

Camelot Community Care, Inc.
Board of Directors Meeting Agenda
May 15, 2025 9:00AM – 11:00AM

Order of Business for May 15, 2025

<u>Call to Order/Introductions</u>	Ron Mirenda
<u>Approval of Previous Minutes</u>	Full Board
<u>Approval of 990 Tax Filing</u>	Full Board
<u>Policy and Procedure Approval</u>	Michael DiBrizzi
<u>Possible Board Retreat</u>	Ron Mirenda
<u>Accreditation</u>	Michael DiBrizzi
<u>New Business</u>	Board Chair
<u>Adjournment</u>	Board Chair

Reports Provided but will not be discussed at the meeting

CEO Report
Finance Report
COO Report
Marketing/Communications

BOARD OF DIRECTORS MEETING MINUTES
CAMELOT COMMUNITY CARE, INC.
March 20, 2025

After giving proper notice to all Board Members, a meeting of the Board of Directors (the “Board”) of Camelot Community Care, Inc. was held on March 20, 2025, at 9:00AM. This was a hybrid meeting conducted via video conferencing on the Zoom platform as well as some members attending in person.

Board Members Attendance:

Board Member	Present	Absent
Ron Mirenda	x	
Annemarie Hare	x	
Jon Tsourakis	x	
Melissa Henry	x	
Jenny Mannion		x
Tammy Davis	x	
Antoinette Hagley		x
Kathy Rainey	x	
Kimberly Perez	x	
Mallory Everitt	x	

Others in Attendance: Michael DiBrizzi,

Quorum Present: Yes

Proceedings:

Call to Order

The meeting was called to order at 9:02 AM by Tammy Davis

Appointment of Mallory Everitt to the Board

DISCUSSION: Mallory Everitt has been presented to the Board for appointment to a 3 year term. Ms. Everitt has participated in 2 interviews with staff as well as an introductory interview with the Board.

ACTION TAKEN: A motion to appoint Mallory Everitt to the Board was made by Annemarie Hare, seconded by Jon Tsourakis, voted upon and approved unanimously.

Approval of Previous Minutes

DISCUSSION: The minutes of January 16, 2025, Board meeting were presented for review and approval.

ACTION TAKEN: A motion to approve the January 16, 2025 Board meeting minutes was made by Annemarie Hare, seconded by Kimberly Perez, voted on and approved unanimously.

Election of Board Officers

DISCUSSION: Continuing a discussion from the January Board meeting, election of Board officers took place.

ACTION TAKEN: The following votes took place to elect the slate of officers

Chair: Ron Mirenda: Motion made by Kimberly Perez, seconded by Jon Tsourakis, voted upon and approved unanimously

Vice Chair: Tammy Davis: Motion made by Kimberly Perez, seconded by Jon Tsourakis, voted upon and approved unanimously

secretary: Jenny Mannion: Motion made by Annemarie Hare, seconded by Kimberly Perez, voted upon and approved unanimously

Treasurer: Kimberly Perez: Motion made by Melissa Henry, seconded by Jon Tsourakis, voted upon and approved unanimously

As the newly elected Board Chair, Ron Mirenda chaired the remaining portion of the meeting.

Chief Executive Officer Report

DISCUSSION: CEO Mike DiBrizzi provided a written report prior to the meeting and discussed the following topics during the meeting:

- Insurance renewal and cost increases occurring in Florida: Mr. DiBrizzi provided further details on insurance availability in Florida and expected increases. Efforts to address the situation include legislation in the current legislative session and a new insurance trust being formed.
- Camelot's adoption support is working its way through the legislative budget process and contingency plans are being made to continue the program should it not be funded
- Camelot's golf tournament will net approximately \$40,000 after expenses.

ACTION TAKEN: None

Financial Report

DISCUSSION: Mindy Forey provided the financials through January 25, 2025 including the Balance Sheet, Income Statement and program overview. Camelot has a net deficit of \$392,258 through January. Information was provided to the Board about the self-insured health plan and the performance of the 2 subsidiary organizations in the plan. The Board also reviewed a breakdown of the surplus/deficit by location and the plans to make contract changes to address.

Cash Management:

	1/31/2025	1/31/2024	Difference
Bank of Tampa Operating	2,032,078	5,428,803	(3,396,726)
Bank of Tampa Money Market	1,719,239	1,477,359	241,880
Ameris Bank Money Market	1,096,442	1,050,064	46,377
SouthState Bank Money Market	1,077,502	1,024,940	52,562
Petty Cash	4,698	5,083	(385)
	5,929,959	8,986,250	(3,056,291)

Accounts Receivables: collections of billing remain very strong.

Accounts Receivable Days: (AR Trade / Grant & Service Revenue) x Number of Days YTD

35.32 Days January 31, 2025

27.92 Days December 31, 2024

26.89 Days November 30, 2024

33.48 Days October 31, 2024

37.67 Days September 30, 2024

38.89 Days August 31, 2024

34.80 Days July 31, 2024

Due To/From:

Due from CNSWFL	335,260
Due from CNH	276,389
Due from CCC Property Holdings	73,872
Due from Bright Futures	36,172
	721,692

Current Year Contract Surplus:

Some contracts require year-end surplus amounts to be paid back. While an allowance is not recorded monthly, these amounts are tracked. As of 01/31/2025, **\$997,306** in contract surplus amounts are subject to pay back if not utilized by the end of the fiscal year.

Property Holdings:

Net YTD surplus with building expenses = \$136,629

Net YTD Deficit with Owners expenses included = <\$23,021>

ACTION TAKEN: None

Chief Development Officer Report

DISCUSSION: Rebecca Payne provided a detailed written report prior to the meeting and discussed with the Board the following topics:

- Marketing and outreach efforts including the “One Kind Cookie” campaign
- Golf Tournament Planning

ACTION TAKEN: None

Chief Operating Officer Report

DISCUSSION: John Luff provided the COO to the Board prior to the meeting and during the meeting discussed highlights from all regions within Camelot.

ACTION TAKEN: None

Other Business

None

Adjournment

With no further business to come before the Board, Tammy Davis adjourned the meeting at 10:17 AM.

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications.
When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

2023 Tax Return(s)

Prepared for CAMELOT COMMUNITY CARE, INC.
CLIENT CODE: 221200:V1

Account Number 795320
Release Number 2023.05070

Prepared by RIVERO, GORDIMER & COMPANY, P.A.
201 N. FRANKLIN ST., SUITE 2200
TAMPA, FL
33602

(813) 875-7774

Processing Date: 05/12/2025
Time: 13:01:30

Special Instructions

Messages

Return Information

CAUTION

- Form 990, Part IX, Line 1. Grants and other assistance to governments and organizations in the U.S. have been reported on line 1. The corresponding amount of \$ 64,577,579 reported on Schedule I, Part II exceeds the amount of \$ 34,910,688 that is reported on Form 990, Part IX, line 1a. There is a difference of \$ 29,666,891. This should be reviewed and corrected as necessary. (22737)

Signed-off by eriazirad at 05/01/2025 12:41:35PM

INFORMATIONAL

- Form 990. Page 3, Part IV, Line 11a. The question on line 11a has calculated an answer of "Yes" based on the corresponding data on Part X, line 10 of the balance sheet. If this is not correct make an entry of "N" on the corresponding field on the Form 990 worksheet, Checklist of Required Schedules. (35932)

Signed-off by eriazirad at 05/01/2025 12:41:38PM

- Form 990. Page 3, Part IV, Line 11d. The question on line 11d has calculated an answer of "Yes" based on the corresponding data on line 15 of the balance sheet. If this is not correct make an entry of "N" on the corresponding field on the Form 990 worksheet, Checklist of Required Schedules. (35935)

Signed-off by eriazirad at 05/01/2025 12:41:39PM

- Form 990. Page 3, Part IV, Line 11e. The question on line 11e has calculated an answer of "Yes" based on the corresponding data on line 25 of the balance sheet. If this is not correct make an entry of "N" on the corresponding field on the Form 990 worksheet, Checklist of Required Schedules. (35936)

Signed-off by eriazirad at 05/01/2025 12:41:39PM

- Form 990. Page 3, Part IV, Line 11f. The question on line 11f has calculated an answer of "Yes" based on the presence of the FIN 48 statement on Schedule D, Part XIII. If this is not correct make an entry of "N" on the corresponding field on the Form 990 worksheet, Checklist of Required Schedules. (35937)

Signed-off by eriazirad at 05/01/2025 12:41:40PM

- Form 990, Parts IV and V. An entry has been made on the Return Options worksheet to print the notation "N/A" on certain lines on Form 990. Please note that this feature applies only to paper filing as there is no provision in the IRS schema to do likewise on an electronically filed return. Also note that this treatment is contrary to the official IRS instructions which is to leave these items blank when appropriate. Refer to the help screen for the corresponding field on the Return Options worksheet for additional information. (35929)

Signed-off by eriazirad at 05/01/2025 12:39:27PM

Return Information

- Form 990. Page 8, Part VII, line 2. The total number (10) of individuals who received more than \$100,000 in reportable compensation from the organization has been calculated from the entries on the Form 990 worksheet, List of Officers, Directors, Trustees, Key Employees, etc., section. This should be reviewed. If there were any individuals who received more than \$100,000 in reportable compensation from the organization that were not included on the Form 990 worksheet, List of Officers, Directors, Trustees, Key Employees, etc., section, this calculated number will be incorrect. An entry may be made on the Form 990 worksheet, Other Compensation Information section to override this item. (33424)
Signed-off by eriazirad at 05/01/2025 12:39:24PM
- Form 990. Page 9, Part VIII, line 12, Column B. The total Related or Exempt Function Revenue amount on Part VIII, line 12, Column B does not match the corresponding amounts on Form 990, Page 2, Part III. This should be reviewed. (33422)
Signed-off by eriazirad at 05/01/2025 12:39:19PM
- Schedule D (Form 990). Page 4, Parts XI and XII are not required unless Form 990, Page 3, Part IV, line 12 has been answered as "Yes." If desired an entry may be made on the Schedule D worksheet, Reconciliation of Revenue and Expenses section to suppress the preparation of Schedule D, Parts XI and XII. (30037)
Signed-off by eriazirad at 04/29/2025 08:25:56AM
- Form 8868 Extension Information. Form 990 is allowed one 6-month extension. The extension for Form 990 is automatic and must be requested by filing Form 8868 on or before November 15, 2024. (34477)
Signed-off by eriazirad at 04/29/2025 08:25:49AM
- Schedule B. Page 2, Part I. Because the 33 1/3% support test Special Rule has been met, only contributors whose total contributions of \$5,000 or more were greater than \$4,415,584 which is 2% of Form 990, Part VIII, line 1h have been included on Schedule B, Part I. Consequently, 1 individual whose contributions did not meet this requirement has been excluded from Schedule B. If desired, the Schedule B worksheet, General Contributor Information section, Print code field, may be used to force or prevent the inclusion of contributors on an individual contributor basis or the Return Options worksheet, Miscellaneous Print Options section, Include all contributors on Sch B field may be used to force the inclusion of all contributors. (30139)
Signed-off by eriazirad at 04/29/2025 08:19:21AM
- Electronic Filing. Form 8868 has been prepared for Form 990 for electronic filing. The filing due date (11/15/24) for Form 8868 has passed. Note that the IRS will not accept an extension that is filed after the due date (including the 5-day perfection period, if applicable). (36358)
Signed-off by eriazirad at 04/29/2025 08:18:58AM

Return Information

- Electronic Filing. The signing officer's social security number has not been entered. Nothing is required to be entered. If nothing is entered, "999009999" will be sent in the electronic file. If the signing partner or member is foreign and does not have a SSN/ITIN, please enter "888008888". The signing officer's ID can be entered on the Electronic Filing worksheet; Electronic Signatures section; Signing Officer's ID field. (36255)
- Electronic Filing. The following EFIN 500053 is being used to electronically file Form 990. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015)
- Electronic Filing. The name control indicated in the electronic filing for this return is CAME. If this information isn't correct, an override is available on the General; Electronic Filing; Other option; Business name control - override field. Publication 4163 can be used to understand the rules regarding what the name control should be. Businesses or authorized representatives may contact the IRS Business Specialty Line at 1-800-829-4933 for assistance. (39455)
Signed-off by eriazirad at 05/01/2025 12:41:41PM
- Electronic Filing Extension. Form 8868 for Form 990 has been selected for electronic filing. Since there is no balance due with the electronically filed automatic extension, Form 8879-TE is not required for signature authorization. The preparation of Form 8879-TE for Form 8868 will be suppressed. (39480)
Signed-off by eriazirad at 04/29/2025 08:18:52AM
- Electronic Filing Extension. Form 8868 for Form 990 has been selected for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. (39485)
Signed-off by eriazirad at 04/29/2025 08:18:51AM
- Electronic Filing. Form 990 has been selected for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-TE must be retained by the electronic return originator for three years. (39494)

ELECTRONIC FILING STATUS REPORT

[illegible]

Form	Description	Amount\Text
990 Page 5	dkemp - 06/04/24 02:36PM	X
990 Page 5	dkemp - 06/04/24 02:36PM	X

DRAFT

Worksheet: Form 990 Return of Organization Exempt from Income Tax

Section: Prior Year Revenue

Total revenue - O/R.....210,885,620

Section: Prior Year Expenses

Total expenses - O/R.....210,984,695

Revenue less expenses - O/R.....-99,075

Section: Balance Sheet Assets

Ending investment buildings.....2,185,175

Ending accum depr.....1,437,792

Section: Statement of Functional Expenses

Officer comp - program service.....2,393,415

Officer comp - mgmt & general.....354,940

Depreciation - prog services.....78,500

Depreciation - mgmt & general.....224,381

Worksheet: Schedule D - Supplemental Financial Statements

Section: Endowment Funds

Ending balance.....429,942

Ending balance - prior year.....390,599

Ending Bal 2nd yr back.....356,478

Ending Bal 3rd yr back.....392,336

Ending Bal 4th yr back.....300,693

ERIAZIRAD - 04/28/25 01:03PM WORKSHEET FORM 990

CNSF	31668463.00
CNH	56500838.00
	<hr/>
	88169301.00
	<hr/>

ERIAZIRAD - 05/01/25 10:33AM WORKSHEET SCHEDULE B

CAMELOT	325,000.00
CNSWFL	73398579.00
CNH	113458936
	<hr/>
	187182515.00
	<hr/>

ERIAZIRAD - 03/04/25 01:53PM WORKSHEET FORM 990

2,354.00
13,204.00
<hr/>
15,558.00
<hr/>

ERIAZIRAD - 03/04/25 01:54PM WORKSHEET FORM 990

5764859.00
550,518.00
<hr/>
6,315,377.00
<hr/>

ERIAZIRAD - 04/28/25 01:04PM WORKSHEET FORM 990

1,095.00
2,949.00
<hr/>
4,044.00
<hr/>

List

2023 Return Summary

CAMELOT COMMUNITY CARE, INC.

31-1659302

FORM 990:

TOTAL REVENUE	228,272,574.
TOTAL EXPENSES	227,745,496.
EXCESS <DEFICIT>	527,078.
BEGINNING NET ASSETS	11,981,171.
CHANGES IN NET ASSETS	0.
ENDING NET ASSETS	12,508,249.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	61,834,265.
ENDING TOTAL LIABILITIES	49,326,016.
ENDING TOTAL NET ASSETS OR FUND BALANCES	12,508,249.

ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 11	0.

2023 Return Summary

CAMELOT COMMUNITY CARE, INC.

31-1659302

	FEDERAL	990 EXTN
FORM NAME	990	8868
E-FILE REQUESTED	YES	YES
DUE DATE	11/15/24	11/15/24
EXTENDED DUE DATE	05/15/25	05/15/25
DIRECT DEPOSIT	N/A	N/A
ELECTRONIC WITHDRAWAL	N/A	N/A
DATE CALCULATED	05/12/25	05/12/25
TIME CALCULATED	12:59:48	12:59:48
RELEASE VERSION	2023.05070	2023.05070
DATE EXPORTED		10/04/24
TIME EXPORTED		11:01:48
EXPORT VERSION		2023.05070

May 12, 2025

CAMELOT COMMUNITY CARE, INC.
15500 Roosevelt Blvd., Ste. 204
Clearwater, FL 33760

CAMELOT COMMUNITY CARE, INC.:

Please read all instructions carefully and note the following form 8879 return procedures. Please sign and return form 8879-EO as soon as possible in order for your return to be timely filed. The signed form 8879-EO may be returned to our office via hand delivery, mail, email to mcohen@rgcocpa.com or cmorgado@rgcocpa.com, fax to 813-874-6785, or sharesafe at <https://www.clientaxcess.com/sharesafe/#/795320>.

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us as soon as possible.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

RIVERO, GORDIMER & COMPANY, P.A.

***** THIS IS NOT A FILEABLE COPY *****

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

CAMELOT COMMUNITY CARE, INC.

EIN or SSN

31-1659302

Name and title of officer or person subject to tax **MICHAEL DIBRIZZI
PRESIDENT AND CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 228,272,574.
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) 4b
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c) 5b
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) 6b
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) 7b
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) 8b
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) 9b
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **RIVERO, GORDIMER & COMPANY, P.A.** to enter my PIN **59302**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

**** THIS IS NOT A FILEABLE COPY ****

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

50005333602

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

LHA 302521 01-05-24

12590512 795320 221200

2023.05070 CAMELOT COMMUNITY CARE, INC 221200_1

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. CAMELOT COMMUNITY CARE, INC.	Taxpayer identification number (TIN) 31-1659302
	Number, street, and room or suite no. If a P.O. box, see instructions. 15500 ROOSEVELT BLVD., STE. 204	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEARWATER, FL 33760	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **MICHAEL DIBRIZZI**

15500 ROOSEVELT BLVD., STE. 204 - CLEARWATER, FL 33760

Telephone No. **(727) 593-0003**

Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2023Open to Public
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**CAMELOT COMMUNITY CARE, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
15500 ROOSEVELT BLVD., STE. 204City or town, state or province, country, and ZIP or foreign postal code
CLEARWATER, FL 33760**F** Name and address of principal officer: **MICHAEL DIBRIZZI**
SAME AS C ABOVE**D** Employer identification number**31-1659302****E** Telephone number
(727) 593-0003**G** Gross receipts \$ **228,385,374.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.CAMELOTCOMMUNITYCARE.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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 10	
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 10	
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 1610	
	6	Total number of volunteers (estimate if necessary) 6 100	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.		
Revenue	8	Contributions and grants (Part VIII, line 1h) 204,931,885. 220,779,216.	
	9	Program service revenue (Part VIII, line 2g) 5,875,817. 7,187,442.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 70,381. 191,000.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,537. 114,916.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 210,885,620. 228,272,574.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 105,962,695. 89,930,482.
		14	Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 63,954,870. 73,004,981.	
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.	
b		Total fundraising expenses (Part IX, column (D), line 25) 112,800.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 41,067,130. 64,810,033.	
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 210,984,695. 227,745,496.	
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 -99,075. 527,078.	
	20	Total assets (Part X, line 16) 60,320,722. 61,834,265.	
	21	Total liabilities (Part X, line 26) 48,339,551. 49,326,016.	
	22	Net assets or fund balances. Subtract line 21 from line 20 11,981,171. 12,508,249.	

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	Date			
	MICHAEL DIBRIZZI, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SAM A. LAZZARA				P01342929
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	RIVERO, GORDIMER & COMPANY, P.A. 201 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602	59-3040705	(813) 875-7774		

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

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

332001 12-21-23

Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

- 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 ☒ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code:) (Expenses \$ **5,360,707.** including grants of \$ **1,754,562.**) (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 \$ **26,316,704.** including grants of \$ **2,575.**) (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 \$ **171,082,707.** including grants of \$ **88,169,301.**) (Revenue \$)
LEAD AGENCY SERVICES: DCF CONTRACTS WITH THE CHILDREN'S NETWORK OF SOUTHWEST FLORIDA (CNSF) AND THE 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 \$ **11,488,704.** including grants of \$ **4,044.**) (Revenue \$ **7,227,061.**)
- 4e Total program service expenses **214,248,822.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 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? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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? If "Yes," complete Schedule L, Part I	25b	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? If "Yes," complete Schedule L, Part II	26	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? If "Yes," complete Schedule L, Part III	27	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? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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? If "Yes," complete Schedule R, Part I	33 X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a 155	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1610
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	N/A
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	N/A
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	N/A
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	N/A

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 1a 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	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?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b 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	9	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?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b 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	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 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?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b 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?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section 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
15500 ROOSEVELT BLVD., STE. 204, CLEARWATER, FL 33760

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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				281,376.	0.	8,045.
(2) NADEREH SALIM CEO - CNSWFL	40.00			X				232,339.	0.	896.
(3) TERRI BALLIET CEO - CNHC	40.00				X			202,338.	0.	6,789.
(4) KIMBERLY WILLIAMS COO - CNHC	40.00				X			167,492.	0.	5,481.
(5) CHRISTOPHER TERRIGINO CFO - CNHC	40.00				X			167,708.	0.	0.
(6) RAYMOND FISCHER COO - CNSF	40.00				X			158,800.	0.	6,759.
(7) DENNIS ANDREWS CFO - CNSF	40.00				X			160,800.	0.	0.
(8) JAMES W ECKLOF JR FORMER CFO - CAMELOT	40.00 0.10			X				146,407.	0.	7,086.
(9) JOHN LUFF COO - CAMELOT	40.00				X			126,880.	0.	6,771.
(10) SHIELA ASSON CAO - CAMELOT	40.00				X			132,680.	0.	600.
(11) TAMMY DAVIS BOARD CHAIR	2.00 0.10	X						0.	0.	0.
(12) RON MIRENDA BOARD VICE CHAIR	2.00	X						0.	0.	0.
(13) JENNIFER MANNION SECRETARY	2.00	X						0.	0.	0.
(14) KIMBERLY PEREZ TREASURER	2.00	X						0.	0.	0.
(15) ANNEMARIE HARE DIRECTOR	1.00	X						0.	0.	0.
(16) JORDAN MAVRAKOS DIRECTOR	1.00	X						0.	0.	0.
(17) JON TSOURAKIS 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) ANTOINETTE HAGLEY DIRECTOR	1.00	X						0.	0.	0.
(19) MELISSA HENRY DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,776,820.	0.	42,427.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,776,820.	0.	42,427.

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 **10**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
GUARDIAN PO BOX 677458V, DALLAS, TX 75267	INSURANCE	627,139.
PALMETTO CONSTRUCTION SERVICES, LLC 1555 N ARCTURAS AVE, CLEARWATER, FL 33765	CONSTRUCTION	419,494.
WORKPLACE INTEGRATION, INC 5129 W RIO VISTA AVENUE, TAMPA, FL 33634	INTERIOR	178,050.

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 **3**

Part VIII Statement of RevenueCheck 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	219,938,887.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	840,329.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 94,779.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a PATIENT SERVICES	Business Code	624100	7,018,127.	7,018,127.		
	b OTHER INCOME		900099	169,315.	169,315.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			7,187,442.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			185,985.		
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		5,015.		
b Less: cost or other basis and sales expenses		7b			0.		
c Gain or (loss)		7c			5,015.		
d Net gain or (loss)				5,015.	5,015.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a		227,716.			
b Less: direct expenses		8b		112,800.			
c Net income or (loss) from fundraising events				114,916.			114,916.
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			228272574.	7,192,457.	0.	300,901.

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	34,910,688.	34,910,688.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	55,019,794.	55,019,794.		
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	2,748,355.	2,393,415.	354,940.	
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	62,282,235.	54,238,715.	8,043,520.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	149,452.	130,761.	18,691.	
9 Other employee benefits	3,096,435.	2,709,174.	387,261.	
10 Payroll taxes	4,728,504.	4,137,126.	591,378.	
11 Fees for services (nonemployees):				
a Management				
b Legal	137,485.	137,303.	182.	
c Accounting	120,082.	119,923.	159.	
d Lobbying	41,005.	40,951.	54.	
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.)	472,995.	472,370.	625.	
12 Advertising and promotion	57,179.	1,706.	55,473.	
13 Office expenses	1,440,648.	1,246,815.	193,833.	
14 Information technology	2,366,511.	2,080,950.	285,561.	
15 Royalties				
16 Occupancy	8,347,446.	7,003,028.	1,344,418.	
17 Travel	612,911.	536,054.	76,857.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	420,260.	369,548.	50,712.	
20 Interest	79,794.		79,794.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	302,881.	78,500.	224,381.	
23 Insurance	1,756,181.	1,177,005.	579,176.	
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	38,043,113.	37,346,924.	696,189.	
b CLIENT EXPENSES	6,443,735.	6,315,377.	15,558.	112,800.
c OTHER EMPLOYEE EXPENSES	4,087,469.	3,717,095.	370,374.	
d STAFF RECRUITMENT AND R	80,338.	65,600.	14,738.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	227,745,496.	214,248,822.	13,383,874.	112,800.
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	18,184,341.	1	19,333,387.
	2 Savings and temporary cash investments	20,622,440.	2	23,587,936.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	7,153,387.	4	6,771,300.
	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	2,251,057.	9	1,984,897.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,185,175.		
	b Less: accumulated depreciation	10b 1,437,792.	10c 279,018.	747,383.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	12,767.	12	0.
	13 Investments - program-related. See Part IV, line 11	1,121,000.	13	1,000,000.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,696,712.	15	8,409,362.
16 Total assets. Add lines 1 through 15 (must equal line 33)	60,320,722.	16	61,834,265.	
Liabilities	17 Accounts payable and accrued expenses	16,908,742.	17	15,405,006.
	18 Grants payable		18	
	19 Deferred revenue	21,833,913.	19	25,549,846.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	348,264.	21	380,517.
	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	9,248,632.	25	7,990,647.
	26 Total liabilities. Add lines 17 through 25	48,339,551.	26	49,326,016.
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	11,519,171.	27	12,006,905.
	28 Net assets with donor restrictions	462,000.	28	501,344.
	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	11,981,171.	32	12,508,249.
	33 Total liabilities and net assets/fund balances	60,320,722.	33	61,834,265.

Form 990 (2023)

Part XI Reconciliation of Net AssetsCheck 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	228,272,574.
2	Total expenses (must equal Part IX, column (A), line 25)	2	227,745,496.
3	Revenue less expenses. Subtract line 2 from line 1	3	527,078.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,981,171.
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	12,508,249.

Part XII Financial Statements and ReportingCheck 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? _____ 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	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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	2b	X
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
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? _____	3a	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 _____	3b	X

Form 990 (2023)

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public Inspection

Name of the organization

CAMELOT COMMUNITY CARE, INC.

Employer identification number

31-1659302

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). _____

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	66671712.	76006079.	79251750.	204864711	220779216	647573468
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	66671712.	76006079.	79251750.	204864711	220779216	647573468
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.						647573468

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	66671712.	76006079.	79251750.	204864711	220779216	647573468
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,595.	9,407.	12,440.	40,478.	185,985.	260,905.
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						647834373
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 2023 (line 6, column (f), divided by line 11, column (f))	14	99.96 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.98 %
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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"/>

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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.			
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 (<i>explain in detail in Part VI</i>):		
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).		

Schedule A (Form 990) 2023

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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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.)

DRAFT

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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).

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

Schedule B (Form 990) (2023)

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

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
1	FLORIDA DEPARTMENT OF CHILDREN 1317 WINEWOOD BLVD. BUILDING1, 202 TALLAHASSEE, FL 32399-0700	\$ 187,182,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PARTNERSHIP FOR STRONG FAMILIES OCALA 515 N MAIN ST GAINESVILLE, FL 32601	\$ 5,552,829.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	EMBRACE FAMILIES COMMUNITY BASED CARE, INC. 901 N LAKE DESTINY RD MAITLAND, FL 32751	\$ 5,967,855.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

31-1659302

Part II

[illegible]

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

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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
---	---

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) 2023

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
1 a 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.			
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2 a 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					

Schedule C (Form 990) 2023

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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		41,005.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			41,005.
2a Did the activities in line 1 cause the organization to not be 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

2023

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 on line 2a	2c
d Number of conservation easements included on line 2c 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 2d 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) 2023

332051 09-28-23

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 in 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	390,599.	356,478.	392,336.	300,693.	300,000.
b Contributions					
c Net investment earnings, gains, and losses	39,343.	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	429,942.	390,599.	356,478.	392,336.	300,693.

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:

(i) Unrelated organizations? _____

(ii) Related organizations? _____

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

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		781,088.	310,344.	470,744.
d Equipment		1,404,087.	1,127,448.	276,639.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				747,383.

Schedule D (Form 990) 2023

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, line 12, col. (B))		

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, line 13, col. (B))		

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	861,653.
(2) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	429,942.
(3) RIGHT OF USE ASSETS- OPERATING LEASES	7,117,767.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	8,409,362.

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) OPERATING LEASE LIABILITIES	7,339,031.
(3) TRUST ACCOUNT FUNDS	651,616.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	7,990,647.

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... ☒

Schedule D (Form 990) 2023

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	228,631,301.
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	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	358,727.
e	Add lines 2a through 2d	2e	358,727.
3	Subtract line 2e from line 1	3	228,272,574.
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	228,272,574.

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	228,170,664.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	425,168.
e	Add lines 2a through 2d	2e	425,168.
3	Subtract line 2e from line 1	3	227,745,496.
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	227,745,496.

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 ENDOWMENT 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, 2024, 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:

RELATED ORGANIZATION REVENUE INCLUDED IN CONSOLIDATION

358,727

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ORGANIZATION EXPENSES INCLUDED IN CONSOLIDATION

425,168

DRAFT

Department of the Treasury
Internal Revenue Service

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

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

2023

Open to Public Inspection

31-1659302

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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 (add col. (a) through col. (c))
		CORN HOLE (event type)	GALA (event type)	3 (total number)	
Revenue	1 Gross receipts	8,270.	152,420.	67,026.	227,716.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	8,270.	152,420.	67,026.	227,716.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	54.			54.
	6 Rent/facility costs	2,781.	37,091.	4,644.	44,516.
	7 Food and beverages			12,472.	12,472.
	8 Entertainment		463.		463.
	9 Other direct expenses	1,777.	29,658.	23,860.	55,295.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				112,800.
11 Net income summary. Subtract line 10 from line 3, column (d)				114,916.	

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))
Revenue	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)*

DRAFT

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

2023

**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
4 KIDS OF SOUTH FLORIDA 2717 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309	61-1416525	501 C (3)	199,289.	0.			CHILD WELFARE SERVICES
A BRIDGE OF HOPE 2631 EAST LAKE AVE TAMPA, FL 33610	59-3731193	501 C (3)	387,420.	0.			CHILD WELFARE SERVICES
A DOOR OF HOPE 8900 US HWY 19 N PINELLAS PARK, FL 33782	45-3993709	501 C (3)	768,487.	0.			CHILD WELFARE SERVICES
A KIDS PLACE 1715 LITHIA PINECREST RD BRANDON, FL 33511	26-2757636	501 C (3)	2,241,361.	0.			CHILD WELFARE SERVICES
A SECOND CHANCE II 342 CHEROKEE AVE HAINES CITY, FL 33844	81-1358373	501 C (3)	791,653.	0.			CHILD WELFARE SERVICES
ABACUS MANAGEMENT 3372 NE 17TH TERRACE OCALA, FL 34479	59-3628110		48,674.	0.			CHILD WELFARE SERVICES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **112.**
- 3** Enter total number of other organizations listed in the line 1 table **27.**

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

Schedule I (Form 990) 2023

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
ABSOLUTE CARE 23110 STATE RD 54 #207 LUTZ, FL 33549	02-0626504	501 C (3)	666,693.	0.			CHILD WELFARE SERVICES
ABUNDANT LIFE MINISTRIES HOPE HOUSE II - PO BOX 354925 - PALM COAST, FL 32135	59-3757611	501 C (3)	166,266.	0.			CHILD WELFARE SERVICES
ACCESS GRANTED NOW LLC. 11655 US HIGHWAY 301 N PARRISH, FL 34219	83-4250996		34,433.	0.			CHILD WELFARE SERVICES
ADMINISTRATIVE OFFICE OF THE COURTS - 700 EAST TWIGGS ST SUITE 102 - TAMPA, FL 33602	59-6000661	501 C (3)	38,482.	0.			CHILD WELFARE SERVICES
ALPHA HOUSE, INC 51701 5TH AVE. N ST. PETERSBURG, FL 33701	59-1991525	501 C (3)	88,187.	0.			CHILD WELFARE SERVICES
ASPIRE 5151 ADANSON ST ORLANDO, FL 32804	59-2301233		5,775.	0.			CHILD WELFARE SERVICES
ASPIRE HEALTH PARTNERS 5151 ADANSON ST SUITE 201 ORLANDO, FL 32804	59-2301233		5,225.	0.			CHILD WELFARE SERVICES
BAYSIDE BOYS HOME 1309 YOUNG AVE CLEARWATER, FL 33756	46-0874100		370,147.	0.			CHILD WELFARE SERVICES
BEACON YOUTH SERVICES 2064 N HIGHLAND AVE CLEARWATER, FL 33755	81-3836379		335,983.	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
BECKET ACADEMY, INC PO BOX 325 ORFORD, NH 03777	02-0511096	501 C (3)	9,716.	0.			CHILD WELFARE SERVICES
BEHAVIORAL ANALYSIS AND THERAPY, INC. - 8001 SW 36TH ST, STE 9 - DAVIE, FL 33328	65-0842110	501 C (3)	41,250.	0.			CHILD WELFARE SERVICES
BEHAVIORAL ANALYSIS AND THERAPY, INC. - 8001 SW 36TH ST, STE 9 - DAVIE, FL 33328	65-0842110	501 C (3)	577,938.	0.			CHILD WELFARE SERVICES
BLESSED YOUTH GROUP HOME 3316 KATHERINE ST FT MYERS, FL 33916	92-1820245	501 C (3)	172,960.	0.			CHILD WELFARE SERVICES
BOYS TOWN CENTRAL FLORIDA INC 975 OKLAHOMA ST OVIEDO, FL 32765	20-0654235	501 C (3)	102,637.	0.			CHILD WELFARE SERVICES
BOYS TOWN OF NORTH FLORIDA 3555 COMMONWEALTH BLVD TALLAHASSEE, FL 32303	20-0655144	501 C (3)	31,641.	0.			CHILD WELFARE SERVICES
BRIDGING FREEDOM 730 S. STERLING AVENUE TAMPA, FL 33609	27-5467980	501 C (3)	314,719.	0.			CHILD WELFARE SERVICES
BRIGHT STARTS TUTORING 18400 SW 100 STREET MIAMI, FL 33196	45-2941569	501 C (3)	5,714.	0.			CHILD WELFARE SERVICES
BROOKWOOD FLORIDA INC 901 7TH AVE S ST PETERSBURG, FL 33705	59-0624387	501 C (3)	24,782.	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
CARLTON MANOR ENHANCED CARE GROUP HOME - 45 WESTWOOD TERRACE ST - PETERSBURG, FL 33710	59-2058176	501 C (3)	169,572.	0.			CHILD WELFARE SERVICES
CARLTON MANOR GROUP HOME 18400 SW 100 STREET MIAMI GARDENS, FL 33196	47-2447298	501 C (3)	58,296.	0.			CHILD WELFARE SERVICES
CARNELIAN LLC PO BOX 321 LAND O LAKES, FL 34639	02-0788576		33,253.	0.			CHILD WELFARE SERVICES
CHAMPIONS FOR CHILDREN 3108 W AZEELE ST TAMPA, FL 33609	59-1807551	501 C (3)	53,303.	0.			CHILD WELFARE SERVICES
CHILD WELFARE LEAGUE OF AMERICA 727 15TH STREET, NW, SUITE 1200 WASHINGTON, DC 20005	13-1641066	501 C (3)	6,400.	0.			CHILD WELFARE SERVICES
CHILDREN'S ADVOCACY 3830 EVANS AVE FORT MYERS, FL 33901	65-0007620	501 C (3)	147,620.	0.			CHILD WELFARE SERVICES
CHILDREN'S ADVOCACY 1034 6TH AVE N NAPLES, FL 34102	65-0049492	501 C (3)	44,915.	0.			CHILD WELFARE SERVICES
CHILDREN'S HOME NETWORK 10909 MEMORIAL HWY TAMPA, FL 33615	59-0696284	501 C (3)	5,392,699.	0.			CHILD WELFARE SERVICES
CHILDRENS HOME NETWORK 10909 MEMORIAL HWY TAMPA, FL 33615	59-0192430	501 C (3)	29,271.	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
CHILDREN'S PLACE AT HOME 2840 6TH AVE SOUTH LAKE WORTH, FL 33461	59-1935485	501 C (3)	166,773.	0.			CHILD WELFARE SERVICES
CHOSEN YOUTH INC. 12901 MCGREGOR BLVD FORT MYERS, FL 33919	82-1231829	501 C (3)	334,961.	0.			CHILD WELFARE SERVICES
COMMUNITY HEALTH OF SOUTH FLORIDA 10300 S.W. 216 STREET MIAMI, FL 33190	59-1372690	501 C (3)	39,033.	0.			CHILD WELFARE SERVICES
COOKSON HILLS FAMILY MINISTRIES OF FLORIDA - 131 NEW LEGACY DR, - SEFFNER, FL 33584	59-3653025	501 C (3)	406,759.	0.			CHILD WELFARE SERVICES
COUNSELING AND ASSESSMENT SERVICES 3468 TROPICAL POINT ST. JAMES CITY, FL 33956	81-2489003	501 C (3)	101,843.	0.			CHILD WELFARE SERVICES
CREATIVE GROWTH GROUP HOME 5314 LINDER PLACE NEW PORT RICHEY, FL 24652	81-1360500	501 C (3)	286,215.	0.			CHILD WELFARE SERVICES
CROSSROADS HOPE ACADEMY 45991 BERMONT ROAD PUNTA GORDA, FL 33982	81-5467641	501 C (3)	557,550.	0.			CHILD WELFARE SERVICES
CROSSWINDS YOUTH SERVICES 1407 DIXON BLVD COCOA, FL 32922	23-7376943	501 C (3)	51,100.	0.			CHILD WELFARE SERVICES
DANIEL MEMORIAL INSTITUTE 4203 S POINT BLVD JACKSONVILLE, FL 32216	59-2953808	501 C (3)	115,030.	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
DEVEREUX FOUNDATION 5850 TG LEE BLVD, STE 400 ORLANDO, FL 32882	23-1390618	501 C (3)	2,073,745.	0.			CHILD WELFARE SERVICES
EDUCATION ADVANTAGE 420 SW 30TH TERRACE FORT LAUDERDALE, FL 33312	35-2291175	501 C (3)	116,405.	0.			CHILD WELFARE SERVICES
EHS HOME, INC. 8853 LEONA STREET SEMINOLE, FL 33772	46-3801687	501 C (3)	238,907.	0.			CHILD WELFARE SERVICES
ELEVATED YOUTH SERVICES 26318 LAWRENCE AVE WESLEY CHAPEL, FL 33544	87-2494748		370,800.	0.			CHILD WELFARE SERVICES
ELISABETH KIEFFER, LLC 6681 DABNEY ST FORT MYERS, FL 33966	35-2336110	501 C (3)	43,885.	0.			CHILD WELFARE SERVICES
EMBRACING INDEPENDENCE 10123 KINGSHYRE WAY TAMPA, FL 33647	81-5443006	501 C (3)	46,142.	0.			CHILD WELFARE SERVICES
EMBRACING LIFE INC 27750 COWDREY STREET WESLEY CHAPEL, FL 33544	82-4589638		63,696.	0.			CHILD WELFARE SERVICES
EMBRACING ME 27750 COWDREY STREET WESLEY CHAPEL, FL 33544	47-5632356		100,616.	0.			CHILD WELFARE SERVICES
ENSOR HEALTH SERVICES 12140 MURRAY AVE LARGO, FL 33778	81-4024642		214,916.	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
EVERYDAY BLESSINGS 8421 PRITCHER RD LITHIA, FL 33547	30-0578702	501 C (3)	528,577.	0.			CHILD WELFARE SERVICES
FAMILY CORNERS GROUP HOME 1237 BLAINE AVE FT MYERS, FL 33913	47-4191812	501 C (3)	100,709.	0.			CHILD WELFARE SERVICES
FAMILY ENRICHMENT CENTER 1002 E MARTIN LUTHER KING BLVD TAMPA, FL 33603	59-3144855	501 C (3)	187,077.	0.			CHILD WELFARE SERVICES
FAMILY HEALTH CENTERS 2256 HEITMAN ST. FORT MYERS, FL 33901	59-1741273	501 C (3)	19,695.	0.			CHILD WELFARE SERVICES
FINALLY HOME 1936 BRUCE B DOWNS BLVD #121 WESLEY CHAPEL, FL 33544	46-2010499	501 C (3)	71,200.	0.			CHILD WELFARE SERVICES
FIVE STAR CARES 17922 CLEAR LAKE DR LUTZ, FL 33548	84-2645139	501 C (3)	26,323.	0.			CHILD WELFARE SERVICES
FL 1.27 13310 NORTH 53RD STREET, SUITE 200 TAMPA, FL 33617	47-3110515	501 C (3)	130,000.	0.			CHILD WELFARE SERVICES
FLORIDA BAPTIST 1015 SIKES BLVD LAKELAND, FL 33815	59-0657326	501 C (3)	475,620.	0.			CHILD WELFARE SERVICES
FLORIDA SHERIFFS YOUTH RANCH - SAFETY HARBOR - PO BOX 2000 - BOYS RANCH, FL 32064	23-7303117	501 C (3)	36,900.	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
FLORIDA UNITED METHODIST CHILDRENS HOME - 51 CHILDREN'S WAY - ENTERPRISE, FL 32725	59-0638479	501 C (3)	134,916.	0.			CHILD WELFARE SERVICES
FORIS FORENSIC 13650 FIDDLESTICKS BLVD SUITE 202-1 FORT MYERS, FL 33912	88-2046081	501 C (3)	5,500.	0.			CHILD WELFARE SERVICES
GOLD AND ASSOCIATES PO BOX 2659 PONTE VERDRA BEACH, FL 32004	59-2921987		213,285.	0.			CHILD WELFARE SERVICES
GRACE FOR HOPE, INC 16350 BRUCE B. DOWNS BLVD TAMPA, FL 33647	82-1346841	501 C (3)	879,570.	0.			CHILD WELFARE SERVICES
GREAT EXPECTATIONS KIDS HOME 2489 MOON HARBOR WAY MIDDLEBURG, FL 32068	47-3180391	501 C (3)	104,910.	0.			CHILD WELFARE SERVICES
GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES - 14041 ICOT BLVD. - CLEARWATER, FL 33760	59-1229354	501 C (3)	7,715,205.	0.			CHILD WELFARE SERVICES
GULF COAST PSYCHOLOGY 5290 SUMMERLIN COMMONS WAY SUITE 10 FORT MYERS, FL 33907	46-2912910		115,735.	0.			CHILD WELFARE SERVICES
HAMILTON HOUSE GROUP HOME 13118 ROYAL PINES AVE RIVERVIEW, FL 33579	47-4423953	501 C (3)	132,177.	0.			CHILD WELFARE SERVICES
HANDS OF MERCY EVERYWHERE 6017 SE ROBINSON RD BELLEVIEW, FL 34420	59-3630008	501 C (3)	154,140.	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
HARRIET'S HAVEN (TWIN OAKS JUVENILE DEVELOPMENT, INC) - 2930 KERRY FOREST PKWY STE 101 - TALLAHASSEE, FL 32321	59-3512790	501 C (3)	133,980.	0.			CHILD WELFARE SERVICES
HARRIS TEEN HOME - CLEARWATER 1716 WEST MANOR AVE CLEARWATER, FL 33765	82-1773572	501 C (3)	62,135.	0.			CHILD WELFARE SERVICES
HARRIS TEEN HOME LLC 8515 TIDAL BAY LANE TAMPA, FL 33635	47-3277269	501 C (3)	99,760.	0.			CHILD WELFARE SERVICES
HEART OF ADOPTIONS ALLIANCE INC. - 418 W PLATT ST SUITE C - TAMPA, FL 33606	76-0784214	501 C (3)	26,100.	0.			CHILD WELFARE SERVICES
HEART GALLERY OF TAMPA BAY 5463 W WATERS AVE #850 TAMPA, FL 33634	81-4802754	501 C (3)	129,428.	0.			CHILD WELFARE SERVICES
HEART OF FLORIDA YOUTH RANCH 15833 US-301 CITRA, FL 32113	59-2274734	501 C (3)	162,653.	0.			CHILD WELFARE SERVICES
HELPING HANDS DEVELOPMENT LLC 15000 CITRUS COUNTRY DR #317 DADE CITY, FL 33523	88-4155849	501 C (3)	60,606.	0.			CHILD WELFARE SERVICES
HELPING HANDS HUMAN SERVICES 593 WILLOW BEND RD WESTON, FL 33327	35-2288000	501 C (3)	71,898.	0.			CHILD WELFARE SERVICES
HIBISCUS CHILDRENS CENTER 4001 NE SAVANNAH ROAD JENSEN BEACH, FL 34957	59-2632361	501 C (3)	86,232.	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
HIDLE HOUSE 2121 LISENBY AVE PANAMA CITY, FL 32405	59-2323037	501 C (3)	35,420.	0.			CHILD WELFARE SERVICES
HILLSBOROUGH COUNTY CHILDREN AND YOUTH SERVICES - 3191 CLAY MANGUM LN - TAMPA, FL 33602	59-6000661		199,808.	0.			CHILD WELFARE SERVICES
HILLSBOROUGH COUNTY SCHOOL BOARD 901 EAST KENNEDY BOULEVARD TAMPA, FL 33602	59-1757936		175,691.	0.			CHILD WELFARE SERVICES
HIS HOUSE CHILDREN'S HOME 20000 NW 47TH AVE MIAMI GARDENS, FL 33055	65-0145994	501 C (3)	59,304.	0.			CHILD WELFARE SERVICES
HOME SAFE 2840 SIXTH AVE. SOUTH LAKE WORTH, FL 33461	59-1935485	501 C (3)	100,257.	0.			CHILD WELFARE SERVICES
IGLESIA DE DIOS PENTECOSTAL MI 5800 N CHURCH AVE TAMPA, FL 33614	46-3900573	501 C (3)	527,310.	0.			CHILD WELFARE SERVICES
IMPERIAL CONNECTIONS SUPPORT PROGRAMS - 5450 BRUCE B DOWNS BLVD STE 328 - WESLEY CHAPEL, FL 33544	81-5171895	501 C (3)	119,414.	0.			CHILD WELFARE SERVICES
IN HER HANDS 37312 MAIN AVE DADE CITY, FL 33523	88-1831130	501 C (3)	121,790.	0.			CHILD WELFARE SERVICES
INDIHEART AND MIND INC 7800 W OAKLAND PARK BLVD SUITE 304 SUNRISE, FL 33351	46-3820258	501 C (3)	6,066.	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
INSPIRED KIDS HOME 7138 SEMINOLE BLVD SEMINOLE, FL 33772	88-2589792	501 C (3)	125,610.	0.			CHILD WELFARE SERVICES
INTEGRITY GROUP HOMES DBA MANNY ANTHONY & CO LLC - 1530 MICHELIN COURT - LUTZ, FL 33549	85-2922834		1,276,902.	0.			CHILD WELFARE SERVICES
INTEGRITY GROUP HOMES SERVICES - NEW LONDON - 310 NEW LONDON COURT - BRANDON, FL 33510	92-1205273	501 C (3)	612,998.	0.			CHILD WELFARE SERVICES
JAFCO 4200 N UNIVERSITY DR SUNRISE, FL 33351	20-0898587	501 C (3)	102,480.	0.			CHILD WELFARE SERVICES
JEANETTE GROUP HOME 800 BERT AVE LEHIGH ACRES, FL 33971	46-4053404	501 C (3)	46,219.	0.			CHILD WELFARE SERVICES
J'S HOUSE FOR GIRLS, INC 6521 ALTA MONTE DR TAMPA, FL 33634	46-1130806	501 C (3)	189,207.	0.			CHILD WELFARE SERVICES
JUSTICE WORKS FL LLC 1500 ARDMORE BLVD SUITE 410 PITTSBURGH, PA 15221	37-1861711		944,920.	0.			CHILD WELFARE SERVICES
KATZ COUNSELING AND EDUCATIONAL PSYCHOLOGY - 12791 WORLD PLAZA LANE, BLDG #89 - FORT MYERS, FL 33907	45-2038681		8,250.	0.			CHILD WELFARE SERVICES
KINSHIP SERVICES INC 3850 MANATEE AVE E BRANDON, FL 34208	38-3690339	501 C (3)	195,864.	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
LEHIGH FAMILY GROUP 414 JAGUAR BLVD LEHIGH ACRES, FL 33974	46-1997535	501 C (3)	84,173.	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
LIGHTHOUSE YOUTH SERVICES 12416 STILLWATER TERRACE DR TAMPA, FL 33618	35-2342600	501 C (3)	357,419.	0.			CHILD WELFARE SERVICES
LITTLE DEBBIES SECOND CHANCE 8379 GASPARILLA RD PORT CHARLOTTE, FL 33981	82-3370269	501 C (3)	416,735.	0.			CHILD WELFARE SERVICES
LIVING JOURNEY GROUP HOME 254 NORTH AVENUE LEHIGH ACRES, FL 33936	82-1533492		14,040.	0.			CHILD WELFARE SERVICES
LUTHERAN SERVICES FLORIDA 3627A W WATERS AVE TAMPA, FL 33614	59-2198911	501 C (3)	11,361,775.	0.			CHILD WELFARE SERVICES
MAJOR IMPACT 1960 VELASCO ST, STE 2 FORT MYERS, FL 33916	30-0572405		24,470.	0.			CHILD WELFARE SERVICES
MAN UP AND GO INC. 2650 S FRANCIS DR BROOKLINE, MO 65619	47-1933529	501 C (3)	78,222.	0.			CHILD WELFARE SERVICES
MANIFESTATIONS WORLDWIDE INC. 3102 E LAKE AVE TAMPA, FL 33610	59-3731193	501 C (3)	387,420.	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
MEDICAL EXPRESS CORPORATION 4237 SALISBURY RD #304 JACKSONVILLE, FL 32216	59-3001845		107,453.	0.			CHILD WELFARE SERVICES
MERIDIAN BEHAVIORAL HEALTHCARE - RESIDENTIAL TREATMENT FACILITY - P.O. BOX 141750 - GAINESVILLE, FL 32608	59-1906214	501 C (3)	19,575.	0.			CHILD WELFARE SERVICES
MIRACLES OUTREACH FRESH START P.O BOX 310603 TAMPA, FL 33680	27-0003754	501 C (3)	18,180.	0.			CHILD WELFARE SERVICES
MOCKING BIRD QUALITY CARE 5921 RIVA RIDGE DR WESLEY CHAPEL, FL 33544	81-2367229		113,002.	0.			CHILD WELFARE SERVICES
NATIONAL YOUTH ADVOCATE PROGRAM 700 WEST HILLSBORO BLVD, SUITE 205/207 - DEERFIELD BEACH, FL 33441	34-1404302	501 C (3)	724,574.	0.			CHILD WELFARE SERVICES
ONE HOPE UNITED 333 S WABASH AVE STE 2750 CHICAGO, IL 60604	36-2181967	501 C (3)	4,333,896.	0.			CHILD WELFARE SERVICES
OUR MOTHERS HOME 7438 CARRIER RD FORT MYERS, FL 33912	65-0510103	501 C (3)	43,150.	0.			CHILD WELFARE SERVICES
OUR MOTHERS HOME 7438 CARRIER RD FORT MYERS, FL 33912	65-0510103	501 C (3)	160,689.	0.			CHILD WELFARE SERVICES
OUR TURNING POINT RANCH LIFESTREAM 1616 14TH ST LEESBURG, FL 34748	59-1561501	501 C (3)	20,750.	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
PINEGROVE GROUP HOME 1004 PINEGROVE DR BRANDON, FL 33511	83-4221428	501 C (3)	116,803.	0.			CHILD WELFARE SERVICES
PINNACLE FAMILY SERVICES OF FLORIDA - 1395 BRICKELL AVENUE, STE 101 - MIAMI, FL 33131	47-4749980	501 C (3)	47,946.	0.			CHILD WELFARE SERVICES
PRECIOUS ANGELS GROUP HOME CORP 4010 LANGDRUM DR WESLEY CHAPEL, FL 33543	47-4737562	501 C (3)	12,605.	0.			CHILD WELFARE SERVICES
PROJECT BUILD SOUTHWEST FLORIDA 3845 BECK BLVD NAPLES, FL 34114	84-4915331	501 C (3)	333,123.	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
REDEMPTION HOME 2, INC 5927 GROVELINE DR ORLANDO, FL 32810	93-1982618	501 C (3)	275,100.	0.			CHILD WELFARE SERVICES
REYNA GROUP HOME 3551 NW 97TH ST MIAMI, FL 33147	82-3403436	501 C (3)	79,500.	0.			CHILD WELFARE SERVICES
SAILFUTURE INC. 2381 FRUITVILLE RD ST. PETERSBURG, FL 34237	46-3271817	501 C (3)	8,935.	0.			CHILD WELFARE SERVICES
SALVATION ARMY SALLIE HOUSE 3869 8TH AVE N ST. PETERSBURG, FL 33713	58-0660607	501 C (3)	88,082.	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
SAYS (ST AUGUSTINE YOUTH SERVICES - 201 SIMONE WAY - ST. AUGUSTINE, FL 32086	59-2925271	501 C (3)	29,300.	0.			CHILD WELFARE SERVICES
SOURCE OF LIGHT AND HOPE - YOUNITY 2666 LIME STREET FT MYERS, FL 33916	65-0013240	501 C (3)	811,279.	0.			CHILD WELFARE SERVICES
ST AUGUSTINE YOUTH SERVICE 201 SIMONE WAY ST. AUGUSTINE, FL 32086	59-2925271	501 C (3)	260,789.	0.			CHILD WELFARE SERVICES
STRENGTH PROVIDER 12995 S CLEVELAND AVE.# 36 FORT MYERS, FL 33907	65-1007070	501 C (3)	344,520.	0.			CHILD WELFARE SERVICES
SUCCESS 4 KIDS & FAMILIES 2902 N ARMENIA AVE STE 200 TAMPA, FL 33607	14-1933532	501 C (3)	71,815.	0.			CHILD WELFARE SERVICES
SUPPORT CHAMPIONS D/B/A 43RD STREET GROUP HOME - 11800 N. FLORIDA AVE P.O. BOX #82127 - TAMPA, FL 33682	81-0723321	501 C (3)	73,327.	0.			CHILD WELFARE SERVICES
SWF PSYCH SVCS LLC-OLBY 2633 VAREO CT. CAPE CORAL, FL 33991	81-4093935	501 C (3)	12,600.	0.			CHILD WELFARE SERVICES
SYLVIA THOMAS CENTER 500 LITHIA PINECREST RD BRANDON, FL 33511	59-3680366	501 C (3)	266,110.	0.			CHILD WELFARE SERVICES
THE CHILDRENS HOME, INC 10909 MEMORIAL HWY TAMPA, FL 33615	59-0696284	501 C (3)	16,649.	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
THE HALO PROJECT 1450 BRAMEN AVE FORT MYERS, FL 33901	88-0524286	501 C (3)	11,146.	0.			CHILD WELFARE SERVICES
THE MCCRAE HOUSE - COLLEGE HILL 2625 E 29TH AVE TAMPA, FL 33605	81-3028704	501 C (3)	245,213.	0.			CHILD WELFARE SERVICES
THE MCCRAE HOUSE 2624 E 29TH AVE TAMPA, FL 33605	81-3028703	501 C (3)	385,948.	0.			CHILD WELFARE SERVICES
THOMPSON CHILD AND FAMILY FOCUS 6800 SAINT PETER'S LANE MATTHEWS, NC 28105	56-0547460	501 C (3)	3,126,296.	0.			CHILD WELFARE SERVICES
TWIN OAKS JUVENILE DEVELOPMENT 2930 KERRY FOREST PKWY TALLAHASSEE, FL 32309	59-3512790	501 C (3)	501,785.	0.			CHILD WELFARE SERVICES
UNIVERSITY OF SOUTH FLORIDA 4202 EAST FOWLER AVENUE ALC 100 TAMPA, FL 33620	59-3102112	501 C (3)	870,863.	0.			CHILD WELFARE SERVICES
VILLAGE BEHAVIORAL HEALTH 2431 JONES BEND ROAD LOUISVILLE, TN 37777	27-0788813	501 C (3)	24,808.	0.			CHILD WELFARE SERVICES
VISION HOUSE PO BOX 2951 RENTON, WA 98056	91-1493474	501 C (3)	76,036.	0.			CHILD WELFARE SERVICES
WEST FLORIDA FOSTER CARE SERVICES 23110 STATE ROAD 54 515 LUTZ, FL 33549	20-8459746	501 C (3)	367,375.	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	2154	16,097,624.	0.		
ADOPTION SUBSIDY PAYMENTS	4151	38,922,170.	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.

DRAFT

**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

2023

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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2023

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)	223,085.	40,000.	18,291.	400.	7,645.	289,421.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NADEREH SALIM CEO - CNSWFL	(i)	232,339.	0.	0.	400.	496.	233,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TERRI BALLIET CEO - CNHC	(i)	202,338.	0.	0.	400.	6,389.	209,127.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KIMBERLY WILLIAMS COO - CNHC	(i)	167,492.	0.	0.	400.	5,081.	172,973.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHRISTOPHER TERRIGINO CFO - CNHC	(i)	167,708.	0.	0.	0.	0.	167,708.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RAYMOND FISCHER COO - CNSF	(i)	158,800.	0.	0.	159.	6,600.	165,559.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DENNIS ANDREWS CFO - CNSF	(i)	160,800.	0.	0.	0.	0.	160,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JAMES W ECKLOF JR FORMER CFO - CAMELOT	(i)	143,970.	0.	2,437.	400.	6,686.	153,493.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

DRAFT

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

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		94,779.	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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2023

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.

DRAFT

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

2023

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

Schedule O (Form 990) 2023

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

2023

**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	75,152,658.	29,555,409.	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	116,417,186.	17,886,717.	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, 15500 ROOSEVELT BLVD. STE 204, 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, 15500 ROOSEVELT BLVD. STE 204, 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) 2023

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.

[illegible]

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.

[illegible]

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	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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
CAMELOT COMMUNITY CARE PROPERTY HOLDINGS, (1) INC.	D	1,000,000.	CASH PAID
CAMELOT COMMUNITY CARE PROPERTY HOLDINGS, (2) INC.	J	134,000.	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.

[illegible]

Part VII Supplemental Information

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

DRAFT

**CAMELOT COMMUNITY CARE
POLICY AND PROCEDURE CHANGE LOG
EFFECTIVE JULY 1, 2020**

- 1) **Clarification to Code of Ethics:** Camelot employees cannot enter into a romantic and/or sexual relationship with a former Camelot Community Care client.

Board Approval Date: 8/24/2020

- 2) **Addition to Internship Policy:** Added accepting medical field interns

Board Approval Date: 8/24/2020

- 3) **Addition to Employment Offers Policy:** Signed offer letters shall be maintained in the employee personnel file

Board Approval Date: 8/24/2020

- 4) **Addition to Employee Timesheet Policy:** Exempt employees must record all full workdays and workdays in which they do not attend work. This includes all: sick days; vacation days and holidays. If an employee uses leave time that is not approved or exceeds their accrued amount of leave, the employee will not be paid for the leave time. Exempt employees are still required to begin and end times for each work day.

Board Approval Date: 8/24/2020

- 5) **Addition to Employee Timesheet Policy:** Employees submitting incomplete timesheets, or no time sheet, will be paid for the hours indicated. Hours not submitted but corrected at a later time will be paid on the next paycheck.

Board Approval Date: 8/24/2020

- 6) **Clarification to Overtime Policy:** Added language that Salary Non-Exempt staff salaries are based on a 45-hour work week.

Board Approval Date: 8/24/2020

- 7) **Clarifications to Tuition Reimbursement Policy:** Added the following language
Tuition reimbursement request may be denied due to lack of funding, budget shortfalls, or other company needs.

Board Approval Date: 8/24/2020

- 8) **Clarification to Tuition Reimbursement Policy:** Added LPN and RN as certification eligible for tuition reimbursement.

Board Approval Date: 8/24/2020

- 9) **Clarification to CEU Reimbursement Policy:** The following language was added: CEU reimbursement request may be denied due to lack of funding, budget shortfalls, or other company needs.

Board Approval Date: 8/24/2020

- 10) Deleted Camelot Sponsored Continuing Education Units policy as Camelot is no longer a certified provider of CEU's

Board Approval Date: 8/24/2020

- 11) Updated supervision policy to allow for video recording.

Board Approval Date: 11/9/20

- 12) Updated Gifts from Clients and Vendor policy to include Independent Contractors and to require disclosure of conflicts of interest.

Board Approval Date: 11/9/20

- 13) New Policy Created: Pre-Employment Reference Checks (See Below for Policy Summary)

Board Approval Date: 8/24/20

- 14) New Policy Created: Use of Tax Exemption

Board Approval: 8/24/20

- 15) Minor changes to Management of the environment of care to add language for Pandemic, PPE supplies update, and grammatical corrections

Board Approval: 3/1/2021 Approved by CEO as allowed for minor changes

- 16) Delete need for TB screening for employees as part of new hire process.

Board Approval: 3/1/2021. Approved by CEO as allowed for minor changes

17) Add policy for Strategic Planning

Board Approval: 3/1/2021. Approved by CEO as allowed for policies describing current practice.

18) Added Succession Planning policy which was created from the current Board document

Board Approval: Already an existing Board document that has been added to the policy manual.

19) Throughout the policy manual, changed sexual preference to sexual orientation and added gender identity where needed.

20) Throughout the policy manual, corrected grammar, spelling and other punctuation errors.

Board Approval: Approved by CEO as allowed for minor changes

21) Added client restraint to the reasons a significant event must be reported to the program supervisor immediately. Policy 2-9-12 – Significant Event Reporting.

22) The following was added to policy 01-03-01, employee grievance procedure.

The employee has a right to file a grievance without interference or retaliation. A copy of the notification or resolution will be included in the personnel record.

23) Policy 02-11-02 – Client Case Records: Remove reference to files being broken down and archived within 45 days of discharge. This is no longer relevant as all records are electronic.

24) Policy 02-11-03 – Client Record Review: Removed reference to Red Flag Audit tool as it is no longer in use.

25) Policy 01-01-14 – Pre-employment reference checks: Added section regarding offers of employment made prior to the receipt of references must be contingent upon the receipt of references.

26) Policy 01-01-17 – Employee Personnel File Management: Substantially re-written to reflect Camelot's use of an HRIS system for employee personnel file management.

- 27) Policy 01-01-19 – Employee Information Management: Substantially re-written to reflect the use of an HRIS system where employees manage their personal and financial information.
- 28) Policy 01-02-05 – Holidays: Updated to reflect Juneteenth as a company holiday and removal of ‘Floating Holiday’.

New or substantively changed Policies

PRE-EMPLOYMENT REFERENCE CHECKS

Professional References

- 1) Prior to making a formal offer of employment two professional character references must be obtained from non-family professional associates.
- 2) These references may be completed telephonically using the professional reference form. The Camelot staff conducting the telephonic references must be the supervisor of the program or higher. Administrative Assistants or other non-supervisory/non-program staff may not conduct the reference calls.
- 3) If the prospective employee brings a letter or some other reference letter from associates, the letter must be verified by calling the author of the letter and completing the reference form.
- 4) After the receipt of 2 satisfactory professional references, a formal offer of employment may be made. All offers of employments made at this juncture are contingent upon receipt of written references and all other employment contingencies

Employment References

- 1) Prior to the new employee start date, written employment references (different than the professional references above) completed by the prospective employee's 2 previous employers (including current employer) covering at least 3 years of employment or all former employers if the candidate has a work history of less than 3 years.
- 2) The employment reference check form must be used for these references.
- 3) The candidate must also be given the "Summary of your Rights under the Fair Credit Reporting Act" form. If the prospective employee brings a letter or some other form of reference from their current or former employers, the written reference form must still be sent out as indicated above.

USE OF TAX EXEMPTION

PROCEDURES

- 1) The Chief Financial Officer shall be responsible for maintaining sales tax exemption application in all the states in which Camelot Community Care operates.
- 2) All company approved purchases should be made tax free where possible. The Chief Financial officer will regularly review purchases to assure the company's sales tax exemption is being applied.
- 3) Camelot Community Care employees are not authorized to utilize Camelot Community Care's tax exemption for personal purchases and use. Violations of this policy shall result in termination.
- 4) Any Camelot Community Care employee who is aware of the Company's sales tax exemption being used for personal purposes, is required to report this violation to the Director of Human Resources.

Recurring Meetings: Monday Camelot Executive Team Meeting

Monday Morning FCC Weekly Call
Tuesday Camelot Financial Meeting
Monday Florida Coalition for Children Call

- 3/21: FCC CEO Council Meeting
- 3/24: Contract meeting with Brevard Family Partnership
- 3/25: FCC Provider Meeting
Paycom meeting
- 3/26: Meeting Community Foundation of Tampa Bay
- 3/27: FCC Conference Committee
- 3/28: Non-Profit Insurance Coalition Board meeting
Central Florida Adoption Transition Meeting
- 3/31: Meeting with Lutheran Services/Ocala Contract
FCC Legislative Planning Meeting
- 4/1: Camelot marketing meeting
Orlando Lead Agency CEO Meeting
- 4/2: CNHC contract meeting
- 4/7: FCC legislative planning meeting
Central Florida contract meeting
FCC CEO meeting
- 4/8: Broward Behavioral Health contract meeting
- 4/9: CNHC Board meeting
Palm Beach CPT planning meeting
- 4/10: Relias training contract meeting
Camelot IT meeting
Strategic planning meeting with Collaborative Labs
- 4/11; Central Florida adoptions transition meeting
CNHC Gala
- 4/14: Day off for Periodontic Surgery 😞
- 4/15: CNSWFL Board meeting
FFTA conference committee
- 4/17: Meeting with insurance brokers regarding renewal
- 4/18: Hillsborough IL bid response planning meeting
FCC CEO council

4/21: Meeting with 401K advisors
Central Florida lead agency contract meeting

4/24: FCC Conference committee

4/25: Camelot company wide training
VOCA audit preparation meeting

4/29: FCC CEO council
Partnership for Strong Families contract meeting

4/30: Hillsborough IL bid presentation preparation

5/1: Non-Profit Insurance Coalition Board meeting
FCC CEO Council

5/5: Meeting with Childnet
Hillsborough IL bid presentation preparation
FCC legislative planning meeting
Pinellas County Government CPT audit

5/6: Hillsborough IL bid presentation

5/7: Vacation Day

5/8: Pinellas VOCA virtual monitoring

5/9: Meeting with brokers for health insurance renewal

5/13: FCC legislative planning meeting

5/14: CNHC Board meeting
CNHC II contract negotiations

**Camelot Community Care
Financial Report Narrative
March 31, 2025**

Income Statement:

FY2025 Camelot has net revenue of \$298,078 for the month of March 2025 and net revenue of \$226,451 YTD.

Balance Sheet Items Camelot:

Cash Management:

	3/31/2025	3/31/2024	Difference
Bank of Tampa Operating	3,423,815	6,370,737	(2,946,922)
Bank of Tampa Money Market	1,734,889	1,546,604	188,285
Ameris Bank Money Market	1,102,769	1,058,034	44,735
SouthState Bank Money Market	1,084,917	1,033,509	51,409
Petty Cash	4,698	5,083	(385)
	7,351,089	10,013,967	(2,662,878)

Accounts Receivables: collections of billing remain very strong.

Accounts Receivable Days: (AR Trade / Grant & Service Revenue) x Number of Days YTD

26.75 Days March 31, 2025
 26.07 Days February 28, 2025
 35.32 Days January 31, 2025
 27.92 Days December 31, 2024
 26.89 Days November 30, 2024
 33.48 Days October 31, 2024
 37.67 Days September 30, 2024

Total Accounts Receivable over 90 days at the end of March 31, 2025 is \$45,233. The total AR is \$3,276,554.

Due To/From:

Due from CNSWFL	284,649
Due from CNH	518,629
Due from CCC Property Holdings	76,043
Due from Bright Futures	36,716
	916,036

Current Year Contract Surplus:

Some contracts require year-end surplus amounts to be paid back. While an allowance is not recorded on a monthly basis, these amounts are tracked. As of 03/31/2025, **\$1,101,686** in contract surplus amounts are subject to pay back if not utilized by the end of the fiscal year.

Property Holdings:

Net YTD surplus with building expenses = \$134,762

Net YTD Deficit with Owners expenses included = <\$24,834>

Camelot Community Care, Inc.

Comparative Balance Sheet

	Actual 03/31/2025	Actual 03/31/2024	Change
Assets			
Current Assets			
Cash and Cash Equivalents	\$7,351,089	\$10,026,931	(\$2,675,842)
Accounts Receivable Trade	\$3,276,554	\$3,952,749	(\$676,194)
Accounts Receivable Other	\$337,014	\$504,725	(\$167,711)
Other Current Assets	\$89,128	(\$9,231)	\$98,359
Total Current Assets	\$11,053,786	\$14,475,173	(\$3,421,387)
Long Term Assets			
Property and Equipment	\$2,261,495	\$2,319,986	(\$58,491)
Accum Amortization of Assests under Capital Lease	(\$14,813)	(\$14,813)	\$0
Deposits	\$143,332	\$149,598	(\$6,265)
Beneficial Interest In Assets Held by Others	\$429,942	\$409,507	\$20,436
Investments CCC Property Holdings	\$1,000,000	\$1,000,000	\$0
Total Long Term Assets	\$3,819,957	\$3,864,277	(\$44,320)
Intercompany			
Intercompany	\$916,036	\$269,397	\$646,639
Total Intercompany	\$916,036	\$269,397	\$646,639
Total Assets	\$15,789,779	\$18,608,847	(\$2,819,068)
Liabilities & Net Assets			
Liabilities			
Current Liabilities			
Accounts Payable	\$363,686	\$453,309	(\$89,623)
Accrued Expenses	\$1,703,624	\$1,699,381	\$4,243
Accrued Salaries, Wages, Benefits	\$1,322,265	\$1,420,173	(\$97,908)
Self Insured Health Insurance Reserve	\$673,319	\$2,220,863	(\$1,547,543)
Other Accrued Liabilities	\$927,730	\$1,199,631	(\$271,901)
Deferred Revenue	\$201,463	\$86,500	\$114,963
Total Current Liabilities	\$5,192,087	\$7,079,857	(\$1,887,770)
Total Liabilities	\$5,192,087	\$7,079,857	(\$1,887,770)
Net Assets			
Unrestricted Net Assets	\$10,133,388	\$11,086,895	(\$953,507)
Grant Fund Assets	(\$37,039)	(\$38,813)	\$1,773
Temporarily Restricted Net Assets	\$501,344	\$480,908	\$20,436
Total Net Assets	\$10,597,692	\$11,528,991	(\$931,298)
Total Liabilities & Net Assets	\$15,789,779	\$18,608,847	(\$2,819,068)

Camelot Community Care, Inc.

Income Statement

	Current Month 03/31/2025	Budget MTH 03/31/2025	Variance MTH	Year To Date 03/31/2025	Budget YTD 03/31/2025	Variance YTD
Revenues						
Grant Revenue						
State Grants	\$2,984,276	\$3,469,238	(\$484,962)	\$28,247,955	\$31,185,641	(\$2,937,686)
Local Grants	\$149,275	\$153,608	(\$4,333)	\$1,266,166	\$1,382,472	(\$116,306)
Total Grant Revenue	\$3,133,552	\$3,622,846	(\$489,295)	\$29,514,121	\$32,568,113	(\$3,053,991)
Program Revenue						
Service Revenue	\$492,028	\$534,032	(\$42,003)	\$3,925,233	\$4,806,285	(\$881,052)
Total Program Revenue	\$492,028	\$534,032	(\$42,003)	\$3,925,233	\$4,806,285	(\$881,052)
Fund Raising Revenue						
Special Event Revenue	\$6,047	\$0	\$6,047	\$59,997	\$0	\$59,997
Donations Revenue	\$1,517	\$0	\$1,517	\$64,572	\$0	\$64,572
Employee Donation	\$2,085	\$0	\$2,085	\$14,639	\$0	\$14,639
Donated Materials	\$5,195	\$0	\$5,195	\$75,883	\$0	\$75,883
Total Fund Raising Revenue	\$14,844	\$0	\$14,844	\$215,091	\$0	\$215,091
Other Revenue						
Int Inc-Financial Institutions	\$10,574	\$0	\$10,574	\$102,776	\$0	\$102,776
Interest Income - Other	\$0	\$0	\$0	\$73	\$0	\$73
Other Income	\$3,216	\$0	\$3,216	\$20,774	\$0	\$20,774
Total Other Revenue	\$13,790	\$0	\$13,790	\$123,622	\$0	\$123,622
Total Revenues	\$3,654,214	\$4,156,878	(\$502,664)	\$33,778,068	\$37,374,398	(\$3,596,330)
Expenses						
Payroll and Benefits						
Salaries	\$2,228,052	\$2,802,953	\$574,901	\$23,059,057	\$25,198,824	\$2,139,766
Payroll Taxes	\$167,006	\$214,440	\$47,434	\$1,701,253	\$1,927,893	\$226,641
SUTA Tax	\$7,626	\$9,359	\$1,733	\$44,145	\$84,158	\$40,012
401K	\$0	\$23,956	\$23,956	\$29,264	\$215,385	\$186,122
Workers Compensation Ins	\$25,773	\$25,781	\$8	\$166,461	\$231,676	\$65,215
Medical	\$203,108	\$314,613	\$111,505	\$1,946,511	\$2,827,623	\$881,112
Humana Vitality	(\$10)	\$142	\$152	\$9,834	\$1,281	(\$8,553)

Camelot Community Care, Inc.

Income Statement

	Current Month 03/31/2025	Budget MTH 03/31/2025	Variance MTH	Year To Date 03/31/2025	Budget YTD 03/31/2025	Variance YTD
HSA Employer	\$1,596	\$225	(\$1,371)	\$14,364	\$2,025	(\$12,339)
Dental	\$6,249	\$1,495	(\$4,754)	\$51,758	\$13,454	(\$38,304)
Disability and Other	\$2,070	\$5,668	\$3,598	\$14,804	\$51,007	\$36,203
Outside Contractors (1099)	\$79,344	\$74,233	(\$5,111)	\$504,336	\$668,100	\$163,764
Total Payroll and Benefits	\$2,720,814	\$3,472,864	\$752,050	\$27,541,788	\$31,221,426	\$3,679,638
Other Employee Expenses						
Employee Conferences Registration	\$1,589	\$4,694	\$3,105	\$30,480	\$46,953	\$16,473
Employee Train, Educate, License	\$18,862	\$27,417	\$8,556	\$230,238	\$251,057	\$20,819
Meals - Travel	\$526	\$267	(\$259)	\$11,359	\$2,400	(\$8,959)
Employee Mileage Reimbursement	\$174,168	\$145,142	(\$29,026)	\$1,358,186	\$1,305,400	(\$52,786)
Employee Cell Phone Expense	\$20,855	\$18,894	(\$1,961)	\$194,091	\$170,044	(\$24,047)
Travel & Per Diem Expenses	\$14,352	\$5,953	(\$8,399)	\$145,581	\$60,032	(\$85,549)
Total Other Employee Expenses	\$230,351	\$202,367	(\$27,984)	\$1,969,936	\$1,835,886	(\$134,049)
Staff Recruitment and Retention						
Backgrounds Checks-Employees	\$4,732	\$2,180	(\$2,551)	\$28,633	\$19,623	(\$9,011)
Employee Recruitment Expenses	\$0	\$246	\$246	\$96	\$2,212	\$2,117
Employee Welfare	\$556	\$800	\$244	\$15,288	\$7,200	(\$8,088)
Total Staff Recruitment and Retention	\$5,287	\$3,226	(\$2,061)	\$44,017	\$29,035	(\$14,982)
Client Expenses						
Client Meeting/Act/Wraparound	\$8,888	\$5,577	(\$3,311)	\$123,267	\$50,197	(\$73,070)
Client Educational Supplies	\$0	\$498	\$498	\$598	\$4,479	\$3,881
Client Lab Supplies	\$497	\$0	(\$497)	\$10,672	\$0	(\$10,672)
Client Medical Expenses & Rx	\$9	\$0	(\$9)	\$3,435	\$0	(\$3,435)
Client Meals	\$1,921	\$625	(\$1,296)	\$22,095	\$5,625	(\$16,470)
Client Tutition	\$0	\$0	\$0	\$34	\$0	(\$34)
Client Job Training Expense	\$0	\$0	\$0	\$915	\$0	(\$915)
Client Housing & Rent Expense	\$4,714	\$5,272	\$559	\$50,307	\$47,451	(\$2,856)
Client Transportation & Travel	\$2,392	\$688	(\$1,704)	\$9,365	\$6,188	(\$3,178)
Clinical Programs	\$289	\$289	\$0	\$2,612	\$2,601	(\$11)
Other Client Expense	\$632	\$8,528	\$7,896	\$14,292	\$76,750	\$62,458
Incidental Client Expense	\$260	\$3,495	\$3,235	\$2,189	\$31,455	\$29,266

Camelot Community Care, Inc.

Income Statement

	Current Month 03/31/2025	Budget MTH 03/31/2025	Variance MTH	Year To Date 03/31/2025	Budget YTD 03/31/2025	Variance YTD
Client Incentive Expense	\$529	\$320	(\$209)	\$4,931	\$2,880	(\$2,051)
Client Exp Nonreimbursable	\$348	\$0	(\$348)	\$4,368	\$0	(\$4,368)
Total Client Expenses	\$20,478	\$25,292	\$4,814	\$249,080	\$227,625	(\$21,455)
Foster Parent Expenses						
Conf/Meeting Foster Families	\$225	\$204	(\$21)	\$900	\$1,838	\$938
Foster Parent Mileage	\$71	\$40	(\$31)	\$424	\$360	(\$64)
Foster Parent Incidentals	\$20	\$33	\$13	\$1,474	\$297	(\$1,177)
FC Recruitment/Training/Adver	\$557	\$3,292	\$2,734	\$10,338	\$29,625	\$19,287
Foster Parent Payments	\$112,281	\$147,492	\$35,211	\$1,035,587	\$1,327,425	\$291,838
Foster Parent Respite Payments	\$2,030	\$6,167	\$4,136	\$26,857	\$55,500	\$28,643
Total Foster Parent Expenses	\$115,184	\$157,227	\$42,043	\$1,075,580	\$1,415,045	\$339,465
Fund Raising Expenses						
Fundraising Event Supplies	\$624	\$0	(\$624)	\$1,428	\$0	(\$1,428)
Fundraising Event Fees	\$735	\$0	(\$735)	\$974	\$0	(\$974)
Fundraising Expense	\$235	\$1,904	\$1,669	\$13,368	\$17,138	\$3,769
In Kind - Materials	\$5,195	\$0	(\$5,195)	\$75,883	\$0	(\$75,883)
Total Fund Raising Expenses	\$6,789	\$1,904	(\$4,885)	\$91,653	\$17,138	(\$74,516)
Business Promotion & Marketing						
Business Promotion & Marketing	\$3,059	\$1,050	(\$2,009)	\$3,556	\$9,450	\$5,894
Web Site Develop & Maint	\$306	\$500	\$194	\$2,840	\$4,500	\$1,660
Total Business Promotion & Marketing	\$3,365	\$1,550	(\$1,815)	\$6,395	\$13,950	\$7,555
Facilities Management						
Rent - Real Property	\$106,895	\$109,638	\$2,743	\$968,917	\$998,479	\$29,561
Facility Repairs, Maint & Janitor	\$4,843	\$4,931	\$89	\$39,898	\$44,380	\$4,482
Facility Expense-Pest Control, Alarm	\$957	\$313	(\$644)	\$7,983	\$2,812	(\$5,171)
Taxes - Property & Personality	\$0	\$0	\$0	\$30	\$0	(\$30)
Relocation Expense	\$0	\$0	\$0	\$398	\$5,000	\$4,602
Storage Facility	\$1,864	\$1,513	(\$351)	\$25,114	\$13,617	(\$11,497)
Utilities	\$5,056	\$8,960	\$3,904	\$57,251	\$80,636	\$23,385
Total Facilities Management	\$119,615	\$125,355	\$5,740	\$1,099,592	\$1,144,924	\$45,333

Camelot Community Care, Inc.

Income Statement

	Current Month 03/31/2025	Budget MTH 03/31/2025	Variance MTH	Year To Date 03/31/2025	Budget YTD 03/31/2025	Variance YTD
Commercial Insurance						
Ins - Property and Casualty	\$4,745	\$3,664	(\$1,082)	\$43,806	\$32,974	(\$10,833)
Ins - General/Professional Liability	\$37,688	\$35,332	(\$2,355)	\$339,189	\$317,364	(\$21,824)
Ins - Officers & Directors	\$1,049	\$1,117	\$68	\$9,438	\$10,051	\$613
Ins - Auto Insurance	\$5,130	\$5,058	(\$72)	\$72,650	\$45,520	(\$27,129)
Total Commercial Insurance	\$48,611	\$45,171	(\$3,441)	\$465,083	\$405,910	(\$59,173)
Professional Services						
Accounting & Auditing Fees	\$629	\$6,000	\$5,371	\$51,103	\$54,000	\$2,897
Payroll Expense	\$22,953	\$18,205	(\$4,748)	\$150,136	\$163,846	\$13,710
Legal Fees	\$1,649	\$614	(\$1,034)	\$51,818	\$5,529	(\$46,289)
Lobbying Expense	\$3,378	\$3,333	(\$45)	\$30,886	\$29,997	(\$889)
Professional Fees	\$0	\$2,722	\$2,722	\$4,481	\$24,495	\$20,014
Total Professional Services	\$28,608	\$30,874	\$2,266	\$288,423	\$277,867	(\$10,557)
Other Operating Expenses						
Bank Service Charges	\$106	\$542	\$435	\$1,907	\$4,875	\$2,968
Billing Systems & Claims Proce	\$8,398	\$7,542	(\$856)	\$79,352	\$67,875	(\$11,477)
Cash Over/Short	\$0	\$0	\$0	\$185	\$0	(\$185)
Computers - Related Supplies & Maint	\$11,366	\$8,820	(\$2,546)	\$102,650	\$79,377	(\$23,273)
Copier Lease and Maint Fee Exp	\$3,406	\$3,310	(\$95)	\$26,285	\$29,792	\$3,507
Board Meetings Expenses	\$0	\$0	\$0	\$218	\$0	(\$218)
Dues and Subscriptions	\$5,535	\$4,622	(\$913)	\$42,258	\$41,595	(\$663)
Fines and Penalties	\$0	\$0	\$0	\$8,678	\$0	(\$8,678)
Meeting Expenses	\$155	\$0	(\$155)	\$11,634	\$0	(\$11,634)
Office Supplies	\$3,817	\$6,446	\$2,629	\$34,513	\$58,013	\$23,500
Office Exp - Cable, Water, Shredding	\$1,314	\$1,168	(\$145)	\$13,280	\$10,515	(\$2,765)
Furnishings	\$0	\$0	\$0	\$1,462	\$0	(\$1,462)
Medical Supplies	\$1,043	\$575	(\$468)	\$2,254	\$5,173	\$2,920
Postage & Shipping	\$934	\$1,936	\$1,001	\$11,120	\$17,420	\$6,300
Printing	\$54	\$897	\$843	\$3,688	\$8,070	\$4,382
Accreditation Fees	\$617	\$617	\$0	\$5,555	\$5,553	(\$2)
Donation Expenses	\$86	\$0	(\$86)	\$2,651	\$0	(\$2,651)

Camelot Community Care, Inc.

Income Statement

	Current Month 03/31/2025	Budget MTH 03/31/2025	Variance MTH	Year To Date 03/31/2025	Budget YTD 03/31/2025	Variance YTD
Special Projects	\$0	\$0	\$0	\$2,051	\$0	(\$2,051)
Facility Telephone Expense	\$4,613	\$5,047	\$434	\$44,818	\$45,419	\$601
Internet Fees	\$1,811	\$4,098	\$2,287	\$19,248	\$36,879	\$17,631
Prior Year Expenses Not Incurred	\$0	\$0	\$0	\$156,772	\$0	(\$156,772)
Non Contract Expenses	\$0	\$0	\$0	\$2,158	\$0	(\$2,158)
Compnay Owned Vehicle Lease & Exp	\$2,127	\$7,363	\$5,235	\$38,555	\$66,262	\$27,708
Overhead Allocation - Corp Admin	\$0	\$113	\$113	\$0	(\$339)	(\$339)
Total Other Operating Expenses	\$45,380	\$53,093	\$7,713	\$611,292	\$476,480	(\$134,811)
 Depreciation Expense	 \$11,653	 \$10,625	 (\$1,028)	 \$108,779	 \$95,625	 (\$13,154)
Total Expenses	\$3,356,136	\$4,129,548	\$773,412	\$33,551,617	\$37,160,911	\$3,609,294
 Net Revenue Over (Under) Expenses	 \$298,078	 \$27,330	 \$270,748	 \$226,451	 \$213,486	 \$12,964

March 2025
Net Program Revenue/(Loss) By Region

Location	Program	Contract
01 - Administration	0 - General	
10 - Ocala	04010 - Comprehensive Assessments	
10 - Ocala	04114 - Intensive Reunification Program	Kids Central
10 - Ocala	04153 - FSPS	Lutheran Services Florida
10 - Ocala	22008 - Therapeutic Foster Care	
14 - Gainesville	04010 - Comprehensive Assessments	
14 - Gainesville	22008 - Therapeutic Foster Care	
17 - Brevard County	04016 - Adoption Services	Family Partnerships of Central FL
33 - Tampa Tech	04016 - Adoption Services	DCF (Appropriation)
34 - Tampa CWC	04012 - Child Welfare Case Management	Children's Network Hillsborough
56 - Pinellas CPT	22010 - CPT DOH 30011	FL Department of Health
56 - Pinellas CPT	22010 - CPT VOCA 30015	VOCA
56 - Pinellas CPT	22010 - CPT Pinellas BOCC 30016	Pinellas County
56 - Pinellas CPT	22010 - CPT AG 30013	Victim's Comp
30 - Orange	04012 - Child Welfare Case Management	Family Partnerships of Central FL
32 - Seminole	04012 - Child Welfare Case Management	Family Partnerships of Central FL
31 - Tallahassee	04001 - In-Home/Outpatient Counseling	
31 - Tallahassee	04010 - Comprehensive Assessments	
31 - Tallahassee	04012 - Child Welfare Case Management	NWF Health
31 - Tallahassee	04016 - Adoption Services (NWF)	NWF Health
31 - Tallahassee	04016 - Adoption Services (WWK 29171)	Dave Thomas Foundation
31 - Tallahassee	22008 - Therapeutic Foster Care	
15 - Alachua	04012 - Child Welfare Case Management	Partnerships for Strong Families
16 - Clay County	04012 - Child Welfare Case Management	Partnerships for Strong Families
28 - Live Oak	04012 - Child Welfare Case Management	Partnerships for Strong Families
33 - Tampa Tech	22006 - Foster Home Management	Children's Network Hillsborough
33 - Tampa Tech	22008 - Therapeutic Foster Care	
35 - Tampa IL	04025 - IL CNHC	Children's Network Hillsborough
35 - Tampa IL	04025 - IL HHFA, Spurlino, Lazy Days	
40 - Sarasota	04001 - In-Home/Outpatient Counseling	
40 - Sarasota	04010 - Comprehensive Assessments	
40 - Sarasota	22008 - Therapeutic Foster Care	
50 - Clearwater	04010 - Comprehensive Assessments	
50 - Clearwater	04025 - Independent Living	FSS Family Support Services
50 - Clearwater	04114 - Intensive Reunification Program	FSS Family Support Services
50 - Clearwater	22008 - Therapeutic Foster Care	

March 2025			YTD Thru 03/31/2025		
Revenue	Expense	Surplus (Deficit)	Revenue	Expense	Surplus (Deficit)
20,080	(25,920)	(5,840)	194,922	(50,808)	144,114
11,408	(8,203)	3,205	61,415	(39,962)	21,454
42,863	(9,796)	33,066	106,783	(91,069)	15,713
25,523	(19,685)	5,838	232,305	(199,627)	32,677
41,834	(44,164)	(2,330)	327,343	(442,873)	(115,530)
6,770	(10,557)	(3,787)	80,170	(61,407)	18,763
48,929	(44,426)	4,503	453,236	(438,147)	15,089
177,326	(136,830)	40,496	1,261,252	(1,273,086)	(11,834)
42,255	(42,255)	0	397,508	(397,508)	0
27,176	(28,441)	(1,266)	243,887	(250,629)	(6,742)
301,823	(244,983)	56,840	2,948,226	(2,380,736)	567,490
371,254	(315,679)	55,575	3,589,621	(3,028,873)	560,748
84,770	(72,093)	12,677	769,441	(674,098)	95,342
561	(1,620)	(1,059)	9,463	(14,328)	(4,866)
9,188	(16,667)	(7,480)	82,688	(107,792)	(25,104)
9,000	-	9,000	69,000	(219)	68,781
103,518	(90,380)	13,139	930,591	(796,438)	134,153
286,173	(270,835)	15,337	2,575,011	(2,732,921)	(157,909)
261,346	(245,465)	15,882	2,351,551	(2,428,790)	(77,239)
547,519	(516,300)	31,219	4,926,563	(5,161,711)	(235,148)
12,673	(22,261)	(9,588)	134,118	(192,427)	(58,309)
13,796	(10,345)	3,452	63,300	(39,670)	23,630
310,580	(285,005)	25,575	2,819,551	(2,738,032)	81,519
39,934	(45,122)	(5,188)	456,566	(547,135)	(90,569)
6,250	(5,127)	1,123	56,250	(57,954)	(1,704)
15	(6,899)	(6,884)	100	(63,646)	(63,546)
383,249	(374,760)	8,489	3,529,885	(3,638,865)	(108,980)
-	(1,724)	(1,724)	1,139,429	(1,128,553)	10,877
166,621	(156,855)	9,766	1,702,655	(1,695,243)	7,412
264,107	(249,607)	14,499	2,370,759	(2,416,308)	(45,549)
430,727	(408,186)	22,541	5,212,843	(5,240,103)	(27,260)
56,406	(71,712)	(15,305)	576,180	(656,314)	(80,134)
51,166	(61,823)	(10,657)	461,515	(598,385)	(136,870)
131,540	(122,781)	8,759	1,077,819	(1,125,525)	(47,706)
7,670	(7,141)	529	104,415	(83,928)	20,487
-	(198)	(198)	23,537	(61,526)	(37,989)
384	-	384	5,223	(4,667)	557
-	(167)	(167)	47,040	(123,324)	(76,283)
2,591	(1,223)	1,368	10,790	(7,140)	3,651
76,389	(53,872)	22,517	690,083	(573,320)	116,763
107,847	(97,471)	10,376	970,566	(868,190)	102,376
107,369	(93,372)	13,997	1,056,578	(940,983)	115,596
541,362	(509,760)	31,602	5,023,747	(5,043,300)	(19,553)

March 2025
Net Program Revenue/(Loss) By Region

Location	Program	Contract
47 - Naples	04012 - Child Welfare Case Management	Children's Network SW Florida
49 - Fort Myers	04153 - FSPS/Family Support Services	Children's Network SW Florida
70 - Lauderdale	04001 - In-Home/Outpatient Counseling	BBHC
70 - Lauderdale	04010 - Comprehensive Assessments	
70 - Lauderdale	04025 - Independent Living	CSC & BBHC
70 - Lauderdale	04025/29170 Independent Living JM	Jim Moran
70 - Lauderdale	04041 - Juvenile Justice New Day	CSC
70 - Lauderdale	04150 - CARE Team	BBHC
70 - Lauderdale	22006 - Foster Home Management	Childnet
70 - Lauderdale	22008 - Therapeutic Foster Care	
80 - Palm Beach	04010 - Comprehensive Assessments	
80 - Palm Beach	22006 - Foster Home Management	Childnet
80 - Palm Beach	22008 - Therapeutic Foster Care	
81 - Stuart	04153 - FSPS	Communities Connected for Kids
81 - Stuart	22006 - Foster Home Management	Communities Connected for Kids
86 - Palm Beach CPT	22010 - Child Protection Team - DOH	Department of Health
86 - Palm Beach CPT	22010 - Child Protection Team - VOCA	VOCA
86 - Palm Beach CPT	22010 - Child Protection Team - AGVC	Victim's Comp
86 - Palm Beach CPT	22010 - Child Protection Team - PB County	Palm Beach County
90 - Cincinnati Reading	04001 - In-Home/Outpatient Counseling	
90 - Cincinnati Reading	04153 - Intensive Home Basted Treatment	
91 - Cincinnati PH	04108 - Day Treatment	

March 2025			YTD Thru 03/31/2025		
Revenue	Expense	Surplus (Deficit)	Revenue	Expense	Surplus (Deficit)
424,898	(403,833)	21,065	3,773,287	(3,906,871)	(133,584)
65,915	(55,015)	10,900	432,380	(479,576)	(47,196)
490,813	(458,848)	31,965	4,205,667	(4,386,447)	(180,780)
7,983	(14,939)	(6,956)	81,091	(198,544)	(117,453)
1,616	(5,882)	(4,266)	33,707	(24,173)	9,534
66,246	(60,035)	6,211	576,726	(526,059)	50,667
9,167	(8,099)	1,068	82,500	(77,814)	4,686
28,255	(24,622)	3,633	206,725	(222,513)	(15,788)
25,031	(29,803)	(4,771)	188,434	(198,596)	(10,162)
8,846	(23,435)	(14,589)	66,167	(196,588)	(130,421)
33,887	(31,629)	2,258	285,646	(253,232)	32,415
12,758	(12,745)	13	94,708	(68,633)	26,075
8,739	(19,970)	(11,231)	90,610	(270,160)	(179,550)
32,790	(34,990)	(2,199)	288,749	(370,875)	(82,126)
-	(12)	(12)	132,818	(81,148)	51,670
5,344	(22,830)	(17,487)	74,445	(187,649)	(113,204)
240,663	(288,991)	(48,328)	2,202,326	(2,675,983)	(473,657)
113,914	(79,953)	33,961	1,031,851	(733,883)	297,967
6,666	(8,246)	(1,580)	64,300	(72,129)	(7,830)
5,000	(1,355)	3,645	49,000	(4,268)	44,732
10,500	(3,007)	7,493	107,700	(44,001)	63,699
136,080	(92,560)	43,519	1,252,850	(854,281)	398,569
38,022	(46,335)	(8,313)	355,333	(485,839)	(130,507)
70,742	(28,461)	42,281	422,099	(237,607)	184,492
102,858	(63,126)	39,732	670,368	(678,275)	(7,907)
211,622	(137,922)	73,700	1,447,800	(1,401,721)	46,078
3,654,214	(3,356,136)	298,078	33,778,068	(33,551,617)	226,451

Contract Surplus subject to return	297,060	1,328,137
Surplus (Deficit) net of potential returns	1,017	(1,101,686)

Camelot Community Care Property Holdings

Income Statement

July 1, 2024 - March 31, 2025

		March 2025	YTD 03/31/2025
Revenues			
40000-01-1-0	Rental Income	\$34,439.77	\$275,640.60
40040-01-1-0	Revenue - Reimbursable-Electric Roosevelt Building	\$1,765.45	\$14,884.57
		\$36,205.22	\$290,525.17
Expenses			
60050-01-1-0	Internet Fees	\$219.99	\$1,809.75
61030-01-1-0	Facility Maintenance	\$3,593.68	\$36,857.91
61035-01-1-0	Facility Repairs & Supplies	\$1,870.33	\$6,637.25
61037-01-1-0	Janitorial & Supplies-Roosevelt Building	\$2,390.00	\$19,260.79
61040-01-1-0	Taxes Property \$ Personalty	\$5,000.00	\$39,358.85
61050-01-1-0	Utilities Electric	\$1,799.91	\$17,733.72
61055-01-1-0	Utilities - Pinellas Co Utilitie-Roosevelt Building	\$0.00	\$6,033.93
63150-01-1-0	Ins Property and Casualty	\$2,219.01	\$19,971.09
63190-01-1-0	Legal Fees	\$0.00	\$3,673.50
63195-01-1-0	Real Estate Commission-Roosevelt Building	\$643.09	\$3,823.62
63300-01-1-0	Facility Telephones Expense	\$64.99	\$602.73
	Facility Expense	\$17,801.00	\$155,763.14
	OPERATING SURPLUS/(DEFICIT)	\$18,404.22	\$134,762.03
61412-01-1-0	Interest Expense-Roosevelt Building	\$5,871.67	\$57,863.57
63190-02-1-0	Legal Fees-Roosevelt Admin	\$801.50	\$1,253.50
65000-01-1-0	Depreciation Expense	\$10,977.64	\$99,132.30
65000-02-1-0	Depreciation Expense-Roosevelt Admin	\$149.64	\$1,346.76
	Owner's Expense	\$17,800.45	\$159,596.13
	NET REVENUE/(LOSS)	\$603.77	(\$24,834.10)



*Bringing Families Together
For A Bright Future.*

Board Report: Operations



Ohio

The Day Treatment program was as of the end of April had a census of 42 youth. The program is currently preparing for upcoming transitions as we approach the end of the 2024–2025 school year. These changes may involve staff shifting between schools as local districts undergo realignment. In the meantime, staff are actively preparing for the summer program by confirming youth participation and reaching out to local agencies interested in collaborating. We are still in the process of recruiting for the Behavioral Specialist and Program Manager positions.

The Home and Community Based (HCB) program has a census of 51 youth. All youth are actively engaged in their service lines. With the summer approaching, the team is looking for opportunities for learning and development to continue to serve those most needed.

The Multi-Dimensional Family Therapy (MDFT) program has a total of 4 youth. The supervisor and team are looking at expanding the referral source from the Hamilton County courts system.

The Intensive Home-Based Treatment (IHBT) program has a total census of 19 youth. This is split up amongst two separate teams of a counselor and quality mental health specialist. The team is still actively working on their I-Fast certification which should be completed by August of 2025. They are also working on the completion of their "Adventure Therapy" certification, which should be complete by June. The team also participates in weekly supervisions to review the needs of the youth they are serving.



North Florida

During the months of March and April, Tallahassee's clinical office attended several events in order to bring more awareness to the community regarding the services we offer, as well as the need for treatment foster homes and adoptive families.

In March, they attended a Tallahassee Chamber Event at the Junior Museum, and a networking opportunity with other providers on a Saturday at Mosaic Creative Counseling Center.

Unfortunately, we lost our Foster Home Recruitment and Licensing Specialist as Kendra's last day was 4/16/25. However, we didn't let it slow us down. The week before Kendra's departure, she referred several folks to the Quality Parenting Class for traditional foster parents. We are not sure if they will choose Treatment Foster Care over traditional, but we will be addressing this with them in hopes to convert them over to therapeutic.

We also participated in the Spring Extravaganza at a local community school, Sabal Palm Elementary. As a result, we were able to make connections with their Wellness Team and are working on additional counseling referrals to serve their students. At that event, we connected with someone who is interested in becoming a therapist with Camelot.

We also participated in the 2025 Kids Fest, along with some of our Adoptions staff. It was a beautiful, but warm Saturday and we had a cornhole game set up as our activity. As a result of participation in the event, we have a list of names of folks that may be interested in fostering or adopting so staff are following up on that list.

In Tallahassee our adoption unit had the fiscal year goal of 65, however as of right now, we currently have a total of 72.5 finalizations, having surpassed our goal!! We had 14 of our own children adopted in April, as well as two OCS kids that we completed their home study and supervision. Our team has been working hard, and we included a few pictures showing off that hard work and the happy families who were the recipients of it.





In Live Oak and Lake City, under Partnership for Strong Families (PFSF), this lead agency is very happy with our progress since giving us a struggling area. They had amazing things to say about our work at the quarterly meeting and cannot believe that we have made so much progress since taking over Columbia County in January. PFSF commented on how amazing our measures looked, and how we are 100% for several hard-to-reach measures.

In Clay County, we continue to make great progress in our non-judicial cases. Our NJ Supervisor, Kim Ruise, was nominated for the Child Welfare Professional of the Year Award and will travel

to the Symposium in Tallahassee next month. We have a meeting between CPIs and FSCs with regard to both Judicial and Non-Judicial, which was scheduled to work on relationship building. This is necessary with the recent changes in quality expectations for case transfers and to continue working together the best way possible.

We also continue to stay at the top of the leaderboard for contract measures. We regularly track other quality measures with listings and leaderboards to improve in all other areas. We have met with supervisors about the most recent CFSR/CQI quarterly data and are confident in great improvement. We meet with Tia from Workforce Development and Learning with DCF next week to finalize the details of our customized training to take place by June. Staff will be presented training material one half of the day and working hands on the second half.

Our draft models for the Parent Council and Youth Council have been completed and sent to the lead agency for approval. We look forward to the positive impact these councils will have on dialogue in those respective groups and in case progress and outcomes, and the feedback to consider with current processes and challenges.

We are scheduled to meet with our local sheriff's deputies at each shift change next month to share who we are and what we do. We had a recent challenge in the field where LE was not clear on who we were or what our role was, in a household situation. This brought to our attention the need to reach out and strengthen our community partnership with them. The Sherriff was responsive and looks forward to our agencies building a system of support.



North Central Florida

In Ocala/Gainesville our Recruitment and Licensing program recently had Empress Williams join the team as the newly hired Licensing Specialist. Empress is training with the current Licensing Specialist, Vilma Caban, who will retire in June. This will provide Vilma to pass on all the years of knowledge and experience she has to Empress.

The STFC Clinical Team placed 5 new children, which raised the total number of children at the end of the quarter to 16. A total of 31 for the combined offices of Gainesville and Ocala.

In the Family Services Planning Team (FSPT) serves "at risk" children in the community (non-judicial cases) across 16 counties. The program staff consists of (2) FSPT Coordinators and (1) FSPT Program Director. They have served a total of 88 community children this quarter, with 16 new admissions, 26 discharges (21 being successful and 5 unsuccessful). 75 were diverted from out of home care. 85% of our children were diverted from a higher level of care meeting our contract goal which is (65% or greater).



Clearwater & Tampa

The STFC Clearwater Program is thrilled to share the heartwarming experiences and the incredible sense of community that defines us with our Camelot homes. Our program is not just about providing a safe haven for foster children; it is about creating a village where families come together to support one another through thick and thin. One recent example of this village was demonstrated by how closely two of our parents worked together to support a very traumatized child's transition into a new home. It was inspiring to see these two dedicated women together providing a shelter the storm.

The camaraderie among our foster families is truly inspiring. They work together seamlessly, offering help and encouragement during challenging times. Whether it's providing respite care, sharing advice, checking on each other if one is not well, or simply being there to listen, our families embody the spirit of mutual support and genuine concern for each other's well-being.

In addition to our foster parents, our team of dedicated clinicians shone this month. Our counselor, Tammy Hutto, has been working with a 9-year-old young boy who suffered enormous tragedy when he witnessed the abused death of his younger sibling two years ago. Last month, due to the safety and stability of his therapeutic caregiver and the immense trauma work by his counselor, he was able to confront his father and tell the court what occurred to hold the abuser accountable. During his court testimony, the youth was accompanied by the help of an emotional support police dog. The child's stated after the hearing, this was the "Best Day Ever".

The team is currently looking to fill one counselor position, while the total number of children in the program is 30. We newly licensed a two-parent home this month, with two more in the works. We are also gearing up for our quarterly in person foster parent training and appreciation meeting in May.

Our FFT/Reunification program is doing well, having received 23 referrals in March and an additional 10 in April, also having a successful story to tell. The family that we served, which was closed out in November 2023 and then had their yearly follow up call in November 2024, the mother then recontacted the counselor in March 2025 to share great news about her son that was in treatment. She reported that after challenging times, the youth is finally graduating from High School this coming May. In the past, the youth had a history of running away and delinquent behaviors during his teen years due to adverse childhood experiences. His mother has been dealing with several health issues herself, yet she has always been devoted to helping her children. She was very excited. Both the youth and mother wanted to share the great news with me. She is very grateful to Camelot for all of the help during the time we worked together.

The Pinellas County Child Protection Team (CPT) remained fully staffed. After receiving technical assistance from the Department of Health in February, several meetings were held with

community partners to discuss CPT transitioning from specialized interviews with some children to completing all interviews as recorded forensic interviews. These discussions are still being held, with the goal of starting this transition sometime in the summer. In April, the team participated in the Tampa General Hospital's Child Abuse Symposium. This six-hour training discussed topics such as childhood torture, human trafficking, and scene re-enactment in child abuse cases. CPT hosted, alongside Pinellas County Sheriff's Office, the fifth Pinellas County Child Abuse Committee (PCCAC) meeting. There was a great turnout of around 20 community partners at the meeting. The Team Coordinator, Krystal also led a tour and training at CPT for pre-service child protective investigators. As of March, for this current fiscal year, the team had seen 504 children. That was a big increase from the year before of 408 children seen. The team has almost doubled their medical evals and medical consultations for the year as well. The team is feeling the difference as they have been consistently busy these last two months.

In our Tampa STFC program, we had a new parent just complete Pressley Ridge. Her initial packet was submitted, and her home will have a recommended capacity of 2 STFC beds. Meanwhile, two new families are signed up for the next Pressley Ridge Training.

In our Tampa Foster Home recruitment and licensing program, the team continues to actively recruit, train, and license/relicense foster homes in Hillsborough County. For the period of March and April 2025, they successfully licensed three new homes, including a specialized teen home, which is particularly challenging to recruit due to the high needs of teens and a home that has the ability to accept a sibling group.

Two of Camelot's seasoned foster parents, Joanne Colon-Thaler and Katherine Melendez were interviewed and featured at the Children's Network of Hillsborough County Annual Gala, recognizing their long-term commitments and fostering teens & children in Hillsborough County.

In the meantime, our focus is to increase the number of licensed foster homes, with a focus on specialized homes for teens and children with high needs while enhancing the training programs to better prepare our foster parents for the challenges they may face.

In our Tampa Independent Living program, we are so fortunate to have truly a diverse fully staffed team offering varying special gifts and talents, skills and graduate level education, professional and personal life experience. We are excited to have Debra Hearn join our team from Clearwater, bring along her IL knowledge and experience.

We are happy to welcome Erika Pabon, our current BSW intern from USF, as she is completing her spring internship and preparing for graduation. Erika will be entering the MSW program immediately and has accepted a position on our team as Peer Specialist, which will make us fully staffed.

As you know, DCF had required a number of contracts being put out to bid, and one of those was this IL contract. Our written response and proposal scored 289 out of 250 points for the written response, which led to our team being invited to take part in the oral presentation which is scheduled for May. It will be an “all hands-on deck” approach needed to help build a robust youth development program, expand network of financial supports and resources, and increase the efforts to enhance opportunities to support youth ages 13-23 if awarded this new contract.

Camelot has partnered with “What’s Inside a Birthday Box/Celebrate Birthdays” to honor these special moments as youth are aging out of the foster care system and are not left feeling forgotten about. Foster youth AND Young Adults are gifted with a birthday box delivered directly to their living arrangements. Camelot Community Care is recognized as one of their valued community champions.

Special Kudos out to Success Coach Carnell Moore for mobilizing his personal connections, bringing opportunities to engage youth on his caseload in positive experiences. Carnell shares our concern about the challenges faced to help youth develop. Carnell recognizes the importance of caregivers and partners being involved in the process as they also share the responsibility of getting youth to become self-sufficient. Carnell really goes above and beyond providing access to opportunities for youth on his caseload and was able to coordinate a Kickback challenge offering youth interactions with non-foster care counterparts promoting personal wellness through team building and physical activity. A collaboration with Premier Players Sports and Dick’s Sporting Goods hosted an inaugural annual kickball challenge.



In addition to that event, Carnell also coordinated a career exploration/industry life skills workshop hosted by Becky Jenkins of Mobley Homes. She is loaded with information and contacts, served on the local Home Builders Association’s board for years and now serves on

the state of Florida Home Builders Association Board of Directors. 14 teens/young adults were invited to this intimate event. Introducing youth and young adults to the various trades involved with home building and also connecting them to the professionals that may be able to mentor and prepare them for more networking and preparation around entering the field.

The past two months, the Hillsborough County Adoption Support Team focused on launching their 'Spring into Action' fundraising series, with the first event being a Respite Night.



The children that attended had ample therapeutic activities to participate in such as group icebreakers, sensory play, crafts, and music activities to help improve their social, emotional, cognitive, and motor skills. The parents were very eager to have their alone time and were very excited to tell the staff about what they did with their free time! In preparation for the respite event, the team went to the local Chick Fil A where they generously donated 25 sandwiches. Child Fil A is excited to partner with the team for future events! The second part of their fundraising series has been requesting donations and donors receive a t-shirt special designed by the team as a thank you gift. Several t-shirts have already gone out to members of the community in support of the team. The months were also busy with other community

events, including the Heart Gallery's adoptive parenting training, Junior League Spring Adoption Event and the Heart Gallery Panel Night.

Chelsea, the Program Director, never misses an opportunity to share information about services and answer any questions regarding Trauma Informed Parenting. The team continues to bring adoption awareness to the community and through these events, referrals continue to stream in for clinical services to pre and post adoptive families.



The Hillsborough County Case Management Team has spent the last two months "paying attention to detail." The focus has been to grow the team's awareness of the way they present a case, present in court, respond to emails, interact with our families/children and how they engage with community partners. In doing this, certain team members have stood out and been acknowledged for their superior work. Aleksandra Glynn, a seasoned Case Manager, received accolades from a foster parent with the Children Home Network. The foster parent reported, "Ally is EASILY the best care manager any of my kids has ever had. She is easy to get in touch with, gives answers, and finds resources. Helps foster relationships between bio and foster families and loves her kids and her families. I wish she could be cloned! She deserves all the best accolades. Truly the best." A newer Case Manager, Gabrielle Momplaisir received

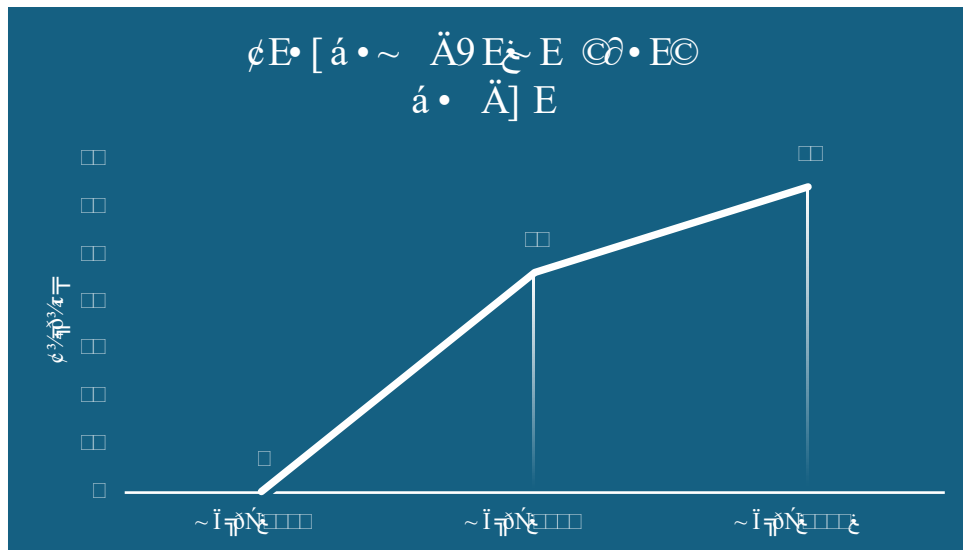
glowing feedback from Judge Manning, stating that she was very proactive on one of her cases and it really impressed him. Additionally, Brittani Merrick, Supervisor of Team 4, received a 100% on an internal Supervision Audit! This audit reviews the month's case supervision for her team and ensures all statutory and quality requirements are met. Lastly, one of our Case Managers who just completed Preservice, Sharonda Desir, received kudos from a Child and Family Service Review from DCF. She conducted accurate assessments, developed an appropriate safety plan that was well monitored, and only received one follow-up task. These are the most intrusive reviews the team experiences and being brand new, Sharonda hit it out of the park! In order to streamline and bring attention to the needed data, new Program Director, Nicole, created a CMO Teams channel. Within the channel, all of the state, local and Camelot required data tracking can be found. This reduces the abundance of emails going back and forth within the team and streamlines it in one place. Nicole has also created a Case Management Work Group for general help within the Case Management team. In this Work Group, leadership will train on a variety of topics. There is also a new Work Group for referrals where Case Managers come and speak to leadership regarding referrals for cases; ensuring each case get exactly what is needed to drive permanency. Lastly, leadership attended the USF Job fair with our Lead Agency, CNHC to recruit some amazing Case Managers from USF's Social Work Program.



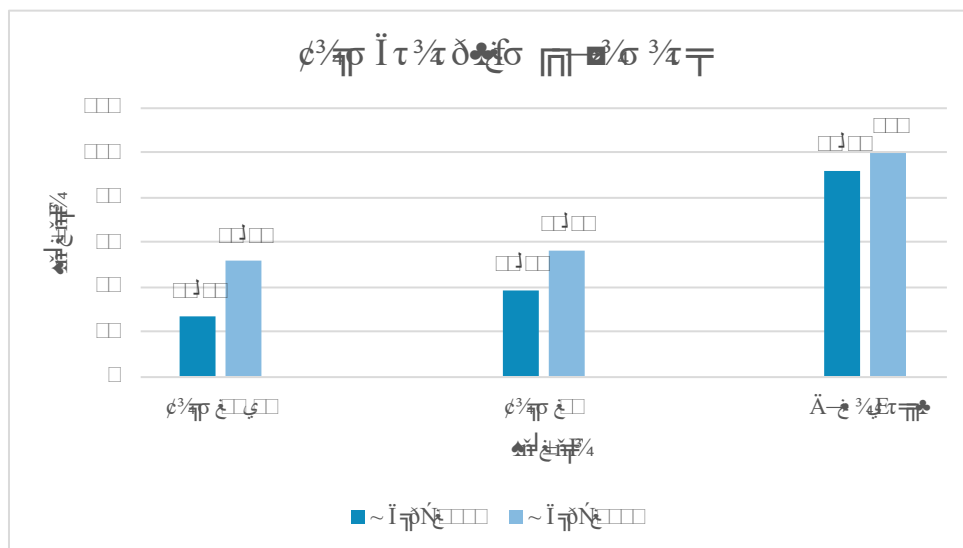


Central Florida: Orange & Seminole

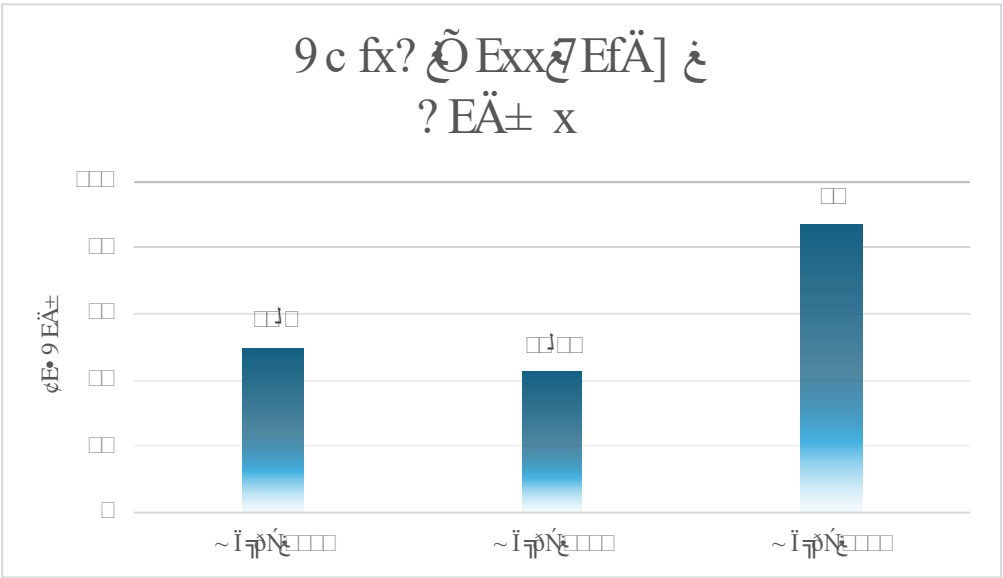
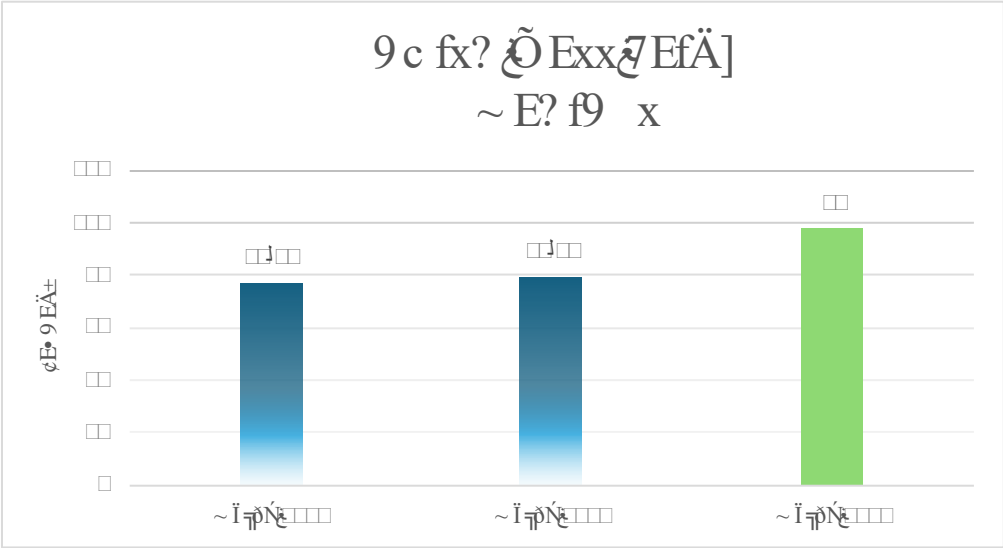
In Orange and Seminole County, we have been working to improve our measures and pulling the data to show our progress as we write our case management proposal for both counties. In the proposal, we showed a lot of improvements, such as our overall progress in meeting key indicators across fiscal years. Here are our Orange County highlights, in March 2023, we met 0% of the measures but by March 2025, we achieved 64%.



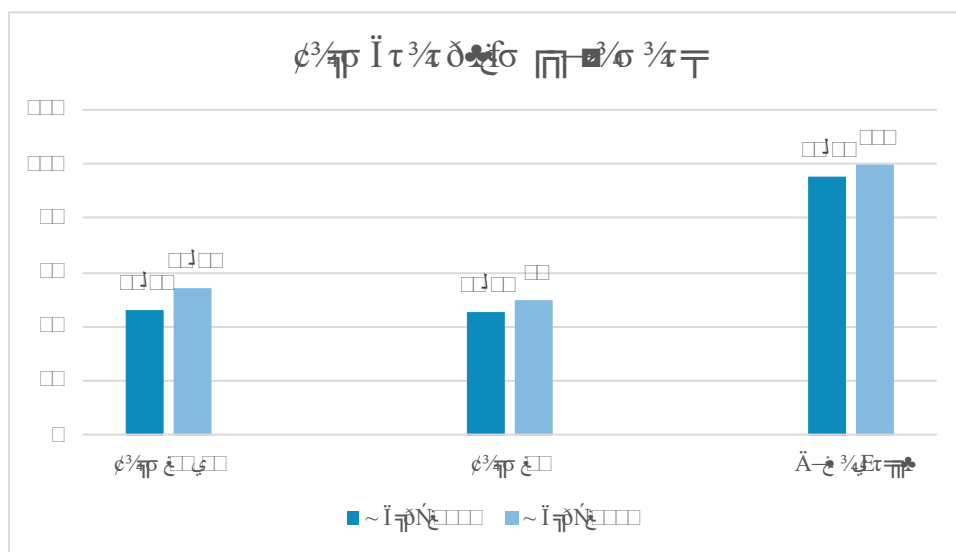
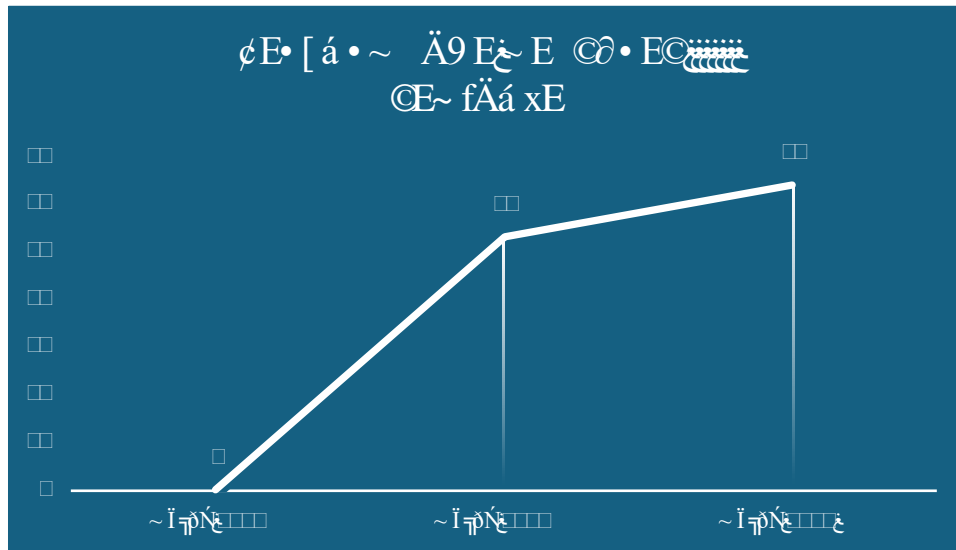
The Permanency Improvement chart highlights how children are not only achieving permanency but are remaining in those stable placements, with fewer re-entries into care.

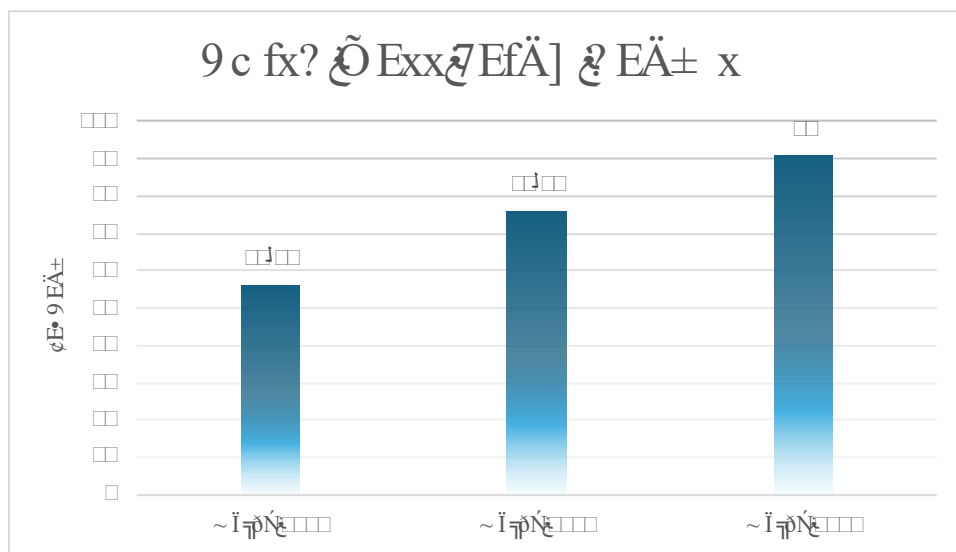
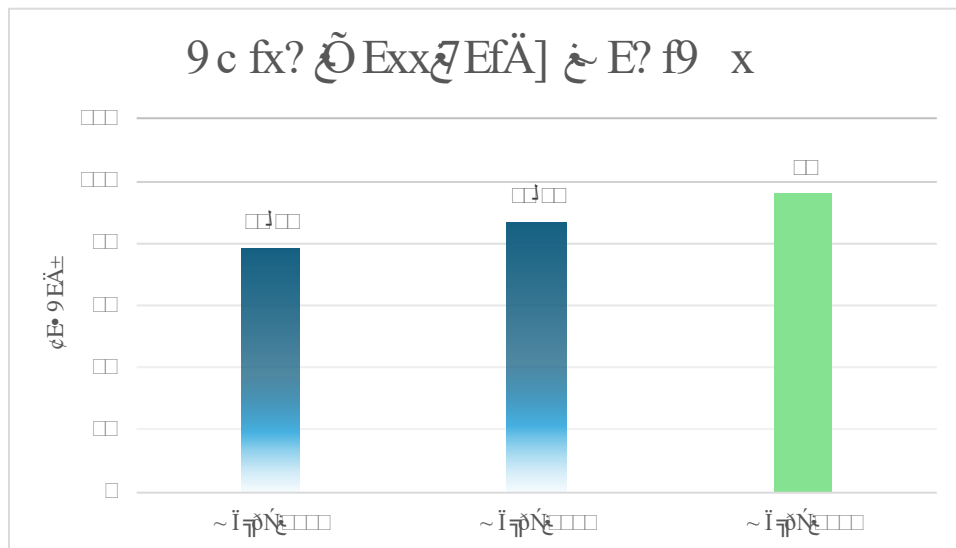


Additionally, the Child Well-Being: Medical and Dental charts indicate a substantial increase in timely medical and dental care for children. These improvements underscore Camelot's dedication to promoting the overall health and well-being of children in our care.



Here are the same statistics in those above categories for our Seminole County program.





The proposal is due in May and we should hear back after the oral presentation as to which county we are awarded to serve.



Space Coast: Brevard

The Brevard Adoption Team continues to focus on raising awareness of adoption and the presence of Camelot Community Care in Brevard County. The team has reached out to many agencies via in-person drop-ins, emails and phone calls. They set up a table at the Friends of Children Super Hero 5k that was held on 4/26/2025 (pictured below) where the team was able to network with other agencies and make connections. One of those connections was with Bikers Against Child Abuse which resulted in a follow-up phone call to discuss how we can work together moving forward. Another connection that was made was with the Elks where they have offered to have the team come learn about what they can offer the community as well as giving us the opportunity to present the Adoption Support Program to their members.



On 4/28/2025, the team had a table at the Brevard Public Schools Elementary School Counselor Community Resource Fair (pictured below) and gave a short presentation to the attendees. Additionally, connections were made with 'Do It for Hunter,' a local suicide awareness prevention program. Many of the guidance counselors who attended the workshop took the team brochures and expressed their willingness to share the information with others. Additionally, the team plans on holding the next workgroup meeting on 5/21 and have recruited a local attorney and a retired guidance counselor to be a part of our group to share in the ongoing effort of raising adoption awareness. We hope to not only brainstorm on raising awareness, but also on fund raising ideas to assist in future recruitment activities. The Brevard County Adoptions team all attended and completed the Mandated Child Abuse Reporter training

presented by Camelot Community Care. As of April, we have achieved 130.5 adoptions towards this year's goal of 134, putting us on track to exceed the goal prior to the fiscal year end.



Southeast Florida: Stuart, Treasure Coast, Palm Beach & Broward

The Child Protection Team has been busy these last couple months with reviewing 2117 abuse reports with 100% compliance. The team completed 181 assessments: 28 Forensic Interviews, 76, Medical evaluations, 10 medical consultations, and 68 Specialized Interviews. 13 assessments were completed, passed the deadline due to the following reasons: no show, or families not being responsive and timely, waiting on additional medical records or waiting on additional referrals/assessments. The team was also busy attending a variety of community events to include:

- Participating in the "Walk in my Shoes" event with Lauren's Kids to raise awareness of childhood sexual abuse.
- Goodnight to Child Abuse event with St. Mary's Medical Center & NAT
- Provided new hire training for Department of Children & Families
- Participated in the Pinwheels in the Dinosaur Garden event at St. Mary's Medical Center
- Kara Faso provided Company-wide Training on Mandatory Reporting of Abuse & Neglect that was attended by over 200 employees

We hired a new case coordinator who will be attending Forensic interview training in June, and we continue to interview to hire another case coordinator and a medical assistant. and. Additionally, we are preparing for two upcoming program audits: VOCA and Victim Services (county contract).

In Therapeutic Foster Care, we have hired a new clinical director, Tamoya Bell who is scheduled to begin in May. Currently we are reviewing referrals to make clinical matches to place children in our open beds. We continue to need to grow our foster parent population and are participating in recruitment events to generate interest. A new therapeutic home was licensed on the treasure coast, and we have three other families that are identified as working towards therapeutic licensure (2 on the treasure coast/1 in Lauderdale).

In Foster Home Management, recruitment and placement are the primary focus of the program regionally. We have participated in the following recruitment/retention activities:

- Storybook Village
- Green Market in West Palm Beach
- Port St. Lucie Athletic League opening day fair
- Hanging flyers in community businesses
- Radio engagement in St. Lucie
- Asta Spring Fling
- Library fair on the Treasure Coast
- CCKids foster parent swim party
- ChildNet's foster parent month luncheon

We also in conjunction with the lead agency, CCKids, and other providers presented to the current Cayuga families, as Cayuga is leaving the area and the foster parents need to be picked up by another agency. There were 4 other agencies presenting for this recruitment, but we are hopeful that some families will choose Camelot as their next home.

We have identified a new area to recruit, in private schools. We are putting together a plan to connect with a number of them throughout the region. Camelot participated in the circuit wide recruitment & retention meeting held by CCKids and will be creating our new fiscal year's recruitment/retention plans for both CCKids and ChildNet. We currently are recruiting for our next pre-service training and have 13 families that we are vetting to attend class from the treasure coast.

Programmatically we eliminated one of the supervisor positions through the ChildNet contract and currently have one supervisor overseeing both Broward and Palm Beach FHM programs. We are also currently looking to hire a new licensing supervisor for the Treasure Coast program.

In our New Day program, currently the program's therapists are at full caseloads. The Clinical Director is out on FMLA and Amanda Capalbo is overseeing the program administratively while FFT, LLC is providing clinical support through weekly consultation. The program held a community service event last month around Suicide Awareness which was well attended. The program was monitored by our funder Children's Services Council and received a good report.

Independent Living: The program continues to be fiscally sound, and operations are consistent. Casi is interviewing for a new life coach as we had a Life Coach leave the organization in March. We are also looking at creating another Life Coach position with funding from our BBHC contract.

We were approached by CCKids on the Treasure Coast to be the sole provider of completing CBHAs. We are currently working on 49 assessments that have been referred. It is reported that the monthly average number of assessments would be between 25-35. We look forward to this opportunity as we also continue to write assessments in Palm Beach and Broward.

Heal Trauma Proposal: We responded to an RFP to provide Head Trauma services through the Children's Services Council of Broward. This is a program to create a Heal Trauma Team to provide families residing in central Broward County with assistance in connecting with needed resources as well as creating connections within their community. We were invited to participate in the oral presentation at the rater's committee and will find out the results mid-May.

We are currently participating in a BBHC/CSC Trauma Responsiveness Initiative as part of their Cohort 8 to continue to find opportunities to move the organization forward from being trauma informed to trauma responsive. A "Guide" team has been identified to include all levels of staff, and they are participating in required trainings as well as consultation.



Southwest Florida: Port Charlotte, Ft. Myers & Naples

Dependency Judge Evans held a Future Fair in Port Charlotte where we had approximately 60+ kids in attendance. Country artist, Ira Dean, spoke on camera to the kids via video chat offering inspirational messages.

There were approximately 10-12 vendors from the Military, Colleges, and different trades. Peer mentors were also present to chat with the kids. There was gift card give aways with a "bingo game" for our kids to go to each vendor and earn stamps. Pizza, sandwiches, and drinks were served. Judge Evans is already trying to set up another future fair in Lee County for later in 2025.

Each year, our licensing team partners with Power of God Ministries for their Easter Egg Hunt. We ended up with 3 inquiries from that event of families wanting to become foster parents.

Our licensing team continues to heavily recruit in the circuit, and we just had another home license in April bringing the total for this fiscal year to 10 new licensed foster homes.

We are in the process our Foster Parent Appreciation that will be held May 18th at a local park for the families.

The Fort Myers office has had three strong months in a row of serving new families (70 in total) and referrals continue to come in strong now.

Out 4th annual Bags and Brews Adult Charity Cornhole Tournament will be June 14th at the Charlotte County Fairgrounds indoors the Expo Center.



Marketing & Communications Snapshot Board Meeting - May 15, 2025



Camelot Highlighting Certification Successes

In May, we launched the "Camelot Highlighting Certification Successes"

campaign to honor the dedication and hard work of our team members who achieve certification as Case Managers, Licensing Specialists, or Supervisors through the Florida Certification Board. These certifications reflect a deep commitment to improving the lives of children and families in our care. By spotlighting these accomplishments, we not only celebrate individual success but also emphasize the critical role each team member plays in advancing our mission. The growth and development of every certified individual contribute to Camelot's continued success and impact.



Camelot Highlighting Certification Successes

About

Camelot is committed to recognizing the hard work and dedication of our team members. Achieving certification as a Case Manager, Licensing Specialist, or Supervisor through the Florida Certification Board represents a significant milestone that highlights their commitment to improving the lives of children and families in our care. By celebrating these accomplishments, we not only recognize their success but also emphasize the essential role each team member plays in shaping brighter futures. Every certified individual strengthens our mission, and it is through their ongoing growth that Camelot Community Care thrives.

Process

When a Camelot team member achieves certification, it's a moment to celebrate and share with the Camelot community and beyond. **To ensure their achievement is recognized, please follow the steps to the right:**



SCAN FOR
MARCOMM
PORTAL

Sample Social Media Post



Big News at Camelot Community Care!

★ Team Camelot is incredibly proud of the following individuals for passing their Child Welfare Case Manager Certification test and becoming provisionally certified!

- Brianna Williams, CWCM - Teresa Plannels, CWCM
- Anthony Johnson, CWCM - Susan Montville, CWCM

🌟 This achievement marks a huge milestone in their professional journeys, and Team Camelot couldn't be more excited to celebrate their hard work and dedication. Help us cheer them on as they continue making a difference in the lives of children and families!

#TeamCamelot #CamelotProud #CWCM #HeartForFamilies
#ChildWelfareChampion #CaseManagement #BrightFutures

1. Visit the MarComm portal at www.camelotcommunitycare.org/mcportal.
2. Submit the employee's name, the date of their certification type, and a headshot for inclusion in our celebratory social media posts.
3. Once submitted, our team will take care of the rest, ensuring the achievement is highlighted and shared on our social channels.

By submitting at the MarComm portal, you help us recognize the accomplishments of our most valuable resource and further promote the impact of their great work.



Camelot Highlighting Certification Successes

April 2025





Social Media - Various Posts



🌟 Honoring BMW of Delray Beach: A Heartfelt Thank You for Their Unwavering Support of Our Mission!

On Friday, April 4th, Camelot Community Care team members Leslie Serena and Cristina Sanchez had the honor of presenting an appreciation plaque to BMW of Delray Beach on behalf of our entire Team Camelot. The plaque was presented to express our heartfelt thanks for their unwavering support and dedication to our mission.

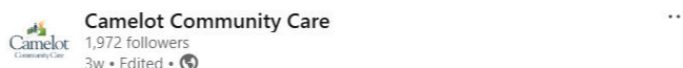
BMW of Delray Beach's generosity has had a profound impact, allowing us to continue serving children and families in need. We are deeply grateful for the strong partnership we've built with them, and it's supporters like them that empower us to bring families together for brighter futures.

👏 A sincere thank you to BMW of Delray Beach for being such an incredible ally in our work. We look forward to continuing our collaboration and making an even greater impact in the lives of the children and families we serve!

#BMWofDelrayBeach #MakingADifference #CamelotCommunityCare #Grateful #BrighterFutures



Link: <https://tinyurl.com/49mu7524>



🌟 Highlighting Our Palm Beach Child Protection Team!

We're proud to share that our Palm Beach CPT team recently participated in the "Say Goodnight to Child Abuse" event at St. Mary's Medical Center on April 9th, 2025. 🌟

Joined by local law enforcement, Fire Rescue, DCF, and hospital staff, our team celebrated the courage of the brave kids admitted to the hospital. They enjoyed seeing the trucks up close and received some incredible gifts! 🎁

As the sun set, everyone gathered on the lawn to wave to the children inside. The event concluded with a spectacular parade around the hospital, complete with lights and sirens, spreading joy and support throughout the community. 🌈

#CamelotCommunityCare #ChildAbusePrevention #CommunityEvent #SupportingOurKids St. Mary's Medical Center



Link: <https://tinyurl.com/95y8j36c>



Social Media - Various Posts

Camelot Community Care
1,972 followers
3w • 📍

🌟 Partner Spotlight: FK Your Diet!

Camelot Community Care is honored to highlight our amazing partners, Doug & Amy, owners of FK Your Diet. For the past four years, they have been the driving force behind the success of our Bags 'n Brews Cornhole Tournament at the Charlotte County Fairgrounds, not only as our food partner but also as steadfast advocates for foster children and families year-round.

💛 Doug & Amy consistently exceed expectations, ensuring that those they serve always receive essentials like warm meals, supportive assistance, and abundant compassion.

This month, Camelot had the privilege of presenting a memoriam plaque to Doug & Amy in honor of their beloved son, Mitch. His generous spirit and deep love for the community continue to inspire, with his legacy carried forward by his parents and the many lives they impact.

🍷 Let's come together to celebrate Doug, Amy, and the entire FK Your Diet family for their unwavering dedication to uplifting our community.

Visit www.fkyourdiet.com to learn more!


IN LOVING MEMORY OF MITCH MILLER

Mitch's heart was as vast as his generosity. He freely gave his last dollar to those in need, a testament to his selflessness. Even in passing, he bestowed the ultimate gift, saving lives as an organ donor. His kindness, selflessness, and unwavering spirit continue to inspire all who knew him. May we all strive to emulate his legacy and 'Be Like Mitch'—giving freely, caring deeply, and making our world a better place.

FOREVER IN OUR HEARTS

Dedicated by Camelot Community Care – April 2025

#CommunityChampions #FKYourDiet #CamelotCommunityCare #BagsNBrews #FosterCareSupport #InMemoryOfMitch



JENNIFER O'BRYAN, CAMELOT COMMUNITY CARE REGIONAL EXECUTIVE DIRECTOR, DOUG MILLER AND AMY ELDRIDGE, FK YOUR DIET OWNERS
PICTURE LEFT TO RIGHT

Link: <https://tinyurl.com/399v2ft7>

Camelot Community Care
1,972 followers
1w • 📍

🌟 Supporting Children's Mental Health Awareness Week!

At Camelot Community Care, we're dedicated to nurturing every child's well-being, and that includes mental health. This week, May 5-11, 2025, marks Children's Mental Health Awareness Week—a time to raise awareness and foster understanding about the importance of mental wellness in our youth.

We encourage open conversations about mental health, destigmatizing discussions, and promoting resources that support children and families. Here are a few helpful resources you can explore:

National Alliance on Mental Illness (NAMI)
<https://lnkd.in/gC2-hwXE>

Mental Health America
<https://lnkd.in/gnjHsEKi>

SAMHSA's National Helpline
<https://lnkd.in/g8Uc2rZv>

Join us in advocating for mental health awareness and empowering our community to prioritize the emotional well-being of our children. Together, we can make a difference. 💙

#ChildrensMentalHealth #MentalHealthAwareness #SupportingOurYouth #CamelotCommunityCare #BrighterFutures



MAY 5-11, 2025

AWARENESS WEEK

CAMELOT COMMUNITY CARE

Link: <https://tinyurl.com/4a5za7sp>



Marketing & Communications Snapshot Board Meeting - May 15, 2025



Social Media - Various Posts



Camelot Community Care

1,972 followers
4d • 🌐

🌸 Spring into Giving: Brightening Futures Donation Drive

We are incredibly grateful to ASTA South Florida for their unwavering support at the Spring ASTA Convention held on April 29th, 2025. Thanks to the generosity of Suppliers and Travel Advisors, we received a wonderful collection of personal hygiene items and gift cards for the children and families we serve at Camelot Community Care.

The following essential items were donated:

- * Lotion
- * Body Spray
- * Deodorant
- * Toothpaste & Toothbrushes
- * Hairbrushes
- * Gift Cards

These contributions will go a long way in helping the children and families facing abuse, neglect, behavioral health, and substance abuse challenges. 🙏

Thank you, ASTA South Florida, for your compassion and generosity. Together, we are making a lasting difference! ❤️

#SpringIntoGiving #BrighteningFutures #CamelotCommunityCare #Donate
#MakingADifference #ASTASouthFlorida #SupportFosterCare
#CommunityMatters



Spring ASTA Convention held on April 29th, 2025



**Spring into Giving:
Brightening Futures
Donation Drive**



asta South Florida Chapter

Robert L. Duglin
**Spring
AFFAIR**

CAMELOT COMMUNITY CARE

Link: <https://tinyurl.com/y5txtfty>



Camelot Community Care

1,972 followers
5d • 🌐

🎉 Celebrating 29 Years of Impact: Wishing Jennifer Lightbody a Happy Retirement!

After 29 years of unwavering dedication, kindness, and impact, we announce the retirement of Jennifer Lightbody. 🌟

For nearly three decades, Jennifer has been a steadfast support at our Lauderdale location, making sure every foster family, parent, and child felt heard, valued, and cared for. Her commitment went beyond expectations, even stepping in to babysit during trainings and events, allowing parents the space they needed to learn and grow.

Jennifer has truly made a difference in the lives of so many. Her compassion, dedication, and selflessness will always be remembered. 🙏

As she embarks on this next chapter, we thank Jennifer for her years of service and the countless smiles she's shared along the way. Wishing her all the joy and relaxation in her well-deserved retirement! 🎉

Congratulations, Jennifer! Your legacy will never be forgotten. ❤️



Link: <https://tinyurl.com/57eeahxa>





Marketing & Communications Snapshot Board Meeting - May 15, 2025



Social Media - Various Posts

Camelot Community Care
1,972 followers
4d • 🌟

🌟 Children's Mental Health Awareness Day – May 8, 2025

At Camelot Community Care, we believe every child deserves a strong foundation for mental well-being. As we observe Children's Mental Health Awareness Day, we stand united with SAMHSA in recognizing the importance of nurturing young minds.

💡 Why It Matters

An estimated 1 in 5 youth experience a diagnosable mental, emotional, or behavioral disorder. Early intervention and support are crucial for their development and success.

💡 How You Can Help

- Start Conversations: Encourage open discussions about feelings and mental health.
- Recognize Signs: Be aware of changes in behavior or mood.
- Seek Support: Reach out to professionals when needed.

📞 You're Not Alone

If you or someone you know is struggling, help is available 24/7:

- 988 Suicide & Crisis Lifeline: Call or text 988
- SAMHSA National Helpline: 1-800-662-HELP (4357)

Let's work together to ensure every child has the opportunity to thrive. ❤️

#ChildrensMentalHealthAwarenessDay #NCMHAD #MentalHealthMatters
#CamelotCommunityCare #SupportYoungMinds

Source: SAMHSA - www.samhsa.gov



Link: <https://tinyurl.com/y7hxm3tu>

Camelot Community Care
1,972 followers
3d • 🌟

🎉 Congratulations Tymira Stenson!

🌟 Team Camelot is incredibly proud of Tymira Stenson for achieving her Case Management Supervisor Certification on May 7, 2025 through the Florida Certification Board!

🌟 This accomplishment marks a significant milestone in her professional journey, and Team Camelot couldn't be more thrilled to celebrate her hard work and dedication. Join us in cheering her on as she continues to make a positive impact in the lives of children and families!

#TeamCamelot #CamelotProud #CWCM #HeartForFamilies
#ChildWelfareChampion #CaseManagement #BrightFutures



Link: <https://tinyurl.com/3yhkw75t>





Social Media - Various Posts

Camelot Community Care
1,972 followers
2d • 🌟

🎉 Kudos to a Camelot Star! 🌟

Join us in celebrating Marisol Victoria Barrett's incredible achievement: she received her Master of Social Work from the University of Central Florida (UCF) on May 2, 2025. 🎓

Marisol completed UCF's rigorous MSW program, accredited by the Council on Social Work Education (CSWE). This terminal master's degree prepares graduates like Marisol for specialized roles in child welfare, family services, and administration within social work. 🌟

Her dedication and commitment have not only earned her this advanced degree but have also equipped her to make a profound impact in our community. Congratulations, Marisol, on this well-deserved milestone! 🎉

Pictured (Left to Right): Marisol Victoria Barrett, Twiler Smith

#CamelotCommunityCare #SocialWorkExcellence #MSWGraduate #UCFAlumni #MakingADifference

Congratulations!

MARISOL VICTORIA BARRETT

MASTER OF SOCIAL WORK



University of Central Florida (UCF)
May 2, 2025

CAMELOT COMMUNITY CARE

Link: <https://tinyurl.com/y2udh4xc>


Camelot Community Care
1,972 followers
1d • Edited • 🌟

🌸 Celebrating the Heart of Every Home!

This Mother's Day, Camelot Community Care honors the incredible mothers and mother figures who provide love, support, and nurturing to children in their care. Your dedication is the cornerstone of strong families and brighter futures.

To all the mothers, foster mothers, and caregivers: thank you for your unwavering love and tireless efforts. Today and every day, we celebrate you! ❤️

#MothersDay #Love #Family #CamelotCommunityCare #FosterCare #Support #BrighterFutures



Link: <https://tinyurl.com/3rx7ve2y>



Marketing & Communications Snapshot Board Meeting - May 15, 2025



Email Signature Template for Independent Living – May 2025

Email Signature Template for Independent Living – May 2025

This email signature template is designed for the Independent Living team to incorporate the new **Independent Living Curriculum Trainer Credential**. It provides a professional, standardized format that includes the trainer's name, title, and contact information, as well as recognition to the recent credential achievement. This helps reinforce the team's commitment to quality training and support, ensuring clarity and consistency across all communication.

Camelot Community Care's Email Signature Template for Independent Living – May 2025



First and Last Name
Title/Position
Camelot Community Care, Inc.
7823 N. Dale Mabry Hwy, Suite 202
Office: 813-314-2070
Cell: Insert Here
Fax: 813-635-9725
www.camelotcommunitycare.org



NOTICE: The information contained in this email and any document attached hereto is intended only for the named recipient(s). If you are not the intended recipient, nor the employee or agent responsible for delivering this message in confidence to the intended recipient(s), you are hereby notified that you have received this transmittal in error, and any review, dissemination, distribution or copying of this transmittal or its attachments is strictly prohibited. If you have received this transmittal and/or attachments in error, please notify me immediately by reply email and then delete this message, including any attachments.

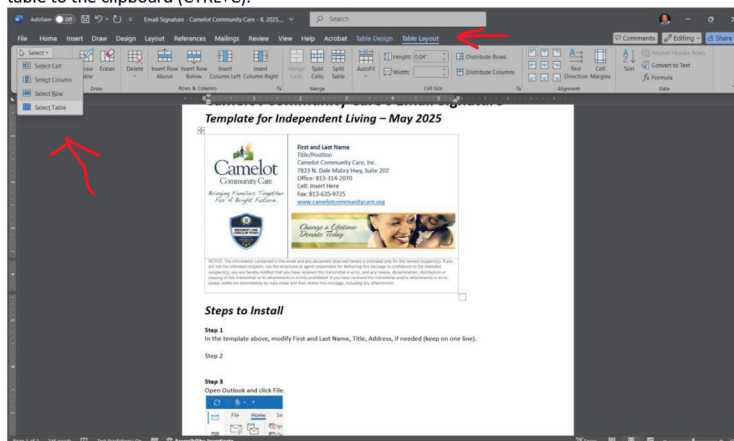
Steps to Install

Step 1

In the template above, modify First and Last Name, Title, Address, if needed (keep on one line).

Step 2

Click anywhere in the template above that you modified. Then click Table Layout then Select then Select Table then copy the table to the clipboard (CTRL+C).



Step 3

Open Outlook and click File.





Marketing & Communications Snapshot Board Meeting - May 15, 2025



Camelot Community Care Policy: Dog Safety During Home Visits

Camelot Community Care is committed to safety during home visits. The **Dog Safety During Home Visits** policy, created by **Lead Architect Sandy Bowman**, provides guidelines for assessing dog behavior, communicating with families, and ensuring safety. This document is editable for each location requiring this policy, ensuring that all offices uphold the same safety standards.



CAMELOT COMMUNITY CARE POLICY DOG SAFETY DURING HOME VISITS



DOG SAFETY DURING HOME VISITS

We understand that pets are part of the family, but even the friendliest dogs can become anxious or protective when unfamiliar visitors arrive. To help ensure a safe and distraction-free visit, we kindly ask that all dogs—regardless of size—be secured and kept separate from our staff while we are on your property or inside your home.

New people in the home may cause stress for your pet, which can lead to unexpected behavior. Our goal is to make each visit safe, respectful, and productive for everyone involved.

If a dog is not properly secured and a bite occurs, we will need to collect up-to-date vaccination records, and the incident will be formally reported.

Thank you for your cooperation and commitment to maintaining a safe environment.

ACKNOWLEDGMENT

I acknowledge and understand the request to keep all pets secured during any visit from Camelot Community Care staff.

Staff: _____

Signature: _____

Date: _____

Camelot Community Care, 15500 Roosevelt Boulevard, Suite 204, Clearwater, FL 33760
Office (727) 593-0003 • Fax (727) 595-0735 • www.camelotcommunitycare.org





Marketing & Communications Snapshot Board Meeting - May 15, 2025



April is Child Abuse Prevention Month Campaign

Launched an **April is Child Abuse Prevention Month Campaign** to raise awareness and inspire action in the fight against child abuse. Together, we strive to create safer futures for all children.

Emails

Email to All Constituents through Blackbaud NXT - Launched April 1st 8:00 AM

Email to All Staff - Launched April 1st 8:00 AM

Website

Webpage www.camelotcommunitycare.org/capm Launched April 1st 8:00 AM

Pop-Up www.camelotcommunitycare.org / Launched April 1st 8:00 AM

Menu www.camelotcommunitycare.org / Launched April 1st 8:00 AM

Social Media

April 1st 8:00 AM - Join Us in Raising Awareness!

April 3rd 8:00 AM - Wear Blue Day is Tomorrow, Friday, April 4th

April 4th 8:00 AM - Wear Blue Day is Today, Friday, April 4th

April 9th 8:00 AM - Digital Advocacy Day is Today, Wednesday, April 9th

April 14th 8:00 AM - Taking Action: Why We Must Prevent Child Abuse

April 21st 8:00 AM - Camelot's Commitment to Prevention



SCAN TO VIEW
WEBPAGE &
EXT. EMAIL



SCAN TO VIEW
ALL STAFF
EMAIL

Webpage/Ext. Email: <https://camelotcommunitycare.org/capm>
All Staff Email: <https://tinyurl.com/3ws9e8h>





Marketing & Communications Snapshot Board Meeting - May 15, 2025



May is National Foster Care Month Campaign

Launched our **May is National Foster Care Month Campaign** to honor foster parents and raise awareness about the needs of children in foster care. Together, we strive to support and uplift these children and families.

Emails

Email to All Constituents through Blackbaud NXT - Launched May 1st 8:00 AM

Email to All Staff - Launched May 1st 8:00 AM

Website

Webpage www.camelotcommunitycare.org/capm Launched May 1st 8:00 AM

Pop-Up www.camelotcommunitycare.org / Launched May 1st 8:00 AM

Menu www.camelotcommunitycare.org / Launched May 1st 8:00 AM

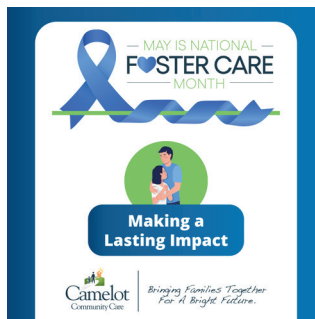
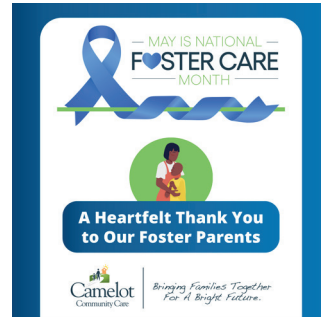
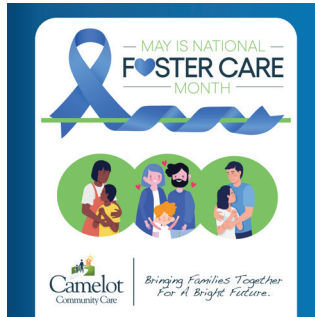
Social Media

May 1st 8:00 AM - Post 1 - Honoring Foster Families

May 8th 8:00 AM - Post 2 - Honoring Foster Families

May 15th 8:00 AM - Post 3 - Honoring Foster Families

May 22nd 8:00 AM - Post 4 - Honoring Foster Families



Webpage/Ext. Email: <https://camelotcommunitycare.org/nfcm>

All Staff Email: <https://tinyurl.com/3mcnjtf6>





Marketing & Communications Snapshot Board Meeting - May 15, 2025



May is Foster Parent Appreciation Month

In celebration of **Foster Parent Appreciation Month** this May, we took a moment to express our **deepest gratitude to the 241 dedicated foster parents** who make an incredible impact in the lives of children and families. Each foster parent received a heartfelt appreciation letter from Michael DiBrizzi, Camelot President/CEO, acknowledging their unwavering commitment and compassion. As a gesture of our gratitude, we also enclosed a \$10 Amazon gift card. While we know it cannot fully capture the depth of our thanks, we hope it served as a small token of the immense difference these foster parents make every day.



Camelot Community Care
15500 Roosevelt Boulevard, Suite 204
Clearwater, FL 33760



**Foster Parents
Address
City, State Zip**



[Date]

Dear [Foster Parent(s)],

As we celebrate **National Foster Care Month** this May, I wanted to take a moment to personally extend my deepest gratitude to you for your unwavering commitment and dedication to children that we serve here at Camelot Community Care.

Your role as foster [parent(s)] is nothing short of extraordinary. Every day, you provide a safe and loving home, offering stability and hope to children who need it most. Your compassion and selflessness are truly inspiring, and they embody the core values of our organization.

During this month of recognition, I want to express my heartfelt appreciation on behalf of the entire Team Camelot for the sacrifices you make and the invaluable support you provide. Your efforts make a profound difference in the lives of children, helping them grow and thrive in nurturing environments.

As a gesture of our gratitude, we've enclosed a \$10 Amazon gift card. While it may not fully capture the depth of our thanks, we hope it serves as a small token of the immense difference you make every day.

Thank you for choosing Camelot Community Care as your partner in this journey. Your dedication exemplifies our mission of bringing families together for a bright future, and we are honored to have you as part of our family.

With sincere gratitude,

Michael DiBrizzi
CEO, Camelot Community Care



Camelot Community Care, 15500 Roosevelt Boulevard, Suite 204, Clearwater, FL 33760
Office (727) 593-0003 • Fax (727) 595-0735 • www.camelotcommunitycare.org

