

May 12, 2026

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 as soon as possible in order for your return to be timely filed. The signed form 8879-TE may be returned to our office via hand delivery, mail, email to efileinbox@rgcocpa.com, fax to 813-874-6785.

Enclosed is the organization's 2024 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.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

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)	<u>224,579,741.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	<u>2b</u>
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	<u>3b</u>
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	<u>4b</u>
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	<u>5b</u>
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	<u>6b</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	<u>7b</u>
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	<u>8b</u>
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	<u>9b</u>
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<u>10b</u>

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 2024 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 2024 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 2024 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

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.

59685233602

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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** (2024)

LHA 402521 12-26-24

14380512 795320 221200

2024.05060 CAMELOT COMMUNITY CARE, INC 221200_1

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CAMELOT COMMUNITY CARE, INC.		D Employer identification number 31-1659302
	Doing business as		E Telephone number (727) 593-0003
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 224,666,721.
	15500 ROOSEVELT BLVD., STE. 204		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code CLEARWATER, FL 33760		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. See instructions
F Name and address of principal officer: MICHAEL DIBRIZZI SAME AS C ABOVE		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CAMELOTCOMMUNITYCARE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1999	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CAMELOT COMMUNITY CARE'S MISSION IS TO ENABLE CHILDREN AND FAMILIES TO REALIZE THEIR FULLEST		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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 2024 (Part V, line 2a)	5	1593
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	220,779,216.	218,146,721.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,187,442.	6,091,933.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	191,000.	179,323.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	114,916.	161,764.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	228,272,574.	224,579,741.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	89,930,482.	122,953,271.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	73,004,981.	71,823,850.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	64,810,033.	29,993,571.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	227,745,496.	224,770,692.
19 Revenue less expenses. Subtract line 18 from line 12	527,078.	-190,951.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	61,834,265.	67,750,745.
	22 Net assets or fund balances. Subtract line 21 from line 20	49,326,016.	55,433,447.
		12,508,249.	12,317,298.

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				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SAM A. LAZZARA	<i>Sam A. Lazzara</i>	5/12/26		P01342929
Firm's name RIVERO, GORDIMER & COMPANY, P.A.			Firm's EIN 59-3040705		
Firm's address 201 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602			Phone no. (813) 875-7774		

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 5,160,711. including grants of \$ 1,411,351.) (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 \$ 22,247,747. including grants of \$ 200.) (Revenue \$) CHILD WELFARE CASE MANAGEMENT PROGRAMS: PROVIDE DEPENDENCY AND PERMANENCY SERVICES TO CHILDREN IN STATE CUSTODY, BOTH IN 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 \$ 171,561,472. including grants of \$ 121,539,930.) (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 \$ 11,482,807. including grants of \$ 1,790.) (Revenue \$ 6,091,933.)

4e Total program service expenses 210,452,737.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and noncash contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included on line 1a, above, who are independent (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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH, FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MICHAEL DIBRIZZI - (727) 593-0003
1550 ROOSEVELT BLVD., STE. 204, CLEARWATER, FL 33760

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL DIBRIZZI PRESIDENT/CEO	40.00 0.10			X			261,549.	0.	11,371.	
(2) NADEREH SALIM CEO - CNSWFL	40.00			X			235,240.	0.	8,967.	
(3) TERRI BALLIET CEO - CNHC	40.00			X			199,680.	0.	7,275.	
(4) CHRISTOPHER TERRIGINO CFO - CNHC	40.00				X		170,628.	0.	3,294.	
(5) KIMBERLY WILLIAMS COO - CNHC	40.00				X		157,584.	0.	11,117.	
(6) RAYMOND FISCHER COO - CNSF	40.00				X		154,655.	0.	6,961.	
(7) DENNIS ANDREWS FORMER CFO - CNSF	40.00				X		156,367.	0.	1,036.	
(8) JOHN LUFF COO - CAMELOT	40.00					X	128,742.	0.	7,265.	
(9) SHIELA ASSON CAO - CAMELOT	40.00					X	134,749.	0.	571.	
(10) PAMELA GRIFFITH FORMER VICE PRESIDENT OF FINANCE - C	40.00					X	129,607.	0.	0.	
(11) ALEXA WALKER APRN - CAMELOT	40.00					X	121,747.	0.	0.	
(12) NATISHA REDDING DIRECTOR OF CASE MANAGEMENT - CAMELO	40.00					X	115,000.	0.	345.	
(13) JAMES W ECKLOF JR FORMER CFO - CAMELOT	40.00 0.10			X			94,321.	0.	5,240.	
(14) MELINDA FOREY-AS OF 6/4/24 CFO - CAMELOT	40.00			X			79,507.	0.	4,518.	
(15) KATHY RAINEY DIRECTOR	1.00	X					0.	0.	0.	
(16) TAMMY DAVIS BOARD VICE CHAIR	2.00 0.10	X					0.	0.	0.	
(17) RON MIRENDA BOARD CHAIR	2.00 0.10	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) JENNIFER MANNION SECRETARY	2.00	X						0.	0.	0.
(19) KIMBERLY PEREZ TREASURER	2.00	X						0.	0.	0.
(20) ANNEMARIE HARE DIRECTOR	1.00	X						0.	0.	0.
(21) MALLORY EVERITT DIRECTOR	1.00	X						0.	0.	0.
(22) JON TSOURAKIS DIRECTOR	1.00	X						0.	0.	0.
(23) ANTOINETTE HAGLEY DIRECTOR	1.00	X						0.	0.	0.
(24) MELISSA HENRY DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								2,139,376.	0.	67,960.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,139,376.	0.	67,960.

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 19

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	72,494.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	217,546,975.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	527,252.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 82,852.				
	h Total. Add lines 1a-1f		218146721.				
Program Service Revenue	2 a PATIENT SERVICES	Business Code					
		624100	6,066,872.	6,066,872.			
	b OTHER INCOME	900099	25,061.	25,061.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		6,091,933.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		179,323.			179,323.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ 72,494. of contributions reported on line 1c). See Part IV, line 18	8a		248,744.				
			86,980.				
			161,764.			161,764.	
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
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		224579741.	6,091,933.	0.	341,087.		

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	64,066,390.	64,066,390.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	58,886,881.	58,886,881.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,752,056.	1,516,533.	235,523.	
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	62,065,081.	53,721,887.	8,343,194.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,747.	53,633.	8,114.	
9 Other employee benefits	3,396,114.	2,949,818.	446,296.	
10 Payroll taxes	4,548,852.	3,951,071.	597,781.	
11 Fees for services (nonemployees):				
a Management				
b Legal	462,263.	456,805.	5,458.	
c Accounting	106,587.	105,329.	1,258.	
d Lobbying	40,885.	40,402.	483.	
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.)	846,636.	836,641.	9,995.	
12 Advertising and promotion	26,468.	541.	25,927.	
13 Office expenses	921,719.	670,352.	251,367.	
14 Information technology	1,601,614.	1,317,528.	284,086.	
15 Royalties				
16 Occupancy	7,623,579.	6,245,143.	1,378,436.	
17 Travel	413,610.	328,484.	85,126.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	566,833.	466,291.	100,542.	
20 Interest	77,048.		77,048.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	293,840.	51,778.	242,062.	
23 Insurance	2,016,232.	1,347,995.	668,237.	
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 CLIENT EXPENSES	5,963,303.	5,776,187.	121,692.	65,424.
b FOSTER CARE AND ADOPTIO	5,431,331.	5,414,137.	17,194.	
c OTHER EMPLOYEE EXPENSES	3,536,366.	2,213,567.	1,322,799.	
d STAFF RECRUITMENT AND R	65,257.	35,344.	29,913.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	224,770,692.	210,452,737.	14,252,531.	65,424.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	19,333,387.	1	23,345,063.	
	2 Savings and temporary cash investments	23,587,936.	2	26,037,911.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	6,771,300.	4	5,447,615.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	1,984,897.	9	2,273,376.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,215,916.			
	b Less: accumulated depreciation	10b 1,610,238.	747,383.	10c	605,678.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11	1,000,000.	13	1,000,000.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	8,409,362.	15	9,041,102.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	61,834,265.	16	67,750,745.		
Liabilities	17 Accounts payable and accrued expenses	15,405,006.	17	15,466,904.	
	18 Grants payable		18		
	19 Deferred revenue	25,549,846.	19	30,685,092.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	380,517.	21	392,844.	
	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	7,990,647.	25	8,888,607.	
	26 Total liabilities. Add lines 17 through 25	49,326,016.	26	55,433,447.	
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	12,006,905.	27	11,773,039.	
	28 Net assets with donor restrictions	501,344.	28	544,259.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	12,508,249.	32	12,317,298.	
33 Total liabilities and net assets/fund balances	61,834,265.	33	67,750,745.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	224,579,741.
2	Total expenses (must equal Part IX, column (A), line 25)	2	224,770,692.
3	Revenue less expenses. Subtract line 2 from line 1	3	-190,951.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,508,249.
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	12,317,298.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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		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	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.	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? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2024)

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 99.95%. Row 15: Public support percentage from 2023 Schedule A, Part II, line 14 99.96%.

16a 33 1/3% support test - 2024. 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 [X]
b 33 1/3% support test - 2023. 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
17a 10% -facts-and-circumstances test - 2024. 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
b 10% -facts-and-circumstances test - 2023. 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
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

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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).		

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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

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.)

COPY

**Schedule B
(Form 990)**

(Rev. December 2024)
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

Name of the organization

CAMELOT COMMUNITY CARE, INC.

Employer identification number

31-1659302

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FLORIDA DEPARTMENT OF CHILDREN 1317 WINEWOOD BLVD. BUILDING1, 202 TALLAHASSEE, FL 32399-0700	\$ 188,668,910.	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 2850 NW 43RD STREET, SUITE 200 GAINESVILLE, FL 32606	\$ 4,413,721.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FAMILY PARTNERSHIPS OF CENTRAL FLORIDA 4050 RIOMAR DRIVE ROCKLEDGE, FL 32955	\$ 7,135,177.	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.)

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

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

Name of organization CAMELOT COMMUNITY CARE, INC.	Employer identification number 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	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN) 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 EINs 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) 2024

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments, and similar amounts from members; 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); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures. See instructions

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)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CAMELOT COMMUNITY CARE, INC.

Employer identification number

31-1659302

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included 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 \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	429,942.	390,599.	356,478.	392,336.	300,693.
b Contributions					
c Net investment earnings, gains, and losses	42,915.	39,343.	34,121.	-35,858.	91,643.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	472,857.	429,942.	390,599.	356,478.	392,336.

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		805,316.	404,753.	400,563.
d Equipment		1,410,600.	1,205,485.	205,115.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				605,678.

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	709,508.
(2) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	472,857.
(3) RIGHT OF USE ASSETS- OPERATING LEASES	7,858,737.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	9,041,102.

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	8,118,732.
(3) TRUST ACCOUNT FUNDS	769,875.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	8,888,607.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	224,973,690.
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	393,949.	
e	Add lines 2a through 2d	2e		393,949.
3	Subtract line 2e from line 1		3	224,579,741.
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	224,579,741.

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	225,192,528.
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	421,836.	
e	Add lines 2a through 2d	2e		421,836.
3	Subtract line 2e from line 1		3	224,770,692.
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	224,770,692.

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, 2025, THE ORGANIZATION HAS DOCUMENTED ITS CONSIDERATION OF FASB 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RELATED ORGANIZATION REVENUE INCLUDED IN CONSOLIDATION
393,949

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ORGANIZATION EXPENSES INCLUDED IN CONSOLIDATION
421,836

Part XIII Supplemental Information *(continued)*

COPY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA (event type)	WALK-A-THON (event type)	2 (total number)		
Revenue	1	Gross receipts	197,438.	54,152.	69,648.	321,238.
	2	Less: Contributions	50,994.		21,500.	72,494.
	3	Gross income (line 1 minus line 2)	146,444.	54,152.	48,148.	248,744.
Direct Expenses	4	Cash prizes		600.		600.
	5	Noncash prizes				
	6	Rent/facility costs	5,440.	2,828.	12,645.	20,913.
	7	Food and beverages	28,728.	245.	797.	29,770.
	8	Entertainment		300.	2,500.	2,800.
	9	Other direct expenses	23,972.	3,311.	5,614.	32,897.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				86,980.
	11	Net income summary. Subtract line 10 from line 3, column (d)				161,764.

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				
	2	Cash prizes				
Direct Expenses	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: _____

Part IV Supplemental Information *(continued)*

COPY

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

**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
BOYS TOWN OF NORTH FLORIDA 3555 COMMONWEALTH BLVD TALLAHASSEE, FL 32303	20-0655144	501 C (3)	217,450.	0.			CHILD WELFARE SERVICES
JAFCO 4200 N UNIVERSITY DR SUNRISE, FL 33351	20-0898587	501 C (3)	104,739.	0.			CHILD WELFARE SERVICES
HEALTH CONNECT AMERICA INC PO BOX 7985 CAROL STREAM, IL 60197	20-3858944		23,187.	0.			CHILD WELFARE SERVICES
WEST FLORIDA FOSTER CARE SERVICES 23110 STATE ROAD 54 515 LUTZ, FL 33549	20-8459746	501 C (3)	372,375.	0.			CHILD WELFARE SERVICES
A&R SAFE HAVEN LLC 8820 NW 23RD AVE MIAMI, FL 33147	20-8602568		69,559.	0.			CHILD WELFARE SERVICES
DEVEREUX FOUNDATION 5850 TG LEE BLVD, STE 400 ORLANDO, FL 32882	23-1390618	501 C (3)	3,011,969.	0.			CHILD WELFARE SERVICES

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

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

Schedule I (Form 990) (Rev. 12-2024)

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
FAMILY CARE FOR CHILDREN & YOUTH INC. - 25 BELFORD BLVD - MILTON, PA 17847	23-2720983	501 C (3)	7,642.	0.			CHILD WELFARE SERVICES
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501 C (3)	1,736,873.	0.			CHILD WELFARE SERVICES
ANCHOR HOUSE OF POLK COUNTY PO BOX 625 AUBURNDALE, FL 33823	23-7244302		206,371.	0.			CHILD WELFARE SERVICES
FLORIDA SHERIFFS YOUTH RANCH - SAFETY HARBOR - 2486 CECIL WEBB PLACE, LIVE OAK, FL 32060 - LIVE OAK, FL 32060	23-7303117	501 C (3)	39,500.	0.			CHILD WELFARE SERVICES
INTEGRITY YOUTH GROUP HOME 10421 PENNSYLVANIA AVE BONITA SPRINGS, FL 34135	26-1668738		142,583.	0.			CHILD WELFARE SERVICES
A KIDS PLACE OF TAMPA BAY 1715 LITHIA PINECREST RD BRANDON, FL 33511	26-2757636	501 C (3)	2,789,360.	0.			CHILD WELFARE SERVICES
WINGS OF SHELTER INTERNATIONAL INC 21301 S TAMiami TRAIL SUITE #320-33 ESTERO, FL 33928	26-3441610		45,500.	0.			CHILD WELFARE SERVICES
REDEFINING REFUGE 401 E JACKSON ST STE 3300 LUTZ, FL 33602	27-2126223	501 C (3)	340,458.	0.			CHILD WELFARE SERVICES
BRIDGING FREEDOM 730 S. STERLING AVENUE TAMPA, FL 33609	27-5467980	501 C (3)	108,229.	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
MAJOR IMPACT 1960 VELASCO ST, STE 2 FORT MYERS, FL 33916	30-0572405		32,390.	0.			CHILD WELFARE SERVICES
EVERYDAY BLESSINGS 8421 PRITCHER RD LITHIA, FL 33547	30-0578702	501 C (3)	566,947.	0.			CHILD WELFARE SERVICES
NATIONAL YOUTH ADVOCATE PROGRAM 700 WEST HILLSBORO BLVD, SUITE 205/207 - DEERFIELD BEACH, FL 33441	34-1404302	501 C (3)	429,268.	0.			CHILD WELFARE SERVICES
EDUCATION ADVANTAGE 420 SW 30TH TERRACE FORT LAUDERDALE, FL 33312	35-2291175	501 C (3)	254,159.	0.			CHILD WELFARE SERVICES
ELISABETH KIEFFER, LLC 6681 DABNEY ST FT MYERS, FL 33966	35-2336110	501 C (3)	26,138.	0.			CHILD WELFARE SERVICES
LIGHTHOUSE YOUTH SERVICES 12416 STILLWATER TERRACE DR TAMPA, FL 33618	35-2342600	501 C (3)	342,210.	0.			CHILD WELFARE SERVICES
ONE HOPE UNITED 333 S WABASH AVE STE 2750 CHICAGO, IL 60604	36-2181967	501 C (3)	3,836,758.	0.			CHILD WELFARE SERVICES
JUSTICE WORKS FL LLC 1500 ARDMORE BLVD SUITE 410 PITTSBURGH, PA 15221	37-1861711		917,591.	0.			CHILD WELFARE SERVICES
KINSHIP SERVICES INC 3850 MANATEE AVE E BRANDON, FL 34208	38-3690339	501 C (3)	170,269.	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
INTEGRITY GROUP HOMES AT THE JOSHUA HOUSE, LLC - 2323 WEST FIG ST - TAMPA, FL 33609	41-3009793		321,714.	0.			CHILD WELFARE SERVICES
KATZ COUNSELING AND EDUCATIONAL PSYCHOLOGY - 12791 WORLD PLAZA LANE, BLDG #89 - FT MYERS, FL 33907	45-2038681		10,500.	0.			CHILD WELFARE SERVICES
A DOOR OF HOPE 8900 US HWY 19 N PINELLAS PARK, FL 33782	45-3993709	501 C (3)	755,835.	0.			CHILD WELFARE SERVICES
BAYSIDE BOYS HOME 1309 YOUNG AVE CLEARWATER, FL 33756	46-0874100		283,754.	0.			CHILD WELFARE SERVICES
J'S HOUSE FOR GIRLS, INC 6521 ALTA MONTE DR TAMPA, FL 33634	46-1130806	501 C (3)	19,300.	0.			CHILD WELFARE SERVICES
LEHIGH FAMILY GROUP 414 JAGUAR BLVD LEHIGH ACRES, FL 33974	46-1997535	501 C (3)	223,395.	0.			CHILD WELFARE SERVICES
FINALLY HOME 1936 BRUCE B DOWNS BLVD #121 WESLEY CHAPEL, FL 33544	46-2010499	501 C (3)	89,900.	0.			CHILD WELFARE SERVICES
EHS HOME, INC. 8853 LEONA STREET SEMINOLE, FL 33772	46-3801687	501 C (3)	206,153.	0.			CHILD WELFARE SERVICES
IGLESIA DE DIOS PENTECOSTAL MI 5800 N CHURCH AVE TAMPA, FL 33614	46-3900573	501 C (3)	538,384.	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
JEANETTE GROUP HOME 800 BERT AVE LEHIGH ACRES, FL 33971	46-4053404	501 C (3)	193,518.	0.			CHILD WELFARE SERVICES
MATERA LLC 3715 BERGER ROAD LUTZ, FL 33548	46-4326543		47,367.	0.			CHILD WELFARE SERVICES
CREATIVE LIVES INC 5314 LINDER PLACE NEW PORT RICHEY, FL 34652	47-1544227	501 C (3)	138,998.	0.			CHILD WELFARE SERVICES
MAN UP AND GO INC. 2650 S FRANCIS DR BROOKLINE, MO 65619	47-1933529	501 C (3)	80,487.	0.			CHILD WELFARE SERVICES
CARLTON MANOR GROUP HOME 18400 SW 100 STREET MIAMI GARDENS, FL 33196	47-2447298	501 C (3)	150,492.	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
GREAT EXPECTATIONS KIDS HOME 2489 MOON HARBOR WAY MIDDLEBURG, FL 32068	47-3180391	501 C (3)	114,640.	0.			CHILD WELFARE SERVICES
HARRIS TEEN HOME LLC 907 CLANTON AVE TAMPA, FL 33603	47-3277269	501 C (3)	215,170.	0.			CHILD WELFARE SERVICES
PATH2FREEDOM, INC. 1200 GOODLETTE RD N #9916 NAPLES, FL 34101	47-3835818	501 C (3)	129,684.	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
FAMILY CORNERS GROUP HOME 1237 BLAINE AVE FT MYERS, FL 33913	47-4191812	501 C (3)	138,899.	0.			CHILD WELFARE SERVICES
HAMILTON HOUSE GROUP HOME 13118 ROYAL PINES AVE RIVERVIEW, FL 33579	47-4423953	501 C (3)	154,933.	0.			CHILD WELFARE SERVICES
PINNACLE FAMILY SERVICES OF FLORIDA - 1395 BRICKELL AVENUE, STE 101 - MIAMI, FL 33131	47-4749980	501 C (3)	24,104.	0.			CHILD WELFARE SERVICES
360 CENTER FOR CHANGE LLC 2509 E. 21ST AVE TAMPA, FL 33605	47-5624874		87,607.	0.			CHILD WELFARE SERVICES
EMBRACING ME 32096 SPICEBERRY STREET WESLEY CHAPEL, FL 33576	47-5632356		87,048.	0.			CHILD WELFARE SERVICES
THOMPSON CHILD AND FAMILY FOCUS 6800 SAINT PETER'S LANE MATTHEWS, NC 28105	56-0547460	501 C (3)	2,784,018.	0.			CHILD WELFARE SERVICES
SALVATION ARMY SALLIE HOUSE 1424 NORTHEAST EXPRESSWAY NE BROOKHAVEN, GA 30329	58-0660607	501 C (3)	34,404.	0.			CHILD WELFARE SERVICES
CHILDRENS HOME NETWORK 10909 MEMORIAL HWY TAMPA, FL 33615	59-0192430	501 C (3)	3,705,215.	0.			CHILD WELFARE SERVICES
BROOKWOOD FLORIDA INC 901 7TH AVE S ST PETERSBURG, FL 33705	59-0624387	501 C (3)	239,193.	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)	40,803.	0.			CHILD WELFARE SERVICES
FLORIDA BAPTIST 1015 SIKES BLVD LAKELAND, FL 33815	59-0657326	501 C (3)	542,028.	0.			CHILD WELFARE SERVICES
ONE MORE CHILD INC. PO BOX 8190 LAKELAND, FL 33802	59-0657326	501 C (3)	22,514.	0.			CHILD WELFARE SERVICES
THE CHILDRENS HOME, INC 10909 MEMORIAL HWY TAMPA, FL 33615	59-0696284	501 C (3)	25,780.	0.			CHILD WELFARE SERVICES
GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES - 14041 ICOT BLVD. - CLEARWATER, FL 33760	59-1229354	501 C (3)	7,481,887.	0.			CHILD WELFARE SERVICES
COMMUNITY HEALTH OF SOUTH FLORIDA 10300 S.W. 216 STREET MIAMI, FL 33190	59-1372690	501 C (3)	18,680.	0.			CHILD WELFARE SERVICES
YOUTH AND FAMILY ALTERNATIVES 7524 PLATHE RD NEW PORT RICHEY, FL 34653	59-1545990	501 C (3)	38,576.	0.			CHILD WELFARE SERVICES
LIFESTREAM BEHAVIORAL CENTER, INC. 1616 14TH ST LEESBURG, FL 34748	59-1561501	501 C (3)	13,442.	0.			CHILD WELFARE SERVICES
SAFE CHILDREN COALITION, INC. GROUP HOME - 1500 INDEPENDENCE BOULEVARD, STE 210 - SARASOTA, FL 34234	59-1618413	501 C (3)	7,744.	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
FAMILY HEALTH CENTERS 2256 HEITMAN ST. FT MYERS, FL 33901	59-1741273	501 C (3)	17,512.	0.			CHILD WELFARE SERVICES
UNITED METHODIST CHURCH OF PINE ISLAND - 5701 PINE ISLAND ROAD - NW BOKEELIA, FL 33922	59-1773457		36,188.	0.			CHILD WELFARE SERVICES
CITRUS HEALTH NETWORK INC. 4175 W 20TH AVE HIALEAH, FL 33012	59-1865751	501 C (3)	11,200.	0.			CHILD WELFARE SERVICES
CHILDRENS PLACE HOME SAFE 2840 6TH AVE S LAKE WORTH, FL 33461	59-1935485	501 C (3)	252,946.	0.			CHILD WELFARE SERVICES
ALPHA HOUSE, INC 51701 5TH AVE. N ST. PETERSBURG, FL 33701	59-1991525	501 C (3)	142,001.	0.			CHILD WELFARE SERVICES
CARLTON MANOR ENHANCED CARE GROUP HOME - 45 WESTWOOD TERRACE ST - PETERSBURG, FL 33710	59-2058176	501 C (3)	98,514.	0.			CHILD WELFARE SERVICES
LUTHERAN SERVICES FLORIDA 3627A W WATERS AVE TAMPA, FL 33614	59-2198911	501 C (3)	11,046,769.	0.			CHILD WELFARE SERVICES
HEART OF FLORIDA YOUTH RANCH 15000 CITRUS COUNTRY DR #317 DADE CITY, FL 33523	59-2274734	501 C (3)	56,684.	0.			CHILD WELFARE SERVICES
HIBISCUS CHILDREN'S CENTER 4001 NE SAVANNAH ROAD JENSEN BEACH, FL 34957	59-2632361	501 C (3)	383,177.	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
GOLD AND ASSOCIATES PO BOX 2659 PONTE VERDRA BEACH, FL 32004	59-2921987		195,653.	0.			CHILD WELFARE SERVICES
ST AUGUSTINE YOUTH SERVICE 201 SIMONE WAY ST. AUGUSTINE, FL 32086	59-2925271	501 C (3)	234,755.	0.			CHILD WELFARE SERVICES
DANIEL MEMORIAL INSTITUTE 4203 S POINT BLVD JACKSONVILLE, FL 32216	59-2953808	501 C (3)	66,540.	0.			CHILD WELFARE SERVICES
MEDICAL EXPRESS CORPORATION 4237 SALISBURY RD #304 JACKSONVILLE, FL 32216	59-3001845		81,337.	0.			CHILD WELFARE SERVICES
UNIVERSITY OF SOUTH FLORIDA 4202 EAST FOWLER AVENUE ALC 100 TAMPA, FL 33620	59-3102112	501 C (3)	491,104.	0.			CHILD WELFARE SERVICES
TWIN OAKS JUVENILE DEVELOPMENT 2930 KERRY FOREST PKWY TALLAHASSEE, FL 32309	59-3512790	501 C (3)	976,451.	0.			CHILD WELFARE SERVICES
FRIENDS OF FOSTER CHILDREN FOREVER 3050 HORSESHOE DR N UNIT 260 NAPLES, FL 34104	59-3598933	501 C (3)	7,500.	0.			CHILD WELFARE SERVICES
ABACUS MANAGEMENT 3372 NE 17TH TERRACE OCALA, FL 34479	59-3628110		57,300.	0.			CHILD WELFARE SERVICES
HANDS OF MERCY EVERYWHERE 6017 SE ROBINSON RD BELLEVIEW, FL 34420	59-3630008	501 C (3)	119,111.	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
COOKSON HILLS FAMILY MINISTRIES OF FLORIDA - 4175 W 20TH AVE - HIALEAH, FL 33012	59-3653025	501 C (3)	535,929.	0.			CHILD WELFARE SERVICES
SYLVIA THOMAS CENTER 2633 VAREO CT. CAPE CORAL, FL 33991	59-3680366	501 C (3)	268,902.	0.			CHILD WELFARE SERVICES
MANIFESTATIONS WORLDWIDE INC. 3102 E LAKE AVE TAMPA, FL 33610	59-3731193	501 C (3)	313,763.	0.			CHILD WELFARE SERVICES
PEDIATRIC PAVILLIONS 4448 EDGEWATE DR ORLANDO, FL 32804	59-3751720		11,315.	0.			CHILD WELFARE SERVICES
ABUNDANT LIFE MINISTRIES HOPE HOUSE II - PO BOX 354925 - PALM COAST, FL 32135	59-3757611	501 C (3)	148,350.	0.			CHILD WELFARE SERVICES
ADMINISTRATIVE OFFICE OF THE COURTS - 700 EAST TWIGGS ST SUITE 102 - TAMPA, FL 33602	59-6000661	501 C (3)	45,301.	0.			CHILD WELFARE SERVICES
HILLSBOROUGH COUNTY CHILDREN AND YOUTH SERVICES - 3191 CLAY MANGUM LN - TAMPA, FL 33602	59-6000661		27,958.	0.			CHILD WELFARE SERVICES
4 KIDS OF SOUTH FLORIDA 2717 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309	61-1416525	501 C (3)	339,928.	0.			CHILD WELFARE SERVICES
CHILDREN'S ADVOCACY 3830 EVANS AVE FT MYERS, FL 33901	65-0007620	501 C (3)	174,505.	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
SOURCE OF LIGHT AND HOPE - YOUNITY 2666 LIME STREET FT MYERS, FL 33916	65-0013240	501 C (3)	807,343.	0.			CHILD WELFARE SERVICES
CHILDREN'S ADVOCACY 5405 PARK CENTRAL COURT NAPLES, FL 34109	65-0049492	501 C (3)	44,445.	0.			CHILD WELFARE SERVICES
HIS HOUSE CHILDREN'S HOME 20000 NW 47TH AVE MIAMI GARDENS, FL 33055	65-0145994	501 C (3)	157,029.	0.			CHILD WELFARE SERVICES
OUR MOTHERS HOME 7438 CARRIER RD FT MYERS, FL 33912	65-0510103	501 C (3)	276,532.	0.			CHILD WELFARE SERVICES
BEHAVIORAL ANALYSIS AND THERAPY, INC. - 8001 SW 36TH ST, STE 9 - DAVIE, FL 33328	65-0842110	501 C (3)	611,118.	0.			CHILD WELFARE SERVICES
LEXISNEXIS RISK SOLUTION 28330 NETWORK PLACE CHICAGO, IL 60673	65-0852445		5,508.	0.			CHILD WELFARE SERVICES
STRENGTH PROVIDER 1513 GRADUATE CT. LEHIGH ACRES, FL 33971	65-1007070	501 C (3)	137,634.	0.			CHILD WELFARE SERVICES
STRENGTH PROVIDER 12995 S CLEVELAND AVE.# 36 FT MYERS, FL 33907	65-1007070	501 C (3)	308,122.	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)	423,681.	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
A SECOND CHANCE II 342 CHEROKEE AVE HAINES CITY, FL 33844	81-1358373	501 C (3)	727,383.	0.			CHILD WELFARE SERVICES
CREATIVE GROWTH GROUP INC 5314 LINDER PLACE NEW PORT RICHEY, FL 24652	81-1360500	501 C (3)	195,442.	0.			CHILD WELFARE SERVICES
MOCKING BIRD QUALITY CARE 5921 RIVA RIDGE DR WESLEY CHAPEL, FL 33544	81-2367229		124,028.	0.			CHILD WELFARE SERVICES
COUNSELING AND ASSESSMENT SERVICES 3468 TROPICAL POINT ST. JAMES CITY, FL 33956	81-2489003	501 C (3)	112,460.	0.			CHILD WELFARE SERVICES
EDITH CHANGING LIVES LLC 1849 TUPELO LANE WESLEY CHAPEL, FL 33524	81-2642437		21,350.	0.			CHILD WELFARE SERVICES
THE MCCRAE HOUSE 2624 E 29TH AVE TAMPA, FL 33605	81-3028703	501 C (3)	265,673.	0.			CHILD WELFARE SERVICES
BEACON YOUTH SERVICES 2064 N HIGHLAND AVE CLEARWATER, FL 33755	81-3836379		280,051.	0.			CHILD WELFARE SERVICES
ENSOR HEALTH SERVICES 12140 MURRAY AVE LARGO, FL 33778	81-4024642		315,466.	0.			CHILD WELFARE SERVICES
SWF PSYCH SVCS LLC-OLBY 2633 VAREO CT. CAPE CORAL, FL 33991	81-4093935	501 C (3)	5,500.	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 FIRST COMMUNITY HOMES AND SERVICES, INC - 7401 WILES RD., STE. 218 - CORAL SPRINGS, FL 33067	81-4338883	501 C (3)	18,052.	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
IMPERIAL CONNECTIONS SUPPORT PROGRAMS, LLC DBAJW RESIDENTIAL HOME CARE - 5450 BRUCE B DOWNS BLVD. - WESLEY CHAPEL, FL 33544	81-5171895		510,377.	0.			CHILD WELFARE SERVICES
EMBRACING INDEPENDENCE 10123 KINGSHYRE WAY TAMPA, FL 33647	81-5443006	501 C (3)	67,701.	0.			CHILD WELFARE SERVICES
CROSSROADS HOPE ACADEMY 45991 BERMONT ROAD PUNTA GORDA, FL 33982	81-5467641	501 C (3)	827,405.	0.			CHILD WELFARE SERVICES
CHOSEN YOUTH INC. 12901 MCGREGOR BLVD FT MYERS, FL 33919	82-1231829	501 C (3)	416,465.	0.			CHILD WELFARE SERVICES
GRACE FOR HOPE, INC 20307 ASH GROVE LANE TAMPA, FL 33647	82-1346841	501 C (3)	469,391.	0.			CHILD WELFARE SERVICES
LIVING JOURNEY GROUP HOME 254 NORTH AVENUE LEHIGH ACRES, FL 33936	82-1533492		81,883.	0.			CHILD WELFARE SERVICES
HARRIS TEEN HOME - CLEARWATER 8515 TIDAL BAY LANE TAMPA, FL 33635	82-1773572	501 C (3)	171,525.	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
LITTLE DEBBIES SECOND CHANCE 8379 GASPARILLA RD PORT CHARLOTTE, FL 33981	82-3370269	501 C (3)	575,495.	0.			CHILD WELFARE SERVICES
REYNA GROUP HOME 3551 NW 97TH ST MIAMI, FL 33147	82-3403436	501 C (3)	81,855.	0.			CHILD WELFARE SERVICES
EMBRACING LIFE INC 32096 SPICEBERRY STREET WESLEY CHAPEL, FL 33576	82-4589638		131,150.	0.			CHILD WELFARE SERVICES
CREATIVE GROWTH INC 5314 LINDER PLACE NEW PORT RICHEY, FL 34652	83-2726250	501 C (3)	103,018.	0.			CHILD WELFARE SERVICES
PINEGROVE GROUP HOME 1004 PINEGROVE DR BRANDON, FL 33511	83-4221428	501 C (3)	119,324.	0.			CHILD WELFARE SERVICES
ACCESS GRANTED NOW LLC. 11655 US HIGHWAY 301 N PARRISH, FL 34219	83-4250996		32,100.	0.			CHILD WELFARE SERVICES
JONES ALTERNATIVE INC 12226 CORPORATE BLVD STE 142 ORLANDO, FL 32817	84-4472403		176,522.	0.			CHILD WELFARE SERVICES
PROJECT BUILD SOUTHWEST FLORIDA 3845 BECK BLVD NAPLES, FL 34114	84-4915331	501 C (3)	196,722.	0.			CHILD WELFARE SERVICES
HEALTHY GROUP HOME PROJECT LLC 1812 DAFFODIL STREET PANAMA CITY, FL 32405	84-5148522		60,550.	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
MANNY ANTHONY & CO, LLC. D/B/A INTEGRITY GROUP HOMES - 1530 MICHELIN COURT - LUTZ, FL 33549	85-2922834		809,074.	0.			CHILD WELFARE SERVICES
ELEVATED YOUTH SERVICES 26318 LAWRENCE AVE WESLEY CHAPEL, FL 33544	87-2494748		117,450.	0.			CHILD WELFARE SERVICES
RITE OF PASSAGE INC. 2560 BUSINESS PKWY, STE A MINDEN, NV 89423	88-0235002		16,938.	0.			CHILD WELFARE SERVICES
THE HALO PROJECT 1450 BRAMEN AVE FT MYERS, FL 33901	88-0524286	501 C (3)	13,834.	0.			CHILD WELFARE SERVICES
VISION YOUTH SERVICES, INC 6335 VERMONT AVE NEW PORT RICHEY, FL 34653	88-1117474	501 C (3)	87,807.	0.			CHILD WELFARE SERVICES
IN HER HANDS 37312 MAIN AVE DADE CITY, FL 33523	88-1831130	501 C (3)	17,376.	0.			CHILD WELFARE SERVICES
IN HER HANDS 4838 EVERHART DRIVE LAND O LAKES, FL 34639	88-1831130		29,083.	0.			CHILD WELFARE SERVICES
XAVIER HOUSE UNLIMITED INC. P.O. BOX 358285 GAINESVILLE, FL 32635	88-1858794	501 C (3)	121,347.	0.			CHILD WELFARE SERVICES
INSPIRED KIDS HOME 7138 SEMINOLE BLVD SEMINOLE, FL 33772	88-2589792	501 C (3)	150,325.	0.			CHILD WELFARE SERVICES

Schedule I (Form 990)

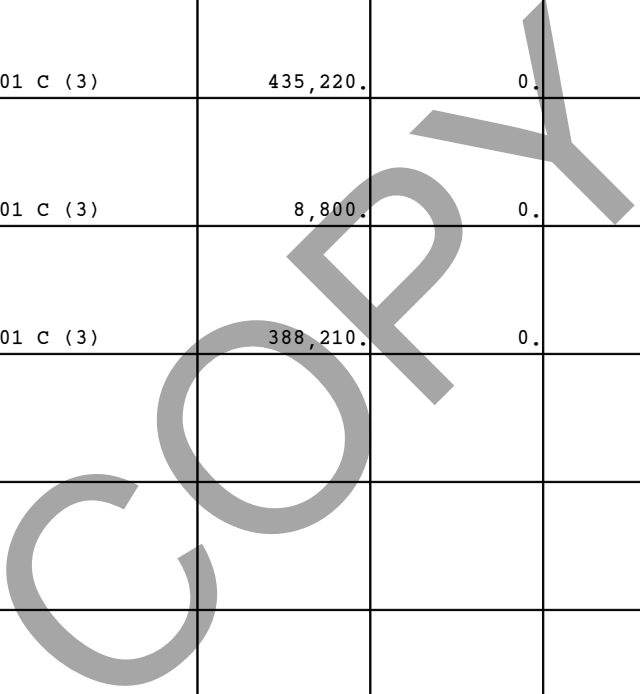
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 INC 10497 RIDGE RD SEMINOLE, FL 33778	88-2589792	501 C (3)	54,140.	0.			CHILD WELFARE SERVICES
TRUMAN RESIDENTIAL GROUP HOME, LLC 4229 TRUMAN DRIVE SEFFNER, FL 33584	88-3479119	501 C (3)	72,861.	0.			CHILD WELFARE SERVICES
HELPING HANDS DEVELOPMENT LLC 1248 E. HILLSBOROUGH AVE., 227 TAMPA, FL 33604	88-4155849	501 C (3)	380,044.	0.			CHILD WELFARE SERVICES
INTEGRITY GROUP HOMES SERVICES 310 NEW LONDON COURT BRANDON, FL 33510	92-1205273	501 C (3)	664,533.	0.			CHILD WELFARE SERVICES
BLESSED YOUTH GROUP HOME 3316 KATHERINE ST FT MYERS, FL 33916	92-1820245	501 C (3)	482,925.	0.			CHILD WELFARE SERVICES
REDEMPTION HOME 1, INC 2226 MENOMONEE COURT ORLANDO, FL 32818	93-1982618	501 C (3)	98,614.	0.			CHILD WELFARE SERVICES
REDEMPTION HOME INC 5927 GROVELINE DR ORLANDO, FL 32810	93-1982618		36,512.	0.			CHILD WELFARE SERVICES
GROVE ACADEMY, LLC 806 N HABANA AVE TAMPA, FL 33609	99-2237374		11,092.	0.			CHILD WELFARE SERVICES
EMPOWERED HARMONY HAVEN 1309 COFFEEN AVENUE STE 1200 SHERIDAN, WY 82801			30,303.	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)	18,790.	0.			CHILD WELFARE SERVICES
ABSOLUTE CARE 23110 STATE RD 54 #207 LUTZ, FL 33549	02-0626504	501 C (3)	435,220.	0.			CHILD WELFARE SERVICES
LESLIE SWANSON PH.D 4642 SW 131 TERRACE MIRAMAR, FL 33027	06-1784589	501 C (3)	8,800.	0.			CHILD WELFARE SERVICES
BOYS TOWN CENTRAL FLORIDA INC 975 OKLAHOMA ST OVIEDO, FL 32765	20-0654235	501 C (3)	388,210.	0.			CHILD WELFARE SERVICES



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	2084	15,363,730.	0.		
ADOPTION SUBSIDY PAYMENTS	4686	40,927,674.	0.		
GUARDIANSHIP SUBSIDY	163	1,359,813.	0.		
INDEPENDENT LIVING	204	1,235,664.	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 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.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

Open to Public
Inspection

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

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
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?	2	
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 type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
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	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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)	243,212.	0.	18,337.	400.	10,971.	272,920.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NADEREH SALIM CEO - CNSWFL	(i)	235,240.	0.	0.	400.	8,567.	244,207.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TERRI BALLIET CEO - CNHC	(i)	199,680.	0.	0.	400.	6,875.	206,955.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTOPHER TERRIGINO CFO - CNHC	(i)	170,628.	0.	0.	0.	3,294.	173,922.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KIMBERLY WILLIAMS COO - CNHC	(i)	157,584.	0.	0.	400.	10,717.	168,701.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RAYMOND FISCHER COO - CNSF	(i)	154,655.	0.	0.	241.	6,720.	161,616.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DENNIS ANDREWS FORMER CFO - CNSF	(i)	156,367.	0.	0.	0.	1,036.	157,403.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		82,852.	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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

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

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

Schedule M (Form 990) 2024

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

Lined area for supplemental information.

COPY

**SCHEDULE O
(Form 990)**

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

(Rev. January 2025)

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

**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	78,642,156.	31,007,328.	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	113,681,993.	22,057,279.	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) (Rev. 1-2025)

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

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

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

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

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

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CAMELOT COMMUNITY CARE PROPERTY HOLDINGS, INC.	D	1,000,000.	CASH PAID
(2) CAMELOT COMMUNITY CARE PROPERTY HOLDINGS, INC.	J	134,000.	CASH PAID
(3)			
(4)			
(5)			
(6)			

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

Department of the Treasury
Internal Revenue Service

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

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	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	Form 990-T (governmental entities)	15

• 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 **26**, 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 **24**, and ending **JUN 30**, 20 **25**

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.