributions for 2018 from Part	,			
XII, line 4 ► \$ 65,632.			vencemente e * ne * Breditille (he	
a Applied to 2017, but not more than line 2a			455.	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus				
(Election required – see instructions)	0.			
d Applied to 2018 distributable amount				618.
e Remaining amount distributed out of corpus	64,559.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the	0.			0.
same amount must be shown in column (a))				
		e - e *		
6 Enter the net total of each column as indicated below:	AMPHARIA OLD	n e i		ige process to
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	110,816.			
b Prior years' undistributed income Subtract	110,010.			
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed				
income for which a notice of deficiency has been issued, or on which the section 4942(a)				
tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2017 Subtract line 4a from				
line 2a Taxable amount — see instructions				
f Undistributed income for 2018 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2019.				,
7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)	0.			
	· · · · · · · · · · · · · · · · · · ·			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	110,816.) 1911- () 1994 () 1919 () 1 ()	A thirt of efterno	W 70007 177
10 Analysis of line 9				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016	The term haden to the second		ىڭ ئىششىشىدىن بىرى))
d Excess from 2017 46, 257.	of it is a supply of the property of the supply of the sup	ւ որդադարը չարա հասա գույ		
e Excess from 2018 64,559.	1. (c (1/1), (y) (1/1)(1/1)	. 11.11	, , , , , , , , , , , , , , , , , , ,	100 TV

Form 990-PF (2018) EAGLE QUEST OF N				33-104758	
Part XIV Private Operating Foundat					N/A
1 a If the foundation has received a ruling or determined is effective for 2018, enter the date of the	ruling			` •	
b Check box to indicate whether the foundate		erating foundation of		4942(j)(3) or	4942(1)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
each year listed b 85% of line 2a			_		
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					_
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter					
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans, section 512(a)(5)), or royalties) 					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					ï
Part XV Supplementary Information assets at any time during th Information Regarding Foundation Management	e year – see in	part only if the estructions.)	foundation had	l \$5,000 or more	in
List any managers of the foundation who have close of any tax year (but only if they have NONE	e contributed more t	han 2% of the total c than \$5,000) (See	ontributions received section 507(d)(2))	by the foundation bef	ore the
b List any managers of the foundation who own a partnership or other entity) of which the NONE	10% or more of the foundation has a 1	stock of a corporation of greater inter	on (or an equally large rest	e portion of the owner	ship of
2 Information Regarding Contribution, Grant, € Check here ☐ If the foundation only marequests for funds If the foundation make 2a, b, c, and d See instructions	ikes contributions to	preselected charitab	-		
a The name, address, and telephone number of	r email address of th	ne person to whom a	pplications should be	addressed	
b The form in which applications should be	submitted and info	rmation and materi	als they should inclu	ıde	
c Any submission deadlines					
d Any restrictions or limitations on awards, s	such as by geograp	ohical areas, charita	able fields, kinds of i	institutions, or other	factors
BAA	TE	EA0310L 12/12/18		F	orm 990-PF (2018)

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	t	N/A
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year	or substantial contributor	recipient		
Total			► 3a	
b Approved for future payment Total			• 3h	

Enter	gross amounts unless otherwise indicated	-	ed business income		by section 512, 513, or 514	(e)
1	Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)
' a	·	-		code		
b						
С						
d			••	_		
e f						
ď	Fees and contracts from government agencies					
_	Membership dues and assessments					
3	Interest on savings and temporary cash investments		1.	-		
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate	W. J. J. W. C.				
	Debt-financed property					
_	Not debt-financed property Net rental income or (loss) from personal property					
6 7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events.					
10	Gross profit or (loss) from sales of inventory		***			
11	Other revenue					
а						
b						
c d						
u						
e						
e 12	Subtotal Add columns (b), (d), and (e)		1.			
12	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		_1.		13	1
12 13 (See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcular	tions)				1
12 13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate XVI:B: Relationship of Activities to the	tions)	ishment of Exemp	t Purp	oses	
12 13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcular	tions)	ishment of Exemp	t Purp	oses	
12 13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate XVI:B: Relationship of Activities to the	tions)	ishment of Exemp	t Purp	oses	
12 13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verity calcula EXVIB Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exempt	tions)	ishment of Exemp	t Purp	oses	
12 13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verity calcula EXVIB Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exempt	tions)	ishment of Exemp	t Purp	oses	
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12 13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verity calcula EXVIB Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exempt	tions)	ishment of Exemp	t Purp	oses	
12 13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verity calcula EXVIB Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exempt	tions)	ishment of Exemp	t Purp	oses	
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12 13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verity calcula EXVIB Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exempt	tions)	ishment of Exemp	t Purp	oses	lly to the nstructions)
12 13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verity calcula EXVIB Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exempt	tions)	ishment of Exemp	t Purp	oses	lly to the nstructions)
12 13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verity calcula EXVIB Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exempt	tions)	ishment of Exemp	t Purp	oses	lly to the nstructions)
12 13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verity calcula EXVIB Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exempt	tions)	ishment of Exemp	t Purp	oses	lly to the nstructions)
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12 13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verity calcula EXVIB Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exempt	tions)	ishment of Exemp	t Purp	oses	lly to the nstructions)
12 13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verity calcula EXVIB Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exempt	tions)	ishment of Exemp	t Purp	oses	lly to the nstructions)
12 13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verity calcula EXVIB Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exempt	tions)	ishment of Exemp	t Purp	oses	lly to the nstructions)
12 13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verity calcula EXVIB Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exempt	tions)	ishment of Exemp	t Purp	oses	lly to the nstructions)

Form 990-PF (2018) EAGLE QUEST OF NEVADA INC Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations 33-1047580

	·					•			Yes	No
1 Did	d the organization direct scribed in section 501(ctly or indirectly e	ngage in any or	f the following w	ith any	other organizatio	on	11.5	٠,	. 1
rel	ating to political organi	izations?	2001 301(0)(3) (organizations) o	i iii seci	1011 327,				
a Tra	ansfers from the report	ing foundation to	a noncharitable	e exempt organi	zation o	f		4 1 1 1 1	,	
	Cash	3		, 3				1 a (1)		X
	Other assets							1 a (2)		X
	her transactions							14(-)		<u> </u>
	Sales of assets to a r	noncharitable eve	mnt organizatio	nn.				1 b (1)		X
, ,	Purchases of assets to							1 b (2)		X
				jariization						
	Rental of facilities, ed	• •	rassets					1 b (3)		X
٠,	Reimbursement arran	•						1 b (4)		X_
` '	Loans or loan guaran							1 b (5)		X
٠,	Performance of service		•	•				1 b (6)		X
c Sn	aring of facilities, equip	pment, mailing lis	sts, other assets	s, or paid emplo	yees			1 c		<u> </u>
d If t	he answer to any of the goods, other assets, or	e above is 'Yes,'	complete the fo	ollowing schedul	e Colun	nn (b) should alv	vays show the fair	market val	ue of	
the	goods, other assets, or transaction or sharing	services given by	the reporting fou	indation If the for	undation	received less than	n fair market value ii	n ad		
			of noncharitable exe	• • • • • • • • • • • • • • • • • • • •			isfers, transactions, and		nament	
(a) Line i	io (b) Amount involved	(C) Name (or noncharnable exe	mpt organization	(6) Description of trai	isiers, transactions, and	Sharing arra		
N/A		-			-					
					-	_				
		·····								
_										
					-					

				_						
400		***************************************		***						
2 a le f	ho foundation directly or	· ·····l······························	1 with or rolated	to one or more	l	nt organizations				
Z a is i	he foundation directly or scribed in section 501(c	c) (other than sec	tion 501(c)(3))	or in section 52	13x-exem 7?	ipt organizations		Yes	X	No
	Yes,' complete the folio	- •							ت	
	(a) Name of organiz		(b) Typ	e of organizatio	n	(c) Description of rel	ationship		
N/A	(4)		(-) - 5 -							
11/11						· 				•••••
edda.										
						 			••••••	
									••••••	
Ti	Jnder penalties of perjury, I de	alaya that I have awar	المصاد المسالة المسالة المسالة المسالة			ad atatamanta and to	the best of my knowleds	o and ballof	t is true	
] (correct, and complete Declarate	tion of preparer (other	than taxpayer) is bas	sed on all information	of which p	reparer has any know	ledge	je anu bener, i	i is irue,	
Sign	. 0 1		. /	/ /				May the	RS disci	uss
Here	Hadie.	Skonoo	//>	1//2//9	` ▶	PRESIDENT		this retur preparer	shown b	elow?
	Signature of officer or trustee	, JAPA		Date		Title	· · · · · · · · · · · · · · · · · · ·	_ See instr	Yes	No
	Print/Type preparer's		Preparer's			Date	Check If	PTIN		
5			13.	ゴムメリノ	<u> </u>	- 11/12/19	<u>, </u>	1	1112	
Paid	BRADLEY K.		BRADI			1.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	self-employed	P01339	1113	
Prepar		WALLACE NE			LP		Firm's EIN 26-3	916060		
Use Or	nly Firm's address	8930 SPANI								
		LAS VEGAS,	NV 89148	-1302			Phone no (702	2) 387-		
BAA								Form 99	0-PF (2018)

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2018

Employer identification number

EAGLE QUEST OF NEVADA INC		33-1047580
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
	S01(c)(3) taxable private foundation	
Check if your organization is covered by the General	Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8), or (10) orga	inization can check boxes for both the General Rule and a S	pecial Rule See instructions
General Rule		
For an organization filing Form 990, 990-EZ property) from any one contributor Comple	, or 990-PF that received, during the year, contributions tota te Parts I and II. See instructions for determining a contribut	ling \$5,000 or more (in money or tor's total contributions
	•	
Special Rules	-	
For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(vi),	1 (c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 he year, total contributions of the greater of (1) \$5,000, or (2 0-EZ, line 1 Complete Parts I and II	l6a, or 16b, and that
during the vear total contributions of more.	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fithan \$1,000 exclusively for religious, charitable, scientific, lift children or animals. Complete Parts I (entering 'N/A' in columnia in the children or animals.	erary, or educational
during the year, contributions exclusively for \$1,000 If this box is checked, enter here the charitable, etc., purpose Don't complete an	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contribution that were received during the year for any of the parts unless the General Rule applies to this organishe, etc., contributions totaling \$5,000 or more during the year	ons totaled more than In <i>exclusively</i> religious, Ization because
Caution: An organization that isn't covered by t 990-PF), but it must answer 'No' on Part IV, lin Part I, line 2, to certify that it doesn't meet the	he General Rule and/or the Special Rules doesn't file Sched e 2, of its Form 990, or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 990 ctions for Form 990, 990-EZ, or 990-PF.	ule B (Form 990, 990-EZ, or 990-EZ or on its Form 990-PF, 0-PF) Form 990, 990-EZ, or 990-PF) (2018)

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

	B (Form 990, 990-EZ, or 990-PF) (2018)		1 1 Page 4
Name of org EAGLE	QUEST OF NEVADA INC	· ·	er identification number 047580
	Contributors (see instructions) Use duplicate copies of Part I if additional s	pace is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EAGLE QUEST 3680 N RANCHO DR	\$ <u>77,210</u> .	,
	LAS VEGAS, NV 89130	-	(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

EAGLE QUEST OF NEVADA INC

33-1047580

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional sp	pace is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
BAA	Sche	 	L Z, or 990-PF) (2018

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

Employer identification number

	QUEST OF NEVADA INC		33-1047580
Part III	Exclusively religious, charitable, etc	c., contributions to organiza	ntions described in section 501(c)(7), (8),
	or (10) that total more than \$1,000 for th	e year from any one contributo	r. Complete columns (a) through (e) and
	the following line entry. For organizations co	mpleting Part III, enter the total of	exclusively religious, charitable, etc.,
	contributions of \$1,000 or less for the year (Enter this information once. See in	istructions) SN/A
	Use duplicate copies of Part III if additional s		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	Purpose of gift	use or gim	Description of now girt is neig
	N/A		
	N/A		
			
		(e) Transfer of gift	
	Transferee's name, address	and ZIP + 4	Relationship of transferor to transferee
		,	
		-	
	L		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	r urpose or girt	ose or gift	Description of now gire is need
		•	
			
		(e)	
		(e) Transfer of gift	
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee
			PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP
		-	
	<u></u>		
(a) No. from	(b)	(c)	(d)
No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held.
Parti			
			
-		· · · · · · · · · · · · · · · · · · ·	
		• • • • • • • • • • • • • • • • • • • •	
		(e) Transfer of gift	
	Transferee's name, address	and 7IP + 4	Relationship of transferor to transferee
	Transferee 3 name, dearess	······	Treationship of transferor to transferor
	<u> </u>		
		· · · · · · · · · · · · · · · · · · ·	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	Turpose or girt	ose or girt	Description of now grit is neid
		· · · · · · · · · · · · · · · · · · ·	
			· - †
-			
			
		(a)	
		(e) Transfer of gift	
	Transferee's name, address		Relationship of transferor to transferee
		T	
			
	L- 		

2018

FEDERAL STATEMENTS

PAGE 1

CLIENT EAGLE

EAGLE QUEST OF NEVADA INC

33-1047580

11/12/19

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STATEMENT 1 FORM 990-PF, PART I, LINE 23 **OTHER EXPENSES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING	\$ 1,625.			
AUTOMOBILE BANK SERVICE CHARGES	3,789. 844.			
BEAR VALLEY CAMP	1,940.			\$ 1,940.
BUSINESS LICENSE	44.			, –,
EMPLOYEE BENEFITS	24.			
GIFTS	8,181.			8,181.
MEALS	743.			40.070
SUPPLIES	43,373.			43,373.
TELECOMMUNICATIONS YOUTH EVENTS	247. 12,138.			12,138.
TOOTH EVENTS	TOTAL $\frac{12,138}{5}$ 72,948.	<u>\$</u> 0.	\$ 0.	\$ 65,632.
	$\frac{\sqrt{12,340.}}{\sqrt{12,340.}}$			- 007002.

STATEMENT 2 FORM 990-PF, PART VII-A, LINE 8B **COPIES OF FORM 990-PF TO STATE OFFICIALS**

NOT REQUIRED IN NEVADA

STATEMENT 3 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR ADDRESS OF SUBSTANTIAL CONTRIBUTOR

EAGLE QUEST

3680 N. RANCHO DR. LAS VEGAS, NV 89130

STATEMENT 4 FORM 990-PF, PART IX-A, LINE 1 SUMMARY OF DIRECT CHARITABLE ACTIVITIES

DIRECT CHARITABLE ACTIVITIES

EXPENSES

EAGLE QUEST OF NEVADA, INC. PROVIDES YOUTH IN FOSTER CARE, IN THE LAS \$ VEGAS AND PAHRUMP COMMUNITIES, WITH OPPORTUNITIES TO TAKE PART IN HIGH ADVENTURE ACTIVITIES THROUGH VARIOUS PROGRAMS INCLUDING THE BOY SCOUTS OF AMERICA, OUR KIDS FOR HUMANITY PROGRAM, OR TO ATTEND OUTDOOR SUMMER CAMP.

65,632.

2018				FED	ERAL M	FEDERAL WORKSHEETS	EETS			-	.	PAGE-2
CLIENT EAGLE				EA(GLE QUEST	EAGLE QUEST OF NEVADA INC	A INC				· 33	33-1047580
11/12/19												01 34PM
AVERAGE MONTHLY CASH BALANCES FORM 990-PF, PART X, LINE 1B	NTHLY C.	ASH BALAN LINE 1B	CES									
CASH BAL.	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JOLY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
CHECKING 1088	9,067	11,299	9,799	8,299	10,923	10,296	5,046	3,046	5,546	7,171	8,296	9,296
PETTY CASH	919	831 1,000	1,602 1,000	1,378 1,000	431 1,000	803 1,000	1,229	1,116	743 1,000	882 1,000	874 1,000	2,469
AVERAGES TOTE	2,246 13,555	2,246 15,376	2,247 14,648	2,247 12,924	2,247 14,601	2,247 14,346	2,247 9,522	2,247 7,409	2,247 9,536	2,247 11,300	2,247	2,247 15,012
TOTALS	150,646	ION	NUMBER OF MONTHS	HS ==	12							
AVERAGE MONTHLY CASH BALANCES	Y CASH BAI	LANCES ==	12,554									