

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CAMELOT COMMUNITY CARE, INC.		D Employer identification number 31-1659302
	Doing business as		E Telephone number (727) 593-0003
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 210,886,558.
	15500 ROOSEVELT BLVD. STE 204		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code CLEARWATER, FL 33760		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: MICHAEL DIBRIZZI SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CAMELOTCOMMUNITYCARE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1999	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CAMELOT COMMUNITY CARE'S MISSION IS TO ENABLE CHILDREN AND FAMILIES TO REALIZE THEIR FULLEST
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 9
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 1030
	6 Total number of volunteers (estimate if necessary) 6 85
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 79,251,750. Prior Year 204,931,885. Current Year
	9 Program service revenue (Part VIII, line 2g) 6,694,798. 6,694,798. 5,875,817.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,440. 12,440. 70,381.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 34,056. 34,056. 7,537.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 85,993,044. 85,993,044. 210,885,620.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 31,209,847. 31,209,847. 105,962,695.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 37,754,108. 37,754,108. 63,954,870.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 26,116. 26,116. 26,116.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,603,577. 14,603,577. 41,067,130.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 83,567,532. 83,567,532. 210,984,695.	
19 Revenue less expenses. Subtract line 18 from line 12 2,425,512. 2,425,512. -99,075.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 27,654,286. Beginning of Current Year 60,320,722. End of Year
	21 Total liabilities (Part X, line 26) 15,574,040. 15,574,040. 48,339,551.
	22 Net assets or fund balances. Subtract line 21 from line 20 12,080,246. 12,080,246. 11,981,171.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MICHAEL DIBRIZZI, PRESIDENT AND CEO		Date
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name SAM A. LAZZARA	Preparer's signature	Date
	Firm's name RIVERO, GORDIMER & COMPANY, P.A.	Firm's EIN 59-3040705	Check if self-employed <input type="checkbox"/> PTIN P01342929
Firm's address P. O. BOX 172359 TAMPA, FL 33672		Phone no. (813) 875-7774	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO DEVELOP AND PROVIDE SERVICES THAT ENABLE CHILDREN AND FAMILIES TO REALIZE THEIR FULLEST POTENTIAL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 4,724,639. including grants of \$ 1,389,703.) (Revenue \$) FOSTER CARE SERVICES: FOSTER CARE SERVICES ARE FOR CHILDREN AND FAMILIES IN CASES WHEN A COURT HAS FOUND THE CHILD TO BE IN NEED OF CARE AND THE PARENTS ARE NOT ABLE TO MEET THE SAFETY NEEDS OF THEIR CHILD. MOST CHILDREN WHO REQUIRE FOSTER CARE HAVE BEEN ABUSED OR NEGLECTED, AND THEY HAVE MAJOR DEVELOPMENTAL, PHYSICAL AND EMOTIONAL NEEDS THAT REQUIRE A VARIETY OF SERVICES AND CARE.

4b (Code:) (Expenses \$ 27,339,858. including grants of \$ 558.) (Revenue \$) CHILD WELFARE CASE MANAGEMENT PROGRAMS: PROVIDE DEPENDENCY AND PERMANENCY SERVICES TO CHILDREN IN STATE CUSTODY BOTH IN BOTH OUT OF HOME CARE AND RELATIVE/NON-RELATIVE PLACEMENTS. CERTIFIED CASE MANAGERS WORK WITH CHILDREN AND FAMILIES TO ADDRESS THE REASONS FOR THEIR ENTERING THE CHILD WELFARE SYSTEM WITH THE GOAL OF REUNIFYING THE CHILD WITH THE FAMILY. IN SOME CASES, THE CHILD MAY NOT BE REUNIFIED WITH THE FAMILY AND IN THESE CASES, CAMELOT WORKS TO SEEK A PERMANENT HOME FOR THE CHILD THROUGH OTHER RELATIVES OR ADOPTION. EACH DAY, CAMELOT SERVES OVER 700 CHILDREN IN THIS PROGRAM.

4c (Code:) (Expenses \$ 158,426,727. including grants of \$ 104,569,730.) (Revenue \$) LEAD AGENCY SERVICES: DCF CONTRACTS WITH CHILDREN'S NETWORK OF SOUTHWEST FLORIDA (CNSF) AND CHILDREN'S NETWORK OF HILLSBOROUGH (CNH) TO ADMINISTER THE COMMUNITY-BASED CARE PROGRAM, AS LEAD AGENCIES, FOR DESIGNATED COUNTIES ALONG FLORIDA'S SUNCOAST. BOTH CNSF AND CNH ARE RESPONSIBLE FOR ABUSED AND NEGLECTED CHILDREN AND THEIR FAMILIES, AND WORK WITH LOCAL COMMUNITY PROVIDERS TO PROTECT CHILDREN AND PRESERVE FAMILIES. THESE GOALS ARE ACCOMPLISHED THROUGH A SYSTEM OF CARE IN WHICH BOTH CNSF AND CNH ADMINISTER FOSTER CARE SERVICES, ADOPTION SERVICES, PROTECTIVE SERVICES, PREVENTION SERVICES, FAMILY PRESERVATION SERVICES, FAMILY SUPPORT SERVICES, AND INDEPENDENT LIVING SERVICES FOR CHILDREN AND FAMILIES IN THEIR SERVICE AREAS. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 8,865,403. including grants of \$ 2,704.) (Revenue \$ 5,875,817.)

4e Total program service expenses 199,356,627.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), tax returns (2b), unrelated business income (3a-3c), foreign accounts (4a-4b), prohibited transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), 501(c)(7) organizations (10), 501(c)(12) organizations (11), 4947(a)(1) trusts (12a-12b), 501(c)(29) health insurance issuers (13a-13c), tanning services (14a-14b), parachute payments (15), excise tax (16), and 501(c)(21) organizations (17).

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed OH, FL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s 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 interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
MICHAEL DIBRIZZI - (727) 593-0003
1550 ROOSEVELT BLVD. STE 204, CLEARWATER, FL 33760

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL DIBRIZZI PRESIDENT/CEO	40.00 0.10			X				219,246.	0.	400.
(2) NADEREH SALIM CEO - CNSF	40.00			X				175,360.	0.	400.
(3) JAMES W ECKLOF JR CFO - CAMELOT	40.00 0.10			X				155,603.	0.	400.
(4) SHIEILA ASSON CAO - CAMELOT	40.00			X				147,411.	0.	272.
(5) JOHN LUFF COO - CAMELOT	40.00			X				141,239.	0.	400.
(6) RAYMOND FISCHER COO - CNSF	40.00			X				128,916.	0.	131.
(7) DENNIS ANDREWS CFO - CNSF	40.00			X				128,290.	0.	0.
(8) MICHELE DISORBO EXECUTIVE DIRECTOR - CAMELOT	40.00					X		122,837.	0.	400.
(9) KIMBERLY WILLIAMS COO - CNHC	40.00			X				74,860.	0.	165.
(10) CHRISTOPHER TERRIGINO CFO - CNHC	40.00			X				70,769.	0.	0.
(11) TERRI BALLIET CEO - CNHC	40.00			X				64,173.	0.	300.
(12) TAMMY DAVIS BOARD CHAIR	2.00 0.10	X						0.	0.	0.
(13) RON MIRENDA BOARD VICE CHAIR	2.00	X						0.	0.	0.
(14) JENNIFER MANNION SECRETARY	2.00	X						0.	0.	0.
(15) KIMBERLY PEREZ TREASURER	2.00	X						0.	0.	0.
(16) JAMIE NOLAND DIRECTOR	1.00	X						0.	0.	0.
(17) ANNEMARIE HARE DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MELISSA DAVIS DIRECTOR	1.00	X					0.	0.	0.	
(19) JORDAN MAVRAKOS DIRECTOR	1.00	X					0.	0.	0.	
(20) JOHN TSOURAKIS DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							1,428,704.	0.	2,868.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,428,704.	0.	2,868.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LORI MANNONE 7345 NE 25TH AVENUE ROAD, OCALA, FL 34479	COMPREHENSIVE ASSESSORS	106,103.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	203,526,623.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,405,262.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 82,243.				
	h Total. Add lines 1a-1f		204931885.				
Program Service Revenue	2 a PATIENT SERVICES	Business Code					
		624100	5,789,130.	5,789,130.			
	b OTHER INCOME	900099	86,687.	86,687.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		5,875,817.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		70,381.			70,381.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		8,475.				
			938.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			7,537.		7,537.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			210885620.	5,875,817.	0.	77,918.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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	59,012,226.	59,012,226.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	46,950,469.	46,950,469.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,171,498.	1,057,332.	114,166.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	53,623,523.	48,397,765.	5,225,758.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	103,291.	93,632.	9,659.	
9 Other employee benefits	4,878,724.	4,422,485.	456,239.	
10 Payroll taxes	4,177,834.	3,787,140.	390,694.	
11 Fees for services (nonemployees):				
a Management				
b Legal	88,589.	88,227.	362.	
c Accounting	106,225.	105,791.	434.	
d Lobbying	42,438.	42,265.	173.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	503,424.	501,369.	2,055.	
12 Advertising and promotion	72,366.	4,616.	67,750.	
13 Office expenses	2,207,482.	1,548,562.	658,920.	
14 Information technology	1,793,804.	1,303,276.	490,528.	
15 Royalties				
16 Occupancy	4,863,690.	3,998,852.	864,838.	
17 Travel	574,462.	402,989.	171,473.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	308,676.	224,267.	84,409.	
20 Interest	81,843.		81,843.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	327,261.	176,708.	150,553.	
23 Insurance	1,453,788.	1,320,522.	133,266.	
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.)				
a FOSTER CARE AND ADOPTIO	18,130,172.	17,094,216.	1,035,956.	
b CLIENT EXPENSES	6,874,047.	5,511,941.	1,335,990.	26,116.
c OTHER EMPLOYEE EXPENSES	3,403,116.	3,131,668.	271,448.	
d STAFF RECRUITMENT AND R	235,747.	180,309.	55,438.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	210,984,695.	199,356,627.	11,601,952.	26,116.
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 <input type="checkbox"/> 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 Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	9,213,149.	1	18,184,341.	
	2 Savings and temporary cash investments	12,674,880.	2	20,622,440.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	2,525,843.	4	7,153,387.	
	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		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	1,349,867.	9	2,251,057.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,570,708.			
	b Less: accumulated depreciation	10b 1,291,690.	161,610.	10c	279,018.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	13,348.	12	12,767.	
	13 Investments - program-related. See Part IV, line 11	1,050,000.	13	1,121,000.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	665,589.	15	10,696,712.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	27,654,286.	16	60,320,722.		
Liabilities	17 Accounts payable and accrued expenses	6,492,901.	17	16,908,742.	
	18 Grants payable		18		
	19 Deferred revenue	8,708,996.	19	21,833,913.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	372,143.	21	348,264.	
	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		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	9,248,632.	
	26 Total liabilities. Add lines 17 through 25	15,574,040.	26	48,339,551.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	11,651,889.	27	11,519,171.	
	28 Net assets with donor restrictions	428,357.	28	462,000.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	12,080,246.	32	11,981,171.	
33 Total liabilities and net assets/fund balances	27,654,286.	33	60,320,722.		

Part XI Reconciliation of Net Assets

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

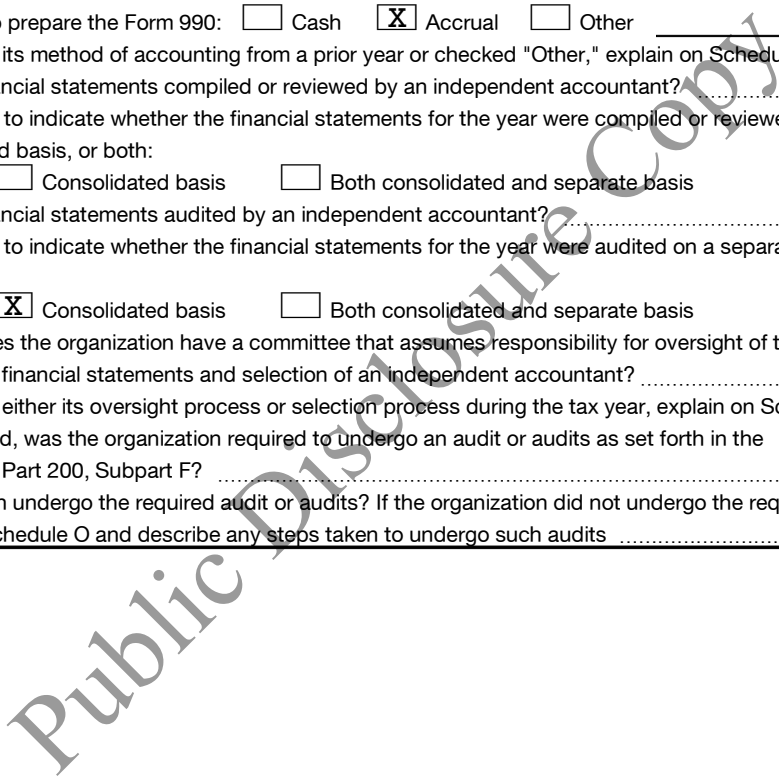
1	Total revenue (must equal Part VIII, column (A), line 12)	1	210,885,620.
2	Total expenses (must equal Part IX, column (A), line 25)	2	210,984,695.
3	Revenue less expenses. Subtract line 2 from line 1	3	-99,075.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,080,246.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,981,171.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)



SCHEDULE A
(Form 990)

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

2022

Open to Public Inspection

Name of the organization CAMELOT COMMUNITY CARE, INC.	Employer identification number 31-1659302
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e 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.
- f Enter the number of supported organizations
- g 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))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	63357970.	66671712.	76006079.	79251750.	204864711	490152222
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	63357970.	66671712.	76006079.	79251750.	204864711	490152222
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						490152222

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	63357970.	66671712.	76006079.	79251750.	204864711	490152222
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,884.	12,595.	9,407.	12,440.	40,478.	84,804.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						490237026
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.98	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.99	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section 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).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 on line 2, above, 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		

Section 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
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.	Yes	No
2a		
b Did the activities described on line 2a, above, 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 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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.)

Public Disclosure Copy

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

CAMELOT COMMUNITY CARE, INC.

Employer identification number

31-1659302

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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 private foundation

501(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) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization CAMELOT COMMUNITY CARE, INC.	Employer identification number 31-1659302
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>172,984,207.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>6,292,519.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>4,354,714.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>8,363,555.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Public Disclosure Copy

Name of organization CAMELOT COMMUNITY CARE, INC.	Employer identification number 31-1659302
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Public Disclosure Copy

Name of organization CAMELOT COMMUNITY CARE, INC.	Employer identification number 31-1659302
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Public Disclosure Copy

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

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.

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 Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CAMELOT COMMUNITY CARE, INC.	Employer identification number 31-1659302
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount 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 over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount 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 over \$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 less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		41,680.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			41,680.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b 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			
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)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a 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 the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LOBBYING EXPENSES: COSTS OF UTILIZING AN OUTSIDE FIRM TO LOBBY STATE

LEGISLATURE RELATED TO CHILD WELFARE NEEDS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **CAMELOT COMMUNITY CARE, INC.** Employer identification number **31-1659302**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 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) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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 of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	356,478.	392,336.	300,693.	300,000.	
b Contributions					300,000.
c Net investment earnings, gains, and losses	34,121.	-35,858.	91,643.	693.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	390,599.	356,478.	392,336.	300,693.	300,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | <input checked="" type="checkbox"/> | |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____ | | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		288,781.	199,854.	88,927.
d Equipment		1,281,927.	1,091,836.	190,091.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				279,018.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	1,300,741.
(2) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	390,599.
(3) RIGHT OF USE ASSETS- OPERATING LEASES	8,435,189.
(4) RIGHT OF USE ASSETS- FINANCE LEASES	570,183.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	10,696,712.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FINANCE LEASE LIABILITIES	585,634.
(3) OPERATING LEASE LIABILITIES	8,662,998.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,248,632.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	211,326,225.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	32,473.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	408,132.	
e	Add lines 2a through 2d	2e		440,605.
3	Subtract line 2e from line 1		3	210,885,620.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	210,885,620.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	211,432,805.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	32,473.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	415,637.	
e	Add lines 2a through 2d	2e		448,110.
3	Subtract line 2e from line 1		3	210,984,695.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	210,984,695.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

FUNDS HELD IN TRUST FOR CHILDREN IN CARE

PART V, LINE 4:

THE ENDOWMWT FUNDS WILL BE USED TO SUPPORT PROGRAM ACTIVITIES

PART X, LINE 2:

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED JUNE 30, 2023, THE ORGANIZATION HAS DOCUMENTED ITS CONSIDERATION OF FASB 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

Part XIII Supplemental Information (continued)

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE - \$938

RELATED ORGANIZATION REVENUE INCLUDED IN CONSOLIDATION -

\$407,194

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES - \$938

RELATED ORGANIZATION EXPENSES INCLUDED IN CONSOLIDATION -

\$414,699

Public Disclosure Copy

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CORN HOLE		NONE	
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	8,475.		8,475.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	8,475.		8,475.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	938.		938.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			938.
	11	Net income summary. Subtract line 10 from line 3, column (d)			7,537.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Public Disclosure Copy

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **CAMELOT COMMUNITY CARE, INC.** Employer identification number **31-1659302**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BEHAVIORAL ANALYSIS AND THERAPY, INC. - 8001 SW 36TH ST, STE 9 - DAVIE, FL 33328	65-0842110	501 C (3)	475,973.	0.			CHILD WELFARE SERVICES
CARLTON MANOR GROUP HOME 18400 SW 100 STREET MIAMI GARDENS, FL 33196	45-2941569	501 C (3)	1,154,973.	0.			CHILD WELFARE SERVICES
CHILDREN'S ADVOCACY COLLIER 1034 6TH AVE N NAPLES, FL 34102	65-0049492	501 C (3)	39,350.	0.			CHILD WELFARE SERVICES
DEVEREUX FOUNDATION 5850 TG LEE BLVD, STE 400 ORLANDO, FL 32882	23-1390618	501 C (3)	7,042,645.	0.			CHILD WELFARE SERVICES
CHILDREN'S ADVOCACY LEE 3830 EVANS AVE FORT MYERS, FL 33901	65-0007620	501 C (3)	125,505.	0.			CHILD WELFARE SERVICES
FLORIDA BAPTIST 1015 SIKES BLVD LAKELAND, FL 33815	59-0657326	501 C (3)	565,428.	0.			CHILD WELFARE SERVICES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **98.**
- 3** Enter total number of other organizations listed in the line 1 table **16.**

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SERVICES FLORIDA 3627A W WATERS AVE TAMPA, FL 33614	59-2198911	501 C (3)	7,678,852.	0.			CHILD WELFARE SERVICES
MEDICAL EXPRESS CORPORATION 4237 SALISBURY RD #304 JACKSONVILLE, FL 32216	59-3001845	501 C (3)	109,819.	0.			CHILD WELFARE SERVICES
CHILDREN'S HOME SOCIETY HACIENDA 482 S. KELLER ROAD ORLANDO, FL 32810	59-0192430	501 C (3)	80,203.	0.			CHILD WELFARE SERVICES
OUR MOTHERS HOME 7438 CARRIER RD FORT MYERS, FL 33912	65-0510103	501 C (3)	150,546.	0.			CHILD WELFARE SERVICES
BECKET ACADEMY, INC PO BOX 325 ORFORD, NH 03777	02-0511096	501 C (3)	25,858.	0.			CHILD WELFARE SERVICES
BRIDGING FREEDOM 730 S. STERLING AVENUE TAMPA, FL 33609	27-5467980	501 C (3)	170,897.	0.			CHILD WELFARE SERVICES
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501 C (3)	1,526,160.	0.			CHILD WELFARE SERVICES
NATIONAL YOUTH ADVOCATE PROGRAM 700 WEST HILLSBORO BLVD, SUITE 205/207 - DEERFIELD BEACH, FL 33441	34-1404302	501 C (3)	649,059.	0.			CHILD WELFARE SERVICES
CHARLOTTE BEHAVIORAL HEALTH 1700 EDUCATION AVE PUNTA GORDA, FL 33950	59-1234922	501 C (3)	15,157.	0.			CHILD WELFARE SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVING JOURNEY GROUP HOME 254 NORTH AVENUE LEHIGH ACRES, FL 33936	82-1533492	501 C (3)	151,384.	0.			CHILD WELFARE SERVICES
HIS HOUSE CHILDREN'S HOME 20000 NW 47TH AVE MIAMI GARDENS, FL 33055	65-0145994	501 C (3)	57,019.	0.			CHILD WELFARE SERVICES
FAMILY HEALTH CENTERS 2256 HEITMAN ST. FORT MYERS, FL 33901	59-1741273	501 C (3)	15,339.	0.			CHILD WELFARE SERVICES
4 KIDS OF SOUTH FLORIDA 2717 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309	61-1416525	501 C (3)	176,813.	0.			CHILD WELFARE SERVICES
A DOOR OF HOPE 8900 US HWY 19 N PINELLAS PARK, FL 33782	45-3993709	501 C (3)	813,488.	0.			CHILD WELFARE SERVICES
CROSSROADS HOPE ACADEMY 45991 BERMONT ROAD PUNTA GORDA, FL 33982	81-5467641	501 C (3)	257,275.	0.			CHILD WELFARE SERVICES
LITTLE DEBBIES SECOND CHANCE 8379 GASPARILLA RD PORT CHARLOTTE,, FL 33981	82-3370269	501 C (3)	421,353.	0.			CHILD WELFARE SERVICES
LEHIGH FAMILY GROUP 414 JAGUAR BLVD LEHIGH ACRES, FL 33974	46-1997535	501 C (3)	83,943.	0.			CHILD WELFARE SERVICES
COUNSELING AND ASSESSMENT SERVICES 3468 TROPICAL POINT ST. JAMES CITY, FL 33956	81-2489003	501 C (3)	79,637.	0.			CHILD WELFARE SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPREHENSIVE MEDPSYCH SYSTEMS 1090 S. TAMiami TRAIL SARASOTA, FL 34236	65-0812381	501 C (3)	29,973.	0.			CHILD WELFARE SERVICES
HIBISCUS CHILDRENS CENTER 4001 NE SAVANNAH ROAD JENSEN BEACH, FL 34957	59-2632361	501 C (3)	108,651.	0.			CHILD WELFARE SERVICES
PROVIDENCE NOBLE CARE 2606 64 ST. W. LEHIGH ACRES, FL 33971	22-3937379	501 C (3)	16,922.	0.			CHILD WELFARE SERVICES
REYNA GROUP HOME 3551 NW 97TH ST MIAMI, FL 33147	82-3403436	501 C (3)	107,730.	0.			CHILD WELFARE SERVICES
MAJOR IMPACT 1960 VELASCO ST, STE 2 FORT MYERS, FL 33916	30-0572405	501 C (3)	26,060.	0.			CHILD WELFARE SERVICES
HOME SAFE 2840 SIXTH AVE. SOUTH LAKE WORTH, FL 33461	59-1935485	501 C (3)	138,462.	0.			CHILD WELFARE SERVICES
LESLIE SWANSON PH.D 4642 SW 131 TERRACE MIRAMAR, FL 33027	06-1784589	501 C (3)	12,000.	0.			CHILD WELFARE SERVICES
BAYSIDE BOYS HOME 1309 YOUNG AVE CLEARWATER, FL 33756	46-0874100		224,518.	0.			CHILD WELFARE SERVICES
KATZ COUNSELING AND EDUCATIONAL PSYCHOLOGY - 12791 WORLD PLAZA LANE, BLDG #89 - FORT MYERS, FL 33907	45-2038681	501 C (3)	5,250.	0.			CHILD WELFARE SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSWINDS YOUTH SERVICES 1407 DIXON BLVD COCOA, FL 32922	23-7376943	501 C (3)	20,640.	0.			CHILD WELFARE SERVICES
JAFCO 4200 N UNIVERSITY DR SUNRISE, FL 33351	20-0898587	501 C (3)	93,973.	0.			CHILD WELFARE SERVICES
DANIEL MEMORIAL INSTITUTE 4203 S POINT BLVD JACKSONVILLE, FL 32216	59-2953808	501 C (3)	194,371.	0.			CHILD WELFARE SERVICES
EHS HOME, INC. 8853 LEONA STREET SEMINOLE, FL 33772	46-3801687	501 C (3)	184,278.	0.			CHILD WELFARE SERVICES
SOURCE OF LIGHT AND HOPE - YOUNITY 2666 LIME STREET FT MYERS, FL 33916	65-0013240	501 C (3)	574,540.	0.			CHILD WELFARE SERVICES
SWF PSYCH SVCS LLC-OLBY 2633 VAREO CT. CAPE CORAL, FL 33991	81-4093935	501 C (3)	7,200.	0.			CHILD WELFARE SERVICES
BEACON YOUTH SERVICES 2064 N HIGHLAND AVE CLEARWATER, FL 33755	81-3836379		212,014.	0.			CHILD WELFARE SERVICES
HEART OF FLORIDA YOUTH RANCH 15833 US-301 CITRA, FL 32113	59-2274734	501 C (3)	122,400.	0.			CHILD WELFARE SERVICES
KINSHIP SERVICES INC 3850 MANATEE AVE E BRANDON, FL 34208	38-3690339	501 C (3)	118,404.	0.			CHILD WELFARE SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST AUGUSTINE YOUTH SERVICE 201 SIMONE WAY ST. AUGUSTINE,, FL 32086	59-2925271	501 C (3)	211,296.	0.			CHILD WELFARE SERVICES
STRENGTH PROVIDER 12995 S CLEVELAND AVE.# 36 FORT MYERS, FL 33907	65-1007070	501 C (3)	130,474.	0.			CHILD WELFARE SERVICES
SYLVIA THOMAS CENTER 500 LITHIA PINECREST RD BRANDON, FL 33511	59-3680366	501 C (3)	233,457.	0.			CHILD WELFARE SERVICES
THE CHILDRENS HOME, INC 10909 MEMORIAL HWY TAMPA, FL 33615	59-0696284	501 C (3)	3,211,476.	0.			CHILD WELFARE SERVICES
PINNACLE FAMILY SERVICES OF FLORIDA - 1395 BRICKELL AVENUE, STE 101 - MIAMI, FL 33131	47-4749980	501 C (3)	83,709.	0.			CHILD WELFARE SERVICES
COMMUNITY HEALTH OF SOUTH FLORIDA 10300 S.W. 216 STREET MIAMI, FL 33190	59-1372690	501 C (3)	58,774.	0.			CHILD WELFARE SERVICES
THE MCCRAE HOUSE 2624 E 29TH AVE TAMPA, FL 33605	81-3028703	501 C (3)	368,317.	0.			CHILD WELFARE SERVICES
YOUTH AND FAMILY ALTERNATIVES 7524 PLATHE RD NEW PORT RICHEY, FL 34653	59-1545990	501 C (3)	35,171.	0.			CHILD WELFARE SERVICES
BRIGHT STARTS TUTORING 18400 SW 100 STREET MIAMI, FL 33196	45-2941569	501 C (3)	6,991.	0.			CHILD WELFARE SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOSEN YOUTH INC. 12901 MCGREGOR BLVD FORT MYERS, FL 33919	82-1231829	501 C (3)	440,071.	0.			CHILD WELFARE SERVICES
ELISABETH KIEFFER, LLC 6681 DABNEY ST FORT MYERS, FL 33966	35-2336110	501 C (3)	33,882.	0.			CHILD WELFARE SERVICES
IMAGES OF GLORY INC. 7480 ALOMA AVE WINTER PARK, FL 32792	59-3614281	501 C (3)	14,800.	0.			CHILD WELFARE SERVICES
STONE ANGEL CARE LLC 5455 GREYSTONE SR SPRING HILL, FL 34609	80-0511294	501 C (3)	82,615.	0.			CHILD WELFARE SERVICES
PROJECT BUILD SOUTHWEST FLORIDA 3845 BECK BLVD NAPLES, FL 34114	84-4915331	501 C (3)	554,194.	0.			CHILD WELFARE SERVICES
THOMPSON CHILD AND FAMILY FOCUS 6800 SAINT PETER'S LANE MATTHEWS, NC 28105	56-0547460	501 C (3)	2,827,886.	0.			CHILD WELFARE SERVICES
THE CHILDREN'S PLACE AT HOMESAFE (LIBRA) - 2840 6TH AVE SOUTH - LAKE WORTH, FL 33461	59-1935485	501 C (3)	107,183.	0.			CHILD WELFARE SERVICES
THE STERLING CENTER 1853 VICTORIA AVE FORT MYERS, FL 33901	81-0714573	501 C (3)	34,941.	0.			CHILD WELFARE SERVICES
UNIVERSITY OF SOUTH FLORIDA 4202 EAST FOWLER AVENUE ALC 100 TAMPA, FL 33620	59-0879015	501 C (3)	776,040.	0.			CHILD WELFARE SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST FLORIDA FOSTER CARE SERVICES 23110 STATE ROAD 54 515 LUTZ, FL 33549	20-8459746	501 C (3)	377,375.	0.			CHILD WELFARE SERVICES
ONE HOPE UNITED 333 S WABASH AVE STE 2750 CHICAGO, IL 60604	36-2181967	501 C (3)	475,698.	0.			CHILD WELFARE SERVICES
REDEFINING REFUGE 401 E JACKSON ST STE 3300 LUTZ, FL 33602	27-2126223	501 C (3)	345,160.	0.			CHILD WELFARE SERVICES
SAILFUTURE INC. 2381 FRUITVILLE RD ST. PETERSBURG, FL 34237	46-3271817	501 C (3)	89,029.	0.			CHILD WELFARE SERVICES
SUCCESS 4 KIDS & FAMILIES 2902 N ARMENIA AVE STE 200 TAMPA, FL 33607	14-1933532	501 C (3)	70,000.	0.			CHILD WELFARE SERVICES
TWIN OAKS JUVENILE DEVELOPMENT INC 2930 KERRY FOREST PKWY TALLAHASSEE, FL 32309	59-3512790	501 C (3)	327,485.	0.			CHILD WELFARE SERVICES
MAN UP AND GO INC. 2650 S FRANCIS DR BROOKLINE, MO 65619	47-1933529	501 C (3)	20,250.	0.			CHILD WELFARE SERVICES
LIGHTHOUSE YOUTH SERVICES 2900 NE 33RD ST LIGHTHOUSE PT, FL 33064	65-1120520	501 C (3)	524,454.	0.			CHILD WELFARE SERVICES
MANIFESTATIONS WORLDWIDE INC. 3102 E LAKE AVE TAMPA, FL 33610	59-3731193	501 C (3)	54,446.	0.			CHILD WELFARE SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMPIONS FOR CHILDREN 3108 W AZEELE ST TAMPA, FL 33609	59-1807551	501 C (3)	75,342.	0.			CHILD WELFARE SERVICES
IGLESIA DE DIOS PENTECOSTAL MI 3603 CONWAY RD ORLANDO, FL 32812	66-0497143	501 C (3)	575,999.	0.			CHILD WELFARE SERVICES
GRACEPOINT 5707 N 22ND ST TAMPA, FL 33610	59-1622729	501 C (3)	1,482,182.	0.			CHILD WELFARE SERVICES
CHILD WELFARE LEAGUE OF AMERICA 727 15TH STREET, NW, SUITE 1200 WASHINGTON, DC 20005	13-1641066	501 C (3)	13,750.	0.			CHILD WELFARE SERVICES
LIFESTREAM BEHAVIORAL CENTER INC. PO BOX 491000 LEESBURG, FL 34749	59-1561501	501 C (3)	3,276,835.	0.			CHILD WELFARE SERVICES
HEALTHY START 1311 PAUL RUSSELL RD # A101 TALLAHASSEE, FL 32301	46-1801239	501 C (3)	149,592.	0.			CHILD WELFARE SERVICES
CREATIVE LIVES INC PO BOX 23 THETFORD, VT 05074	47-1544227	501 C (3)	236,496.	0.			CHILD WELFARE SERVICES
FL 1,27 13310 NORTH 53RD STREET, SUITE 200 TAMPA, FL 33617	47-3110515	501 C (3)	105,000.	0.			CHILD WELFARE SERVICES
UNITED METHODIST CHILDRENS HOME 51 MAIN ST ENTERPRISE, FL 32725	59-0638479	501 C (3)	362,037.	0.			CHILD WELFARE SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES - 14041 ICOT BLVD. - CLEARWATER, FL 33760	59-1229354	501 C (3)	8,335,997.	0.			CHILD WELFARE SERVICES
HANDS OF MERCY EVERYWHERE 6017 SE ROBINSON RD BELLEVIEW, FL 34420	59-3630008	501 C (3)	118,948.	0.			CHILD WELFARE SERVICES
FINALLY HOME 1936 BRUCE B. DOWNS BLVD WESLEY CHAPEL, FL 33544	65-0904640	501 C (3)	53,900.	0.			CHILD WELFARE SERVICES
HEART OF ADOPTIONS ALLIANCE INC. 418 W PLATT ST SUITE C TAMPA, FL 33606	76-0784214	501 C (3)	27,100.	0.			CHILD WELFARE SERVICES
EDUCATION ADVANTAGE 30813 TEMPLE STAND AVENUE WESLEY CHAPEL, FL 33543	81-0631189	501 C (3)	211,613.	0.			CHILD WELFARE SERVICES
HEART GALLERY OF TAMPA BAY 5463 W WATERS AVE #850 TAMPA, FL 33634	81-4802754	501 C (3)	129,401.	0.			CHILD WELFARE SERVICES
GRACE FOR HOPE, INC 16350 BRUCE B. DOWNS BLVD TAMPA, FL 33647	82-1346841	501 C (3)	701,107.	0.			CHILD WELFARE SERVICES
IN HER HANDS 37312 MAIN AVE DADE CITY, FL 33523	88-1831130	501 C (3)	226,598.	0.			CHILD WELFARE SERVICES
A KIDS PLACE 1715 LITHIA PINECREST RD BRANDON, FL 33511	26-2757636	501 C (3)	1,690,795.	0.			CHILD WELFARE SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY CHRISTIAN SERVICES 29 W SMITH ST WINTER GARDEN, FL 34787	38-3541224	501 C (3)	75,000.	0.			CHILD WELFARE SERVICES
COOKSON HILLS FAMILY MINISTRIES OF FLORIDA - 131 NEW LEGACY DR, - SEFFNER, FL 33584	59-3653025	501 C (3)	471,130.	0.			CHILD WELFARE SERVICES
MIRACLES OUTREACH FRESH START P.O BOX 310603 TAMPA, FL 33680	27-0003754	501 C (3)	83,520.	0.			CHILD WELFARE SERVICES
A SECOND CHANCE 137 WISHING WELL CIR SW PALM BAY, FL 32908	85-2612004	501 C (3)	780,602.	0.			CHILD WELFARE SERVICES
BOYS TOWN CENTRAL FLORIDA INC 975 OKLAHOMA ST OVIEDO, FL 32765	20-0654235	501 C (3)	101,560.	0.			CHILD WELFARE SERVICES
BOYS TOWN OF NORTH FLORIDA 3555 COMMONWEALTH BLVD TALLAHASSEE, FL 32303	20-0655144	501 C (3)	38,296.	0.			CHILD WELFARE SERVICES
BROOKWOOD FLORIDA INC 901 7TH AVE S ST PETERSBURG, FL 33705	59-0624387	501 C (3)	76,560.	0.			CHILD WELFARE SERVICES
GREAT EXPECTATIONS KIDS HOME 2489 MOON HARBOR WAY MIDDLEBURG, FL 32068	47-3180391	501 C (3)	89,864.	0.			CHILD WELFARE SERVICES
HELPING HANDS HUMAN SERVICES 593 WILLOW BEND RD WESTON, FL 33327	35-2288000	501 C (3)	116,120.	0.			CHILD WELFARE SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLSBOROUGH COUNTY - ADMINISTRATIVE OFFICE OF COURT - 700 E TWIGGS ST. SUITE 102 - TAMPA, FL 33602	59-6000661		24,163.	0.			CHILD WELFARE SERVICES
BUILDING MORE FUTURES LLC 822 WEST CORAL STREET TAMPA, FL 33602	82-4986016		50,931.	0.			CHILD WELFARE SERVICES
CARNELIAN LLC PO BOX 321 LAND O LAKES, FL 34639	02-0788576		67,970.	0.			CHILD WELFARE SERVICES
ELEVATED YOUTH SERVICES PO BOX 732 TOANO, VA 23168	87-2494748		135,510.	0.			CHILD WELFARE SERVICES
EMBRACING LIFE INC 27750 COWDREY STREET WESLEY CHAPEL, FL 33544	82-4589638		166,880.	0.			CHILD WELFARE SERVICES
EMBRACING ME 27750 COWDREY STREET WESLEY CHAPEL, FL 33544	47-5632356		105,110.	0.			CHILD WELFARE SERVICES
ENSOR HEALTH SERVICES 12140 MURRAY AVE LARGO, FL 33778	81-4024642		137,254.	0.			CHILD WELFARE SERVICES
GRACE PLACE TAMPA BAY PO BOX 990531 NAPLES, FL 34116	65-1229558	501 C (3)	202,501.	0.			CHILD WELFARE SERVICES
GULF COAST PSYCHOLOGY 5290 SUMMERLIN COMMONS WAY SUITE 10 FORT MYERS, FL 33907	46-2912910		74,675.	0.			CHILD WELFARE SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRIS TEEN HOME LLC 8515 TIDAL BAY LANE TAMPA, FL 33635	47-3277269		41,720.	0.			CHILD WELFARE SERVICES
HILLSBOROUGH COUNTY CHILDREN AND YOUTH SERVICES - 3191 CLAY MANGUM LN - TAMPA, FL 33602	59-6000661		196,307.	0.			CHILD WELFARE SERVICES
HILLSBOROUGH COUNTY SCHOOL BOARD 901 EAST KENNEDY BOULEVARD TAMPA, FL 33602	59-1757936		200,633.	0.			CHILD WELFARE SERVICES
INTEGRITY GROUP HOMES DBA MANNY ANTHONY & CO LLC - 1530 MICHELIN COURT - LUTZ, FL 33549	85-2922834		1,221,770.	0.			CHILD WELFARE SERVICES
JUSTICE WORKS FL LLC 1500 ARDMORE BLVD SUITE 410 PITTSBURGH, PA 15221	37-1861711		597,870.	0.			CHILD WELFARE SERVICES
MJ ADVANCE HOMECARE LLC 4951 47TH AVENUE NORTH ST. PETERSBURG, FL 33709	45-3368901		66,287.	0.			CHILD WELFARE SERVICES
MOCKING BIRD QUALITY CARE 5921 RIVA RIDGE DR WESLEY CHAPEL, FL 33544	81-2367229		112,344.	0.			CHILD WELFARE SERVICES
PINEGROVE GROUP HOME 1004 PINE GROVE DRIVE BRANDON, FL 33511	83-4221428		83,551.	0.			CHILD WELFARE SERVICES
VISION HOUSE PO BOX 2951 RENTON, WA 98056	91-1493474	501 C (3)	76,036.	0.			CHILD WELFARE SERVICES

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOSTER CARE	2178	14,231,018.	0.		
ADOPTION SUBSIDY PAYMENTS	3892	32,719,451.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION RECEIVES AN EXPENDITURE REPORT EACH MONTH FROM THE SUBRECIPIENT'S. THE ORGANIZATION REVIEWS THESE REPORTS FOR ANY UNUSUAL OR QUESTIONABLE EXPENSES AND ALSO COMPARES THE EXPENSES TO PLANNED BUDGETED AMOUNTS. THE ORGANIZATION WILL THEN INQUIRE THE SUBRECIPIENT AGENCIES ABOUT ANY UNUSUAL OR QUESTIONABLE COSTS. ADDITIONALLY THE ORGANIZATION CONDUCTS CONTRACT COMPLIANCE REVIEWS FOR SUBRECIPIENTS ORGANIZATIONS. ALL SUBRECIPIENT ORGANIZATIONS ARE REQUIRED TO COMPLETE AN ANNUAL RISK ASSESSMENT THAT THE ORGANIZATION WILL THEN USE TO ASSIST IN THE SELECTION

Part IV Supplemental Information

OF SUBRECIPIENT ORGANIZATIONS TO PERFORM A DETAILED CONTRACT COMPLIANCE REVIEW. EVERY AGENCY THAT THE ORGANIZATION SUBCONTRACTS WITH WILL BE SUBJECT TO THIS DETAIL CONTACT REVIEW AT LEAST ONCE EVERY THREE YEARS, IF NOT MORE OFTEN. THE DETAILED CONTRACT REVIEW INCLUDES TESTING OF THE SUBCONTRACTORS COMPLIANCE WITH CONTRACT AND GOVERNMENTAL REQUIREMENTS, TESTS OF EXPENDITURES IN ACCORDANCE WITH CONTRACT AND FEDERAL GUIDELINES, AND OVERALL OUTCOME RESULTS.

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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **CAMELOT COMMUNITY CARE, INC.** Employer identification number **31-1659302**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL DIBRIZZI PRESIDENT/CEO	(i)	199,700.	0.	19,546.	400.	0.	219,646.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NADEREH SALIM CEO - CNSF	(i)	175,360.	0.	0.	400.	0.	175,760.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JAMES W ECKLOF JR CFO - CAMELOT	(i)	133,808.	20,000.	1,795.	400.	0.	156,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Blank lines for supplemental information.

Public Disclosure Copy

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **CAMELOT COMMUNITY CARE, INC.**
Employer identification number: **31-1659302**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		82,243.	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.

Public Disclosure Copy

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CAMELOT COMMUNITY CARE, INC.

Employer identification number

31-1659302

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POTENTIAL.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE CHILDREN'S NETWORK OF SOUTHWEST FLORIDA IS COMMITTED TO WORKING WITH THE COMMUNITY TO PROTECT CHILDREN AND PRESERVE FAMILIES.

THE CHILDREN'S NETWORK OF HILLSBOROUGH IS COMMITTED TO COLLABORATING WITH THE COMMUNITY TO ENSURE THE SAFETY AND WELL-BEING OF CHILDREN WHILE PRESERVING FAMILIES. THEIR ULTIMATE GOAL IS TO ENSURE THAT EVERY CHILD HAS THE OPPORTUNITY TO THRIVE IN A SAFE, LOVING HOME, WITH ALL FAMILIES HAVING ACCESS TO THE NECESSARY RESOURCES AND COMMUNITY SUPPORT.

THE ORGANIZATIONS ARE LEAD AGENCIES THAT ADMINISTER THE CHILD WELFARE SYSTEM IN LEE, COLLIER, CHARLOTTE, HENDRY, HILLSBOROUGH AND GLADES COUNTIES, ARE RESPONSIBLE FOR THOUSANDS OF ABUSED AND NEGLECTED CHILDREN AND DELIVERS A COMPREHENSIVE LOCAL SYSTEM OF CARE THROUGH SUBCONTRACTS WITH SOCIAL SERVICE AGENCIES AND COMMUNITY PARTNERS. THE ORGANIZATIONS HAVE WORKED SO THAT OUR COMMUNITIES' CHILDREN ARE SAFER, HAVE BETTER ACCESS TO LOCAL RESOURCES AND ARE ABLE TO HAVE A STABLE, LOVING, AND SECURE HOME ENVIRONMENT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS FIRST REVIEWED BY MANAGEMENT THEN PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND FEEDBACK. ONCE APPROVED BY THE BOARD OF DIRECTORS,

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

Schedule O (Form 990) 2022

Name of the organization CAMELOT COMMUNITY CARE, INC.	Employer identification number 31-1659302
--	--

IT IS SIGNED BY MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

BESIDES REQUIRED ANNUAL DISCLOSURES, THE CONFLICT OF INTEREST POLICY IS REGULARLY DISCUSSED IN STAFF TRAINING AND LEADERSHIP MEETINGS. IF A CONFLICT OF INTEREST IS IDENTIFIED, IT IS REVIEWED BY MANAGEMENT AND/OR THE BOARD OF DIRECTORS AND WRITTEN PLANS ARE PUT IN PLACE TO ADDRESS THE CONFLICT AND IF NECESSARY, THE INDIVIDUAL WITH THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS WHERE INDUSTRY DATA AND COMPARABLE SALARIES ARE USED IN DETERMINING COMPENSATION. KEY EMPLOYEE SALARIES ARE DETERMINED BY THE CEO USING THE SAME COMPARABLE INFORMATION. THE BOARD OF DIRECTORS IS ADVISED OF KEY EMPLOYEE SALARIES AND GIVEN THE OPPORTUNITY TO PROVIDE FEEDBACK.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022
Open to Public
Inspection

Name of the organization **CAMELOT COMMUNITY CARE, INC.** Employer identification number **31-1659302**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHILDREN'S NETWORK OF SOUTHWEST FLORIDA, LLC - 20-4968228, 2232 ALTAMOUNT AVENUE, FT. MYERS, FL 33901	CHILD WEFARE AND CASE MANAGEMENT SERVICES IN FLORIDA	FLORIDA	65,963,923.	28,359,720.	CAMELOT COMMUNITY CARE, INC.
CHILDREN'S NETWORK OF HILLSBOROUGH, LLC - 88-1516696, 3350 BUSCHWOOD PARK DR., SUITE 200, , TAMPA, FL 33618	CHILD WEFARE AND CASE MANAGEMENT SERVICES IN FLORIDA	FLORIDA	110,967,349.	18,985,563.	CAMELOT COMMUNITY CARE, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BRIGHT FUTURE FOR FAMILIES, INC. - 47-3642163, 4910 CREEKSIDE DR. STE D, CLEARWATER, FL 33760	CHILD WELFARE SERVICES	FLORIDA	501 (C) 3	LINE 7	CAMELOT COMMUNITY CARE, INC.		X
CAMELOT COMMUNITY CARE PROPERTY HOLDINGS, INC. - 87-2399186, 4910 CREEKSIDE DR. STE D, CLEARWATER, FL 33760	PROPERTY HOLDING COMPANY	FLORIDA	501(C) 2	LINE 7	CAMELOT COMMUNITY CARE, INC.		X

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CAMELOT COMMUNITY CARE PROPERTY HOLDINGS, INC.	D	1,000,000.	CASH PAID
(2) CAMELOT COMMUNITY CARE PROPERTY HOLDINGS, INC.	K	133,866.	CASH PAID
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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