


**The White Family Foundation
Grant Request #822
Camaraderie Foundation
March 30, 2023**

Date of grant proposal submission	Thursday, March 30, 2023
Are you an IRS compliant 501(c)3 public charity/nonprofit?	Yes
Legal name of organization	CAMARADERIE FOUNDATION INC
DBA Name if Applicable	Camaraderie Foundation
Address	 2488 E. Michigan Street Orlando, Florida 32806 United States
Website	https://camaraderiefoundation.org/
Telephone	4078410071
Organization Director/Title	Maria Cherjovsky - CEO
Contact Person/Title	Anna Tanzilla - COO
Contact Person's Telephone	502-718-7058
Contact Person's Email	atanzilla@camaraderiefoundation.org
Grant Request Amount	\$20,000.00

Please provide us with a brief description of your organization (no more than 500 words).

Camaraderie Foundation's mission is to provide healing for the "invisible wounds of war" through counseling, emotional, and spiritual support for all branches of military service members, veterans, and their families (spouses/partners/children). Camaraderie's purpose is Saving Lives-Saving Families of the brave men and women who sacrifice so much for our freedom. We offer case management, counseling with licensed mental health therapists, and support services to alleviate the stress associated with military service and transitions from the battlefield back into society. Support services include information and referral, family fun activities, and transition and employment assistance. Since 2009, we have served 7,000+ individuals directly through all our programs and touched more than 40,650 lives, many who were at critical status and needed immediate intervention to prevent devastating outcomes. We have offices in Orlando and Tampa, FL and the majority of clients served live in the Tampa Bay area.

These painful wounds are devastating to military families who experience twice the number of divorces, increased family violence, and risk of homelessness, child neglect, and poor communication. With each day, more and more military families are coping with the mounting burden of repeated combat deployments. Increasingly, those burdens include troubling mental health challenges and, in worst-case scenarios, suicidal ideations/actions. Veterans are committing suicide at around 22 daily; one American hero every 65 minutes. Family members are also wounded, experiencing anger, alcoholism, anxiety, secondary PTSD, and suicidal feelings. It is well-known that despite the sacrifices military members and their families have made in service to our nation, the mental health services provided to them by government agencies and other providers are often inaccessible or inadequate to meet the critical mental health needs that have emerged in recent years.

According to the 2020 US Census, 22 million+ Americans have served or are serving in the military. 2020 saw a 20-30% increase in veteran suicide (Military Times). One suicide affects 135 lives. (Military Suicide Research Consortium)

- * 87% of veterans are exposed to potentially traumatic events
- * 4 times as many service members/veterans died by suicide vs combat since 9/11/2001
- * 62% of post-9/11 veterans know a service member that completed suicide
- * Nearly 1 in 3 Vietnam veterans have had PTSD
- * 21% of family members report they experience barriers to mental health care

Never before have so few, defended so many, for so long. With less than 1% of the population serving in the military, troops have been deployed multiple times over the last 20 years, with many exposed for prolonged periods to combat-related stress or traumatic events. This constant vigilance results in wounds that go beyond the battlefield. With each day, more and more military families are coping with the mounting burden of repeated combat deployments. Safeguarding the mental health of our military men and women and their loved ones is an important part of honoring those who have served our nation and ensuring the future readiness of our armed forces.

Grant Purpose (one paragraph)

Camaraderie is seeking a grant of \$20,000 to provide individual, marital and family counseling, at no cost, to active military service members, veterans and their families (partners/spouses/children). Each client is approved for up to eight counseling sessions. A case manager, funded by Camaraderie, will assess client needs and make referrals to counselors. Private sessions are conducted by licensed professionals to help individuals and families address post-traumatic stress disorder, traumatic brain injury, military sexual trauma, anger management, anxiety, depression, alcohol and drug abuse, marital and relationship issues, domestic violence, suicidal ideation, spiritual wellness, and child/adolescent issues related to military service. We have a network of 500+ licensed mental health counselors qualified as Master Level Counselors with a minimum of two years of post-license experience and 25 hours of work with military veterans. Camaraderie works with a Medical Advisory Council made up of licensed mental health counselors who ensure we follow best practices to serve military families. Funding would provide approximately eight sessions each (\$800 total) to 25 clients in the Tampa Bay area over a 1-year period. Camaraderie has committed \$3,000 for case management and project administration.

Annual Project/Program Budget (if request is for a specific project)	\$23,000.00
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Annual Organization Budget	\$1,363,260.00
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Proposal To
The White Family Foundation

***Mental Health Counseling
for
Military Families***

Camaraderie Foundation

2488 E. Michigan Street
Orlando, FL 32806

May 24, 2023



Camaraderie Foundation

2488 E. Michigan Street | Orlando, FL 32806 | 407.841.0071
800 S. Harbour Island Blvd | Tampa, FL 33602 | 407.841.0071
www.camaraderiefoundation.org

May 24, 2023

The White Family Foundation
Attn: Grant Application Coordinator
P.O. Box 2491
Tarpon Springs, FL 34688

Dear Ms. Banther:

On behalf of the Camaraderie Foundation board, staff, volunteers and military families we serve, please accept this application to The White Family Foundation for funding in the amount of \$20,000 to provide mental health counseling to military families in the Tampa Bay area.

Veterans are committing suicide at an estimated 22 daily; one American hero every 65 minutes. The invisible wounds of war are many and run deep. With each day, more and more military families are coping with the mounting burden of repeated combat deployments. Increasingly, those burdens include troubling mental health challenges and, in worst-case scenarios, suicidal ideations/actions. Family members are wounded as well, experiencing anger, anxiety, alcoholism, secondary PTSD, and suicidal feelings. Florida has the 3rd largest veteran population in the nation (FL VA) and Hillsborough County has the largest population of veterans in Florida with nearly 98,000 veterans. (Co. Govt.).

Camaraderie services help fill gaps for military families. Safeguarding the mental health of our military men and women, as well as their loved ones, is an important part of honoring those who have served our nation and ensuring the future readiness of our Armed Forces. The requested funds would provide individual, marital and family counseling with licensed therapists, at no cost, to 25 individuals who are active military service members, veterans and their family members.

Camaraderie Foundation is a 501(c)(3) nonprofit founded in 2009. Our mission is to provide healing for the "invisible wounds of war" through counseling, emotional, and spiritual support for all branches of military service members, veterans, and their families. We offer case management, counseling and support services to alleviate the stress associated with military service and transitions from the battlefield back into society. Support services include information and referral, family fun events and transition and employment assistance. Camaraderie's purpose is Saving Lives - Saving Families of the brave men and women who sacrifice so much for our freedom.

We thank you for your consideration of this application to help prevent suicide and heal military families. See the attached information for details. If you have questions or require additional information, you may contact me by email at atanzilla@camaraderiefoundation.org or by phone at (502) 718-7058.

Most sincerely,

Anna Tanzilla

Anna Tanzilla
COO

Enc.

Cover Sheet

Organization:
Camaraderie Foundation

Address:
2488 E. Michigan Street
Orlando, FL 32806

Organization Telephone Number:
407-841-0071

Contact Name/Title:
Anna Tanzilla/COO

Contact Cell Number:
502-718-7058

Agency Website:
<https://camaraderiefoundation.org/>

Grant Purpose:
Mental Health Counseling for Military Families

Grant Amount:
\$20,000

Area Served:
Tampa Bay Area

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Florida Charity Solicitation of Contributions approval letter

Mental Health Counseling for Military Families

Camaraderie Foundation

May 24, 2023

Organization Mission and Capacity

Camaraderie Foundation's mission is to provide healing for the "invisible wounds of war" through counseling, emotional, and spiritual support for all branches of military service members, veterans, and their families (spouses/partners/children). Camaraderie's purpose is Saving Lives-Saving Families of the brave men and women who sacrifice so much for our freedom. We offer case management, counseling with licensed mental health therapists, and support services to alleviate the stress associated with military service and transitions from the battlefield back into society. Support services include information and referral, family fun activities, and transition and employment assistance.

Since 2009, we have served 7,000+ individuals directly through all our programs and touched more than 40,650 lives, many who were at critical status and needed immediate intervention to prevent devastating outcomes. We have offices in Orlando and Tampa, FL and the majority of clients served live in the Tampa Bay area. However, Camaraderie Foundation serves military families wherever they are located and counseling services have been provided in over 48 states and internationally, including Panama, Guam and the United Kingdom.

Camaraderie Foundation has surrounded itself with some of the best and brightest to guide its mission, strategies and activities. Our program staff have years of extensive experience and education in developing and administering health and human service programs and working with military families. Our overall staff reflect the diversity of the clients we assist and the majority have served in the armed forces and/or have family members who have or are serving in the military.

Camaraderie Foundation's Board of Directors is a diverse group of professionals who have knowledge, passion and community connections to the organization, including 21 members who are high ranking military retirees and four who are law enforcement or first responder officials. In addition, Camaraderie has shown a strong capacity to tap into key community leaders in Central Florida for financial support through both personal and professional relationships of staff and Board members. Camaraderie has also leveraged relationships with active duty military and veteran leaders for outreach in local communities. The organization holds very close ties with key leaders in the fields of defense, homeland security, aviation, and aerospace industries, law enforcement and first responders, construction, information technology field, and financial and professional services.

Camaraderie is a highly collaborative agency and we are fortunate that the veteran services world is full of dedicated people committed to working together. Staff rely on partnerships with other nonprofits, businesses (many veteran owned) and governmental agencies for referrals and access to networks of active military, veterans and their families.

Camaraderie collaborates with James A. Haley and Bay Pines VA centers as a referral source for veterans and their families. We partner with Hillsborough County Veterans' Treatment Court as a

referral source to help veterans successfully receive counseling as part of their court ordered rehabilitation. We work with the Gold Star Mother Foundation to provide resources to grieving families, CareerSource Pinellas on awareness events and mutual referrals, and the Crisis Center of Tampa Bay for referrals for veterans in need. We also receive referrals from the Gary Sinise Foundation-Snowball Express (children whose parents died while on duty).

We also partner with local school systems as a referral source for children struggling with the effects of a parent with a service-related mental health condition. Joe, a U.S. Marine died of sudden cardiac issues, leaving behind his wife and six children. Joe's wife, Lisa, soon realized that she could not cope on her own and reached out to get counseling for both her and her children. Camaraderie was able to assist with counseling to help the family through their grieving process.

We partner with the University of South Florida both in terms of research and with our providers. Dr. Diego Hernandez is one of our mental health providers, part of our medical advisory board, the Clinical Director of Accelerated Resolution Therapy (ART) Research at the University of South Florida, and past Clinical Director of the Military Trial of ART at USF. We also work closely with and fund mental health providers at Veteran's Alternative, a nonprofit organization providing veterans and their families with access to ART.

Project Need

The invisible wounds of war are many and run deep. With each day, more and more military families are coping with the mounting burden of repeated combat deployments. Increasingly, those burdens include troubling mental health challenges and, in worst-case scenarios, suicidal ideations/actions. It is well-known that despite the sacrifices military members and their families have made in service to our nation, the mental health services provided to them by government agencies and other providers are often inaccessible or inadequate to meet the critical mental health needs that have emerged in recent years.

Mental health remains a stigmatized issue in the military, with service members avoiding early intervention for fear of appearing weak. In research studies, veterans identified three areas negatively impacting them and their families: mental issues, isolation and transitioning to the civilian world. Veterans are committing suicide at an estimated 22 daily; one American hero every 65 minutes. Family members are wounded as well, experiencing anger, alcoholism, anxiety, secondary PTSD, and suicidal feelings. These and other painful wounds are devastating to military families who experience twice the number of divorces, increased family violence, child neglect, poor communication, and increased risk of homelessness. Children not only suffer these effects, but also increased episodes of acting out and poor academic performance.

Florida has the 3rd largest veteran population in the nation, behind California with 1,616,000 veterans and Texas with 1,563,000 veterans. (FL VA) Hillsborough County has the largest population of veterans in Florida with nearly 98,000 veterans. (Co. Govt.) It is well-known that despite the sacrifices military members and their families have made in service to our nation, the mental health services provided to them by government agencies and other providers are often inaccessible or inadequate to meet the critical mental health needs that have emerged in recent years. Many

families choose our no cost counseling program to ensure privacy for their military career and to avoid long waiting periods for VA services and the financial barriers for private insurance.

According to the 2020 US Census, 22 million+ Americans have served or are serving in the military. 2020 saw a 20-30% increase in veteran suicide (Military Times). One suicide affects 135 lives. (Military Suicide Research Consortium)

- 87% of veterans are exposed to potentially traumatic events
- 4 times as many service members/veterans died by suicide vs combat since 9/11/2001
- 62% of post-9/11 veterans know a service member that completed suicide
- Nearly 1 in 3 Vietnam veterans have had PTSD
- 21% of family members report they experience barriers to mental health care

Project Impact

Camaraderie is seeking a grant of \$20,000 to provide individual, marital and family counseling, at no cost, to 25 individuals who are active military service members, veterans or their families (partners/spouses/children). Each client will be approved for up to eight counseling sessions. Case managers will assess client needs and make referrals to counselors. Private sessions are conducted by licensed professionals to help individuals and families address post-traumatic stress disorder, traumatic brain injury, military sexual trauma, anger management, anxiety, depression, alcohol and drug abuse, marital and relationship issues, domestic violence, suicidal ideation, spiritual wellness, and child/adolescent issues related to military service.

We have a network of 500+ licensed mental health counselors qualified as Master Level Counselors with a minimum of two years of post-license experience and 25 hours of work with military veterans. Camaraderie works with a Medical Advisory Council made up of licensed mental health counselors who ensure we follow best practices to serve military families. Camaraderie has committed \$3,000 for case management and project administration for this project.

Project Activities:

- 25 participants assessed by a case manager for mental health needs and assigned to a therapist
- 25 participants meet with a therapist for up to 8 counseling sessions
- Case managers support clients with counseling related needs and additional resources throughout the grant period
- Partnering organizations will provide client referrals and additional resources for participants
- Ongoing and annual program evaluation and reporting conducted
- Recognition of grant award and program impact

Never before have so few, defended so many, for so long. With less than 1% of the population serving in the military, troops have been deployed multiple times over the last 20 years, with many exposed for prolonged periods to combat-related stress or traumatic events. This constant vigilance results in wounds that go beyond the battlefield. With each day, more and more military families are coping with the mounting burden of repeated combat deployments. Safeguarding the mental health of our military men and women and their loved ones is an important part of honoring those who have served our nation and ensuring the future readiness of our armed forces.

There is no charge for any of our services, so any military family in need is eligible for our services. This includes veterans who were discharged dishonorably. Veterans with anything other than an honorable discharge, even one who might be suffering from post-traumatic stress disorder or a traumatic brain injury, do not have access to VA benefits and neither does their family. However, they are eligible for Camaraderie programs. As we also serve active duty military, we can provide complete confidentiality with our services, overcoming a major barrier to those seeking counseling. Many of our staff and counselors speak Spanish. The only requirement for our services is that the individual be a veteran, military service member or family member.

Other needs we address and barriers we remove are geographic limitations (we match clients with local providers who meet our qualifications) and interpersonal needs. What happens outside of our program if a client sees a mental health provider and does not like them? Overwhelmingly, the client stops going. With our program, if the provider/client relationship is not a match, we immediately match the client with a different provider.

According to a 2021 Iraq and Afghanistan Veterans of America Survey, 50% of military spouses reported increased stress, financial concerns, family, and/or marital issues. Children also experience these effects, along with suicidal ideation, increased episodes of acting out and poor academic performance. Often, clients may initially come to us as a spouse seeking counseling or a couple seeking marriage counseling, a resource that is not financially covered at all as part of any veterans' post service benefits, and eventually end up as the veteran clients seeking services. By supporting the entire family, we are truly saving lives and saving families.

An active duty, special operations service member just returned from his fifteenth deployment. The service member was having difficulties adjusting to the home and work environment. Feelings of anxiety and depression were, at times, overwhelming. He was getting tired of the constant deployment, leaving the family and returning to a home that did not understand him and what he was going through. He could not sleep, and when he did, the constant nightmare made it impossible to rest and be ready for work. There are many times that he had to hold back his emotions and leave the house to find himself. His relationship with his spouse and family was not the same and he was asking for help; something that he would not even consider in the past. The application for counseling was processed immediately and the service member is receiving assistance through a well-qualified and trusted psychologist.

The spouse of a U.S. Army veteran contacted our office for assistance for their teenage child. The veteran served our nation proudly for 32 years before retiring in 2014. During the veteran's time of service, his daughter was raped by multiple boys from their local high school. At the time, she was in 7th grade. The boys were prosecuted, and the young girl testified in court to confront her attackers. This took its toll on the family and the veteran requested to be relocated, attempting to leave his child's issues behind.

They were relocated to Guantanamo Bay where the daughter suffered a traumatic brain injury (TBI) while spending time with friends. Since the accident, she had difficulty in school, resulting in her being held back a grade. Shortly after returning state side, she began to self-medicate. The pain of her rape and effects from her TBI led her to become addicted by age 15. She has made great strides in

her substance abuse recovery and regularly attends 12-step groups with her father. She is now receiving the needed trauma focused therapy thanks to Camaraderie.

Project Objectives and Measurements

Camaraderie's counseling and case management program outcomes are tracked through extensive follow up by case managers through multiple evaluations administered immediately before, during and months after services are completed to gauge efficacy. Pre- and post-session data is gathered from the evidence-based Outcomes Rating Scale (ORS) and Session Rating Scale (SRS) completed by the clients. These scales measure mental health progress of participants as well as their experiences with the counseling process. The ORS assesses changes that have taken place following participants' last counseling session. It is a measurement tool with known validity, reliability and feasibility. The SRS is performed at the end of counseling sessions and asks clients to evaluate the session in areas such as relationship with the therapist (i.e., feeling heard and respected), goals and topics, approach or method (i.e., if there is a good fit), and overall.

The effectiveness of counselors may be determined by the progress of participants (after conversations with both counselors and clients), timely submission of documentation, and feedback from participants. Results are monitored during the program for signs of problems. If issues are detected, the case manager reaches out within 24 hours to identify the cause. If the relationship between the counselor and the client has been lost, a new counselor can be selected by the client. If the client does not attend counseling, the case manager will reach out to determine if there are issues that need to be resolved. This process reassures the client that they are in charge of their life and are being well supported. Senior staff also monitor and evaluate case manager performance and client evaluations throughout the year.

Camaraderie continues to refine and update evaluation methods and measurement tools to ensure those we serve are receiving optimum and evidence-based care. We also regularly review and research data from the community to ensure we are meeting the needs of our military families. Additionally, all data is recorded in a HIPPA compliant CRM, Apricot by Social Solutions. Each contracted counselor providing therapy has their own CRM for therapy. Camaraderie shares aggregated program results with community partners and funders. Of course, no confidential client information is shared.

Project Outcomes:

Out of the 25 new clients, 89% (22) participants will complete counseling.

- 88% of participants (19) who complete their counseling sessions will report improvement in their individual well-being with lower personal or symptom distress.
- 85% of participants (18) who complete their counseling sessions will report improvement in relationships with family and close friends.
- 85% of participants (18) who complete their counseling sessions will report improved satisfaction with work/school and relationships outside of home.
- 88% of participants (19) who complete their counseling sessions will report improvement in their overall mental well-being.

(Measured by Outcomes Rating Scale and Session Rating Scale) Project outcomes are based on an average of the 2022 statistics calculated based on client responses to the Rating Scales.

Collaboration with The White Family Foundation

It would be an honor for Camaraderie Foundation to partner with The White Family Foundation to provide counseling for military families through a grant award. Other opportunities for support from The White Family Foundation could be making introductions to other potential contributors and volunteers interested in serving military families, along with referrals to organizations and individuals who would benefit from Camaraderie Foundation programs.

Military families who receive counseling through Camaraderie benefit from better coping habits as they learn to process trauma and other stressors related to their deployment. They will have a stronger support system to help them towards the path of recovery from conditions like PTSD, substance abuse, anxiety, depression, and countless other obstacles they may be facing. They will have the support of case managers with military experience and training in suicide prevention and crisis intervention. On average, 89% of individuals who complete counseling report improved mental health outcomes and better coping skills, including children as young as age four presenting suicidal ideations in response to a military parent's behavior.

We thank you for your consideration of this proposal for a grant of \$20,000 to help prevent suicide and heal military families. The last thing we want to do is put someone on a waiting list for service. Your contribution will help us provide immediate counseling services for military families asking for help. If funding is awarded, The White Family Foundation would be recognized in our annual report, on our website and throughout Camaraderie Foundation's social media channels and emails, receiving more than 27,000 impressions per month. And, with your permission, we will host a media event to recognize this contribution.

Attachments

Organization Annual Budget (current year)

Organization Balance Sheet/Profit & Loss Statements

Program budget

Your most recent IRS 990 tax filing

Detailed description of executive staff members, qualifications, and duration with the organization.

Detailed description of the Board Members, qualifications, duration on the Board

Board Member service and contribution requirements

Annual report

Notable facts

Program rating scales

Letter of support

Additional Information

IRS 501(c)(3) Determination Letter approving your not-for-profit status

Florida Charity Solicitation of Contributions approval letter

Camaraderie Foundation, Inc. FY23 Budget

	Budget	Orlando	Tampa
Income			
41000 Contributions & Grants			
41100 Federated Campaigns-United Way	4,000.00	2,000.00	2,000.00
41200 Foundations and Grants (Unrestricted)	100,000.00	130,000.00	30,000.00
41250 RESTRICTED Foundations and Grants	210,000.00	189,000.00	21,000.00
41300 Contributions-Private Sources	140,000.00	120,000.00	20,000.00
41360 Online Store	10,000.00	7,500.00	2,500.00
41770 Recurring Gifts	40,000.00	34,085.00	5,915.00
Total 41000 Contributions & Grants	\$ 504,000.00	\$ 482,585.00	\$ 81,415.00
42000 Gifts-in-Kind			
42100 Donated Goods - Programs & Misc	70,000.00	52,500.00	17,500.00
42700 Donated Professional Services	30,000.00	22,500.00	7,500.00
42800 Donated Use of Facilities	9,000.00	6,750.00	2,250.00
Total 42000 Gifts-in-Kind	\$ 109,000.00	\$ 81,750.00	\$ 27,250.00
44000 Special Events Income			
44100 Special Event Income	949,675.00	851,775.00	97,900.00
44350 Donated Auction Items	25,000.00	18,750.00	6,250.00
44375 Cost of Donated Auction Items	-25,000.00	-18,750.00	-6,250.00
44900 Direct Cost of Events	-172,200.00	-156,700.00	-15,500.00
Total 44000 Special Events Income	\$ 777,475.00	\$ 695,075.00	\$ 82,400.00
45000 Investment Income			
45100 Interest Income	\$ 0.00		
Total 45000 Investment Income	\$ 0.00	\$ 0.00	\$ 0.00
48000 Other Income			
48100 PPP Loan Income	\$ 0.00		
Total 48000 Other Income	\$ 0.00	\$ 0.00	\$ 0.00
Total Income	\$ 1,390,475.00	\$ 1,259,410.00	\$ 191,065.00
Gross Profit	\$ 1,390,475.00	\$ 1,259,410.00	\$ 191,065.00
Expenses			
61500 Program Expenses			
61510 Scholarships - Counseling	324,750.00	324,750.00	
61515 Family Fun Days	28,800.00	21,000.00	7,800.00
61520 Mentor Leadership	12,500.00	6,250.00	6,250.00
61525 Peer Support	2,700.00	1,500.00	1,200.00
61530 Joint Costs Allocated	6,000.00	5,000.00	1,000.00
61540 Cost of DONATED Goods - Programs & Misc	70,000.00	50,000.00	20,000.00
Total 61500 Program Expenses	\$ 444,750.00	\$ 408,500.00	\$ 36,250.00

62000 Professional Services			
62100 Accounting & Bookkeeping	20,000.00	20,000.00	
62140 Legal Fees	1,500.00	1,500.00	
62200 Contract Personnel	0.00	0.00	
62300 Grant Writing	25,000.00	25,000.00	
62600 Payroll Service	1,000.00	1,000.00	
62650 Other Professional Services	1,000.00	1,000.00	
62710 PR/Marketing	36,000.00	36,000.00	
62780 Cost of Donated Prof Services	30,000.00	30,000.00	
Total 62000 Professional Services	\$ 114,500.00	\$ 114,500.00	
62800 Occupancy			
62850 Maintenance & Repair	1,000.00	1,000.00	
62860 Rent, Storage, Utilities	30,240.00	29,500.00	740.00
62870 Cost of Donated Use of Facilites	9,000.00	9,000.00	
Total 62800 Occupancy	\$ 40,240.00	\$ 39,500.00	\$ 740.00
64000 Office Expenses			
64210 Office Supplies	4,000.00	3,000.00	1,000.00
64300 Postage & Mailing Service	4,000.00	4,000.00	
64400 Printing, Copying & Graphic Design (non event)	2,000.00	2,000.00	
64500 Telephone, Telecommunications	7,000.00	7,000.00	
64550 Staff Cell Phones	10,800.00	9,600.00	1,200.00
64600 Small Equipment & Furnishings	2,000.00	2,000.00	
Total 64000 Office Expenses	\$ 29,800.00	\$ 27,600.00	\$ 2,200.00
65000 Information Technology			
65115 Hardware & Software	14,000.00	11,000.00	3,000.00
65155 Blackbaud	16,000.00	16,000.00	
65300 Internet, Email & Web Site	10,800.00	10,000.00	800.00
Total 65000 Information Technology	\$ 40,800.00	\$ 37,000.00	\$ 3,800.00
66000 Payroll Expenses			
66100 Salaries & Wages	537,237.00	488,460.00	48,777.00
66500 Payroll Taxes	39,797.00	37,370.00	2,427.00
66800 Health Insurance	24,300.00	21,600.00	2,700.00
Total 66000 Payroll Expenses	\$ 601,334.00	\$ 547,430.00	\$ 53,904.00
67000 Conferences-Travel			
67100 Registration Fees-Out of Town (OoT)	200.00	200.00	
67200 Mileage, Parking & Tolls (OoT)	200.00	200.00	
67300 Airfare & Ground Transport-Out of Town	1,400.00	1,400.00	
67400 Registration, Lodging & Meals-Out of Town	1,700.00	1,700.00	
Total 67000 Conferences-Travel	\$ 3,500.00	\$ 3,500.00	\$ 0.00
67500 Community & Board			
67515 Attendance Fee	2,000.00	1,500.00	500.00
67525 Speaker & Facilitator Fees	0.00	0.00	
67540 Meeting Hospitality - F&B	5,000.00	3,000.00	2,000.00
67545 Meeting Supplies	1,000.00	1,000.00	
67560 Mileage, Parking, Tolls-Comm & Board	7,000.00	6,000.00	1,000.00
Total 67500 Community & Board	\$ 15,000.00	\$ 11,500.00	\$ 3,500.00

68000 Insurance			
68150 Liability & Property Insurance	1,500.00	1,500.00	
68200 D & O Insurance	1,700.00	1,700.00	
68700 Workers' Comp	1,600.00	1,600.00	
Total 68000 Insurance	\$ 4,800.00	\$ 4,800.00	\$ 0.00
69000 Other Expenses			
69100 Advertising & Marketing	25,000.00	20,000.00	5,000.00
69200 Bad Debts-pledged amounts not received			
69300 Bank & Merchant Fees	300.00	300.00	
69310 Processing Fees	9,500.00	9,500.00	
EIDL Payment	7,368.00	7,368.00	
Interest expense	5,268.00	5,268.00	
Total 69300 Bank & Merchant Fees	\$ 22,436.00	\$ 22,436.00	\$ 0.00
69320 Books, Subscriptions, Reference	1,000.00	1,000.00	
69350 Dues & Memberships	4,100.00	3,100.00	1,000.00
69450 Hospitality - F&B	10,000.00	6,000.00	4,000.00
69500 Recognition & Awards	1,000.00	1,000.00	
69600 Staff Training	2,000.00	1,000.00	1,000.00
69650 Taxes, Licenses & Permits	1,000.00	1,000.00	
69900 Other Expenses	2,000.00	1,000.00	1,000.00
Total 69000 Other Expenses	\$ 68,536.00	\$ 56,536.00	\$ 12,000.00
Total Expenses	\$ 1,363,260.00	\$ 1,250,866.00	\$ 112,394.00
Net Operating Income	\$ 27,215.00	\$ 8,544.00	\$ 78,671.00
Net Income	\$ 27,215.00	\$ 8,544.00	\$ 78,671.00

Camaraderie Foundation
Profit and Loss
 January - March, 2023

	Total
Income	
41000 Contributions & Grants	
41100 Federated Campaigns-United Way	284.88
41200 Foundations and Grants (Unrestricted)	12,000.00
41250 RESTRICTED Foundations and Grants	87,500.00
41300 Contributions-Private Sources	21,673.32
41360 Online donations	516.72
41770 Recurring Gifts (CAM Colonel Club)	9,737.80
Total 41000 Contributions & Grants	\$ 131,712.72
42000 Gifts-in-Kind	
42700 Donated Professional Services	5,535.00
Total 42000 Gifts-in-Kind	\$ 5,535.00
43800 Event In-Kind Donations	7,428.00
43801 Event Cost of In-Kind Donations	-7,428.00
44100 Special Event Income	71,624.20
44900 Direct Cost of Events	-41,481.26
Total 44000 Special Events Income	\$ 30,142.94
45000 Investment Income	
45100 Interest Income	3.70
Total 45000 Investment Income	\$ 3.70
Total Income	\$ 167,394.36
Gross Profit	\$ 167,394.36
Expenses	
61500 Program Expenses	
61510 Scholarships - Counseling	88,900.00
61515 Family Fun Days	6,668.06
61525 Peer Support	65.60
61530 Program Marketing Costs	3,699.85
Total 61500 Program Expenses	\$ 99,333.51
62000 Professional Services	
62100 Accounting & Bookkeeping	4,669.00
62300 Grant Writing	13,820.00
62600 Payroll Service	207.00
62710 PR/Marketing	12,997.65
62780 Cost of DONATED Prof Services	5,535.00
Total 62000 Professional Services	\$ 37,228.65
62800 Occupancy	
62850 Maintenance & Repair	270.00
62860 Rent, Storage, Utilities	10,586.95
Total 62800 Occupancy	\$ 10,856.95
64210 Office Supplies	589.11

64300 Postage & Mailing Service	286.65
64400 Printing, Copying & Graphic Design (non event)	418.85
64500 Telephone, Telecommunications	1,785.79
64550 Staff Cell Phones	2,200.00
64600 Small Equipment & Furnishings	272.91
Total 64000 Office Expenses	\$ 5,553.31
65000 Information Technology	
65115 Hardware & Software	7,808.19
65300 Internet, Email & Web Site	1,422.30
Total 65000 Information Technology	\$ 9,230.49
66000 Payroll Expenses	
66100 Salaries & Wages	107,132.83
66500 Payroll Taxes	8,667.76
66800 Health Insurance Stipend	4,875.00
Total 66000 Payroll Expenses	\$ 120,675.59
67500 Community & Board	
67515 Attendance Fee	537.00
67540 Meeting Hospitality - F&B	1,395.49
67545 Meeting Supplies	39.96
67560 Mileage, Parking, Tolls-Comm & Board	3,205.48
Total 67500 Community & Board	\$ 5,177.93
68000 Insurance	
68150 Liability & Property Insurance	437.79
68200 D & O Insurance	680.85
68700 Workers' Comp	183.37
Total 68000 Insurance	\$ 1,302.01
69000 Other Expenses	
69100 Advertising & Marketing	3,468.50
69300 Bank & Merchant Fees	36.75
69310 Processing Fees	778.77
Total 69300 Bank & Merchant Fees	\$ 815.52
69320 Books, Subscriptions, Reference	-10.00
69350 Dues & Memberships	1,945.00
69450 Hospitality - F&B	547.15
69600 Staff Training	247.99
Total 69000 Other Expenses	\$ 7,014.16
Reimbursements	-250.00
Total Expenses	\$ 296,122.60
Net Operating Income	-\$ 128,728.24
Total Expenses Minus Programming Expenses	\$ 196,789.09

Camaraderie Foundation

Balance Sheet

As of March 31, 2023

	<u>Total</u>
ASSETS	
Current Assets	
Bank Accounts	
10100 Fifth Third	97,972.53
10101 Certificates of Deposit (3)	
CD - 12 Mos x6537	50,108.71
CD - 3 Mos x6510	50,025.04
CD - 6 Mos x6529	50,048.75
Total 10101 Certificates of Deposit (3)	\$ 150,182.50
10200 Non Profit Checking Acct	5,113.29
10300 South State Bank	0.00
10800 Petty Cash - Events	0.00
10801 Petty Cash - Office Box	0.00
10900 In-Kind Clearing	0.00
Total Bank Accounts	\$ 253,268.32
Accounts Receivable	
11100 Pledges & Accounts Receivable	94,000.00
Total Accounts Receivable	\$ 94,000.00
Other Current Assets	
12000 Undeposited Funds	667.00
13000 Prepaid Expenses	
13100 Prepaid Insurance	2,459.11
13200 Other Prepaid Expenses	3,702.00
13300 Re-Dated Counselor Payments	0.00
Total 13000 Prepaid Expenses	\$ 6,161.11
14000 Pledges to be received in > one year	0.00
Total Other Current Assets	\$ 6,828.11
Total Current Assets	\$ 354,096.43
Fixed Assets	
15100 Furniture and Equipment	1,069.24
15200 Website Development	16,370.76
15900 Leasehold Improvements	17,098.00
17100 Accum Depr - Furn and Equip	-892.28
17200 Accumulated Dep Website Development	-16,371.00
17900 Accum Depr - Leasehold Imps	-17,097.50
Total Fixed Assets	\$ 177.22
Other Assets	
18600 Other Assets	0.00
18700 Security Deposits Asset	1,000.00
Total Other Assets	\$ 1,000.00
TOTAL ASSETS	\$ 355,273.65
LIABILITIES AND EQUITY	
Liabilities	

Current Liabilities	
Accounts Payable	
20000 Accounts Payable	8,981.13
Total Accounts Payable	\$ 8,981.13
Other Current Liabilities	
21100 Direct Deposit Liabilities	0.00
24000 Payroll Liabilities	-288.26
24100 Federal Taxes (941/944)	0.00
24200 FL Unemployment Tax	296.04
Total 24000 Payroll Liabilities	\$ 7.78
24500 Accrued Payroll	8,041.21
24550 Accrued Leave Payable	15,774.23
25600 Line of Credit	0.00
25700 EIDL Grant	0.00
25701 PPP Loan	0.00
Direct Deposit Payable	0.00
Total Other Current Liabilities	\$ 23,823.22
Total Current Liabilities	\$ 32,804.35
Long-Term Liabilities	
26000 EIDL Loan	156,246.12
Total Long-Term Liabilities	\$ 156,246.12
Total Liabilities	\$ 189,050.47
Equity	
32000 Unrestricted Net Assets	153,651.42
32500 UNA-Designated-Counseling	141,300.00
33000 Temp. Restricted Net Assets	
33100 Temp Restricted - Scholarships	0.00
33200 Temp. Restricted - Other	0.00
Total 33000 Temp. Restricted Net Assets	\$ 0.00
Net Income	-128,728.24
Total Equity	\$ 166,223.18
TOTAL LIABILITIES AND EQUITY	\$ 355,273.65

Camaraderie Foundation, Inc.
Profit and Loss
January - December 2022

	Total
Income	
41000 Contributions & Grants	
41100 Federated Campaigns-United Way	1,400.91
41200 Foundations and Grants (Unrestricted)	1,500.00
41250 RESTRICTED Foundations and Grants	112,886.07
41300 Contributions-Private Sources	86,546.36
41350 Matching Gifts	3,986.17
41360 Online donations	2,180.34
41770 Recurring Gifts (Col Club)	37,045.19
Total 41000 Contributions & Grants	\$ 245,545.04
42000 Gifts-in-Kind	
42100 Donated Goods - Programs & Misc	137,613.00
42700 Donated Professional Services	22,975.00
42800 Donated Use of Facilities	10,440.00
Total 42000 Gifts-in-Kind	\$ 171,028.00
44000 Special Events Income	
44100 Special Event Income	690,430.12
44350 Donated Auction Items	48,376.54
44375 Cost of Donated Auction Items	-48,376.54
44900 Direct Cost of Events	-196,708.34
Total 44000 Special Events Income	\$ 493,721.78
45000 Investment Income	
45100 Interest Income	15.02
Total 45000 Investment Income	\$ 15.02
48000 Other Income	36,416.94
Total Income	\$ 946,726.78
Gross Profit	\$ 946,726.78
Expenses	
61500 Program Expenses	
61510 Scholarships - Counseling	282,900.00
61515 Family Fun Days	32,414.80
61520 Mentor Leadership	7,400.11
61525 Peer Support	2,400.00
61530 Joint Costs Allocated	20,450.20
61540 Cost of DONATED Goods - Programs & Misc	137,613.00
Total 61500 Program Expenses	\$ 483,178.11
62000 Professional Services	
62100 Accounting & Bookkeeping	17,700.00
62200 Contract Personnel	21,834.00
62300 Grant Writing	9,917.25
62600 Payroll Service	804.00

62650 Other Professional Services	204.00
62780 Cost of DONATED Prof Services	22,975.00
Total 62000 Professional Services	\$ 73,434.25
62800 Occupancy	
62850 Maintenance & Repair	1,440.00
62860 Rent, Storage, Utilities	37,591.95
62870 Cost of DONATED Use of Facilities	10,440.00
Total 62800 Occupancy	\$ 49,471.95
64000 Office Expenses	
64210 Office Supplies	3,352.16
64300 Postage & Mailing Service	1,809.92
64400 Printing, Copying & Graphic Design (non event)	2,035.36
64500 Telephone, Telecommunications	5,158.05
64550 Staff Cell Phones	7,725.00
64600 Small Equipment & Furnishings	1,805.62
Total 64000 Office Expenses	\$ 21,886.11
65000 Information Technology	
65115 Hardware & Software	15,980.66
65155 Blackbaud	15,395.22
65300 Internet, Email & Web Site	17,526.67
Total 65000 Information Technology	\$ 48,902.55
66000 Payroll Expenses	
66100 Salaries & Wages	407,574.94
66500 Payroll Taxes	31,512.87
66800 Health Insurance	14,400.00
Total 66000 Payroll Expenses	\$ 453,487.81
67000 Conferences-Travel	
67400 Registration, Lodging & Meals-Out of Town	34.08
Total 67000 Conferences-Travel	\$ 34.08
67500 Community & Board	
67515 Attendance Fee	2,665.80
67540 Meeting Hospitality - F&B	4,005.62
67545 Meeting Supplies	422.53
67560 Mileage, Parking, Tolls-Comm & Board	6,169.72
Total 67500 Community & Board	\$ 13,263.67
68000 Insurance	
68150 Liability & Property Insurance	1,746.14
68200 D & O Insurance	1,463.90
68700 Workers' Comp	1,052.88
Total 68000 Insurance	\$ 4,262.92
69000 Other Expenses	
69100 Advertising & Marketing	3,520.79
69300 Bank & Merchant Fees	100.52
69310 Processing Fees	12,705.35
Total 69300 Bank & Merchant Fees	\$ 12,805.87
69320 Books, Subscriptions, Reference	1,045.00

69350 Dues & Memberships		4,338.00
69450 Hospitality - F&B		1,383.52
69600 Staff Training		31.95
69650 Taxes, Licenses & Permits		358.75
Total 69000 Other Expenses	\$	23,483.88
Total Expenses	\$	1,171,405.33
Net Operating Income	-\$	224,678.55
Total Expenses Minus Programming Expenses	\$	688,227.22

Camraderie Foundation, Inc.

Balance Sheet

As of December 31, 2022

Total

ASSETS

Current Assets

Bank Accounts

10100 Fifth Third 127,907.82

10101 Certificates of Deposit (3)

CD - 12 Mos x6537 50,107.47

CD - 3 Mos x6510 50,023.81

CD - 6 Mos x6529 50,047.52

Total 10101 Certificates of Deposit (3) \$ 150,178.80

10200 Non Profit Checking Acct 5,000.00

10300 South State Bank 0.00

10800 Petty Cash - Events 200.00

10801 Petty Cash - Office Box 0.00

10900 In-Kind Clearing 0.00

Total Bank Accounts \$ 283,286.62

Accounts Receivable

11100 Pledges & Accounts Receivable 170,590.00

Total Accounts Receivable \$ 170,590.00

Other Current Assets

12000 Undeposited Funds 5,685.42

13000 Prepaid Expenses

13100 Prepaid Insurance 3,577.75

13200 Other Prepaid Expenses 21,809.00

13300 Re-Dated Counselor Payments 0.00

Total 13000 Prepaid Expenses \$ 25,386.75

14000 Pledges to be received in > one year 0.00

Total Other Current Assets \$ 31,072.17

Total Current Assets \$ 484,948.79

Fixed Assets

15100 Furniture and Equipment 1,069.24

15200 Website Development 16,370.76

15900 Leasehold Improvements 17,098.00

17100 Accum Depr - Furn and Equip -786.28

17200 Accumulated Dep Website Development -16,371.00

17900 Accum Depr - Leasehold Imps -17,097.50

Total Fixed Assets \$ 283.22

Other Assets

18600 Other Assets 0.00

18700 Security Deposits Asset 1,000.00

Total Other Assets \$ 1,000.00

TOTAL ASSETS \$ 486,232.01

LIABILITIES AND EQUITY

Liabilities

Current Liabilities	
Accounts Payable	
20000 Accounts Payable	1,654.53
Total Accounts Payable	\$ 1,654.53
Other Current Liabilities	
21100 Direct Deposit Liabilities	0.00
24000 Payroll Liabilities	-288.26
24100 Federal Taxes (941/944)	3,397.87
24200 FL Unemployment Tax	104.91
Total 24000 Payroll Liabilities	\$ 3,214.52
24500 Accrued Payroll	13,941.75
24550 Accrued Leave Payable	10,614.49
25600 Line of Credit	0.00
25700 EIDL Grant	0.00
25701 PPP Loan	0.00
Direct Deposit Payable	0.00
Total Other Current Liabilities	\$ 27,770.76
Total Current Liabilities	\$ 29,425.29
Long-Term Liabilities	
26000 EIDL Loan	158,169.12
Total Long-Term Liabilities	\$ 158,169.12
Total Liabilities	\$ 187,594.41
Equity	
32000 Unrestricted Net Assets	400,316.15
32500 UNA-Designated-Counseling	123,000.00
33000 Temp. Restricted Net Assets	
33100 Temp Restricted - Scholarships	0.00
33200 Temp. Restricted - Other	0.00
Total 33000 Temp. Restricted Net Assets	\$ 0.00
Net Income	-224,678.55
Total Equity	\$ 298,637.60
TOTAL LIABILITIES AND EQUITY	\$ 486,232.01

Mental Health Counseling for Military Families Project Budget
Camaraderie Foundation

Income	Amount
The White Family Foundation (proposed)	\$ 20,000
Camaraderie Foundation (committed)	\$ 3,000
Total Income	<u>\$ 23,000</u>
Expenses	
Mental Health Counseling (200 sessions at \$100 per session)	\$ 20,000
Case management and project administration	\$ 3,000
Total Expenses	<u>\$ 23,000</u>

This project will provide an average of 8 counseling sessions each for 25 clients from military families.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20____

2021

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

CAMARADERIE FOUNDATION, INC.

EIN or SSN

27-0593856

Name and title of officer or person subject to tax **PHIL NAHAJEWSKI
TREASURER**

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)	1b	1,039,674.
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	▶ <input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	▶ <input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	▶ <input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	▶ <input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	▶ <input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 **SCHAFFER, TSCHOPP, WHITCOMB, ET AL** to enter my PIN **32806**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 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 2021 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 ▶ *Neftali Rodriguez* CEO Date ▶ **07.21.22**

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.

50112532714

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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**

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

Form **8879-TE** (2021)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

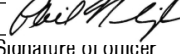
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CAMARADERIE FOUNDATION, INC.		D Employer identification number 27-0593856
	Doing business as		E Telephone number 407-841-0071
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1,225,027.
	2488 EAST MICHIGAN STREET		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 ORLANDO, FL 32806		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number ▶
F Name and address of principal officer: NEFTALI RODRIGUEZ		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ CAMARADERIEFOUNDATION.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: 2009 M State of legal domicile: FL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O ATTACHED		
	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	42
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	42
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	175
	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)	1,169,108.	1,002,265.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	101.	63.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-10,067.	37,346.
		1,159,142.	1,039,674.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	177,200.	190,200.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	486,063.	376,241.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 92,030.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	330,806.	222,392.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	994,069.	788,833.	
19 Revenue less expenses. Subtract line 18 from line 12	165,073.	250,841.	
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)	441,767.	700,238.
	22 Net assets or fund balances. Subtract line 21 from line 20	171,981.	179,611.
		269,786.	520,627.

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		7-21-2022
	Signature of officer	Date
	PHIL NAHAJEWSKI, TREASURER	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name THOMAS R TSCHOPP	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00836892
	Firm's name ▶ SCHAFFER, TSCHOPP, WHITCOMB, ET AL	Firm's EIN ▶ 26-1472386		Phone no. (407) 875-2760	
	Firm's address ▶ 541 S. ORLANDO AVENUE, SUITE 312		MAITLAND, FL 32751		

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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:

SEE SCHEDULE O ATTACHED

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 655,413. including grants of \$ 190,200.) (Revenue \$)

SEE SCHEDULE O ATTACHED

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

SEE SCHEDULE O ATTACHED

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

SEE SCHEDULE O ATTACHED

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 655,413.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?..... If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.			

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 42 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 42		
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
b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **NEFTALI RODRIGUEZ - (407) 841-0071**
2488 EAST MICHIGAN STREET, ORLANDO, FL 32806

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, 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) NEFTALI RODRIGUEZ EXECUTIVE DIRECTOR	50.00			X				100,255.	0.	0.
(2) MICHAEL WALDROP CO-FOUNDER/DIRECTOR	7.00	X						0.	0.	0.
(3) MARNIE WALDROP CO-FOUNDER/DIRECTOR	7.00	X						0.	0.	0.
(4) JOHN BURKE CHAIR	7.00	X		X				0.	0.	0.
(5) PETE MARION VICE CHAIR	3.00	X		X				0.	0.	0.
(6) JIM CRAIG IMMEDIATE PAST CHAIR	5.00	X		X				0.	0.	0.
(7) JEREMIAH FULLER SECRETARY	3.00	X		X				0.	0.	0.
(8) PHIL NAHAJEWSKI TREASURER	4.00	X		X				0.	0.	0.
(9) MATTHEW HALL DIRECTOR OF PROGRAMS	7.00	X						0.	0.	0.
(10) JENNIFER ARNOLD DIRECTOR	2.00	X						0.	0.	0.
(11) GARTH AVERALO DIRECTOR	2.00	X						0.	0.	0.
(12) DAVID BELVIN DIRECTOR	2.00	X						0.	0.	0.
(13) BILL BOND DIRECTOR	2.00	X						0.	0.	0.
(14) ANGELA ALBRIGHT DIRECTOR	2.00	X						0.	0.	0.
(15) PATRICK CONNORS DIRECTOR	2.00	X						0.	0.	0.
(16) JOHN DALY DIRECTOR	2.00	X						0.	0.	0.
(17) WAYMON ARMSTRONG DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) MATT FAIR DIRECTOR	2.00	X					0.	0.	0.
(19) BERT GES DIRECTOR	2.00	X					0.	0.	0.
(20) DEREK GRIMM DIRECTOR	2.00	X					0.	0.	0.
(21) JASON JOINER DIRECTOR	2.00	X					0.	0.	0.
(22) PAUL HEY DIRECTOR	2.00	X					0.	0.	0.
(23) DENNIS LEMMA DIRECTOR	2.00	X					0.	0.	0.
(24) BARRON MILLS DIRECTOR	2.00	X					0.	0.	0.
(25) JOHN MINA DIRECTOR	2.00	X					0.	0.	0.
(26) JOEL POMEROY DIRECTOR	2.00	X					0.	0.	0.
1b Subtotal							100,255.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							100,255.	0.	0.

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 **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(27) ORLANDO ROLON DIRECTOR	2.00	X					0.	0.	0.
(28) BRIAN ROSE DIRECTOR	2.00	X					0.	0.	0.
(29) DAN SAMMONS DIRECTOR	2.00	X					0.	0.	0.
(30) SCOTT HARRIS DIRECTOR	2.00	X					0.	0.	0.
(31) ERIC SMITH DIRECTOR	2.00	X					0.	0.	0.
(32) JAMES TERRY DIRECTOR	2.00	X					0.	0.	0.
(33) JOSHUA WALKER DIRECTOR	2.00	X					0.	0.	0.
(34) BRENT WILDER DIRECTOR	2.00	X					0.	0.	0.
(35) JIM GREY DIRECTOR	2.00	X					0.	0.	0.
(36) LEIGHTON YATES DIRECTOR	2.00	X					0.	0.	0.
(37) JENNIFER BEAKLEY DIRECTOR	2.00	X					0.	0.	0.
(38) REGINE BONNEAU DIRECTOR	2.00	X					0.	0.	0.
(39) DEX CONRAD DIRECTOR	2.00	X					0.	0.	0.
(40) CHRISTINA CORBAT DIRECTOR	2.00	X					0.	0.	0.
(41) BENJAMIN DILS DIRECTOR	2.00	X					0.	0.	0.
(42) ROBERT FORTENBERRY DIRECTOR	2.00	X					0.	0.	0.
(43) MATT FRANZ DIRECTOR	2.00	X					0.	0.	0.
Total to Part VII, Section A, line 1c									

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	1 b	Membership dues					
	1 c	Fundraising events	579,517.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	101,185.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	321,563.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 106,665.				
	1 h	Total. Add lines 1a-1f	1,002,265.				
	Program Service Revenue	2 a					
2 b							
2 c							
2 d							
2 e							
2 f		All other program service revenue					
2 g		Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	63.			63.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses					
	7 c	Gain or (loss)					
	7 d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ 579,517. of contributions reported on line 1c). See Part IV, line 18	185,353.					
8 b	Less: direct expenses	185,353.					
8 c	Net income or (loss) from fundraising events	0.					
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER REVENUE	900099	37,346.	37,346.		
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d	37,346.				
12	Total revenue. See instructions	1,039,674.	37,346.	0.	63.		

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 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	190,200.	190,200.		
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	100,255.	80,204.	3,008.	17,043.
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	237,915.	190,332.	7,137.	40,446.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	12,150.	9,720.	364.	2,066.
10 Payroll taxes	25,921.	20,737.	778.	4,406.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,600.	7,278.	4,920.	4,402.
d Lobbying				
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.)	2,564.	1,124.	760.	680.
12 Advertising and promotion	5,200.	4,160.	260.	780.
13 Office expenses	35,059.	15,044.	16,179.	3,836.
14 Information technology	46,581.	32,607.	2,329.	11,645.
15 Royalties				
16 Occupancy	28,019.	22,391.	2,825.	2,803.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	4,515.	3,240.	510.	765.
20 Interest	6,532.	3,266.	1,633.	1,633.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	145.	109.	22.	14.
23 Insurance	3,930.	3,144.	393.	393.
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 INKIND SUPPLIES AND GOO	40,236.	40,236.		
b OTHER PROGRAMS/FAMILY F	28,479.	28,479.		
c OTHER BUSINESS COSTS	4,532.	3,142.	272.	1,118.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	788,833.	655,413.	41,390.	92,030.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here If following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	262,625.	1	513,971.
	2	Savings and temporary cash investments	150,101.	2	150,164.
	3	Pledges and grants receivable, net	19,200.	3	15,000.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,412.	9	19,819.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	34,538.	10a	
	b	Less: accumulated depreciation	34,254.	10b	
			429.	10c	284.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	1,000.	15	1,000.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	441,767.	16	700,238.	
Liabilities	17	Accounts payable and accrued expenses	13,981.	17	29,611.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	158,000.	24	150,000.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	171,981.	26	179,611.
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	269,786.	27	520,627.
	28	Net assets with donor restrictions		28	
	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	269,786.	32	520,627.	
33	Total liabilities and net assets/fund balances	441,767.	33	700,238.	

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	1,039,674.
2	Total expenses (must equal Part IX, column (A), line 25)	2	788,833.
3	Revenue less expenses. Subtract line 2 from line 1	3	250,841.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	269,786.
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	520,627.

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
2b	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 Single Audit Act and OMB Circular A-133?		X
3b	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		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	700,510.	759,261.	874,930.	1,169,108.	1,002,265.	4,506,074.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	700,510.	759,261.	874,930.	1,169,108.	1,002,265.	4,506,074.
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)						685,034.
6 Public support. Subtract line 5 from line 4.						3,821,040.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	700,510.	759,261.	874,930.	1,169,108.	1,002,265.	4,506,074.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...				101.	63.	164.
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.)		1,135.			37,346.	38,481.
11 Total support. Add lines 7 through 10						4,544,719.
12 Gross receipts from related activities, etc. (see instructions)					12	687,241.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	84.08 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	85.17 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

CAMARADERIE FOUNDATION, INC.

27-0593856

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 CAMARADERIE FOUNDATION, INC.	Employer identification number 27-0593856
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>54,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>138,708.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CAMARADERIE FOUNDATION, INC.	Employer identification number 27-0593856
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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
7	<hr/> <hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CAMARADERIE FOUNDATION, INC.	Employer identification number 27-0593856
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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 CAMARADERIE FOUNDATION, INC.	Employer identification number 27-0593856
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization CAMARADERIE FOUNDATION, INC. Employer identification number 27-0593856

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		17,098.	17,098.	0.
d Equipment		1,069.	785.	284.
e Other		16,371.	16,371.	0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 284.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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	1,073,804.
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	34,130.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	34,130.	
3	Subtract line 2e from line 1	3	1,039,674.	
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	1,039,674.	

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	822,963.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	34,130.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	34,130.	
3	Subtract line 2e from line 1	3	788,833.	
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	788,833.	

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 X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAX PURSUANT TO FLORIDA LAW. THE ORGANIZATION IS FURTHER CLASSIFIED AS A PUBLIC CHARITY AND NOT A PRIVATE FOUNDATION FOR FEDERAL TAX PURPOSES. THE ORGANIZATION HAS NOT INCURRED UNRELATED BUSINESS INCOME TAXES. AS A RESULT, NO INCOME TAX PROVISIONS OR LIABILITY HAS BEEN PROVIDED FOR IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION HAS NOT TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS FOR WHICH THE ASSOCIATED TAX BENEFITS MAY NOT BE RECOGNIZED UNDER ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. FEDERAL AND STATE TAX AUTHORITIES MAY GENERALLY EXAMINE THE ORGANIZATION'S INCOME TAX POSITIONS

Part XIII Supplemental Information (continued)

OR (IF APPLICABLE) RETURNS FOR PERIODS OF APPROXIMATELY THREE TO SIX YEARS.

Lined area for supplemental information.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization **CAMARADERIE FOUNDATION, INC.** Employer identification number **27-0593856**

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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)	GOLF TOURNAMENT (event type)	4 (total number)		
Revenue	1	Gross receipts	301,662.	136,438.	326,770.	764,870.
	2	Less: Contributions	201,843.	64,123.	313,551.	579,517.
	3	Gross income (line 1 minus line 2)	99,819.	72,315.	13,219.	185,353.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	99,819.	72,315.	13,219.	185,353.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				185,353.
	11	Net income summary. Subtract line 10 from line 3, column (d)				0.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers?..... Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

2021

Open to Public
Inspection

Name of the organization **CAMARADERIE FOUNDATION, INC.** Employer identification number **27-0593856**

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

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 ▶ _____

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
COUNSELING SERVICES	453	190,200.	0.	N/A	N/A

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 PROVIDES SCHOLARSHIPS TO POST 9/11 MILITARY SERVICE MEMBERS AND THEIR FAMILIES TO BE USED FOR COUNSELING SERVICES FOR THE TREATMENT OF INVISIBLE WOUNDS AND FAMILY AND MARRIAGE COUNSELING. INDIVIDUALS COMPLETE AN APPLICATION WHICH IS REVIEWED BY THE ORGANIZATION TO ENSURE THAT ALL RECIPIENTS MEET THE QUALIFICATIONS TO RECEIVE ASSISTANCE. THE ORGANIZATION DOES NOT PAY GRANT RECIPIENTS DIRECTLY, BUT INSTEAD PAYS THE COUNSELING SERVICE PROVIDER AFTER RECEIVING AN INVOICE FOR SERVICES RENDERED. THEREFORE, NO FURTHER GRANT MONITORING IS DEEMED

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **CAMARADERIE FOUNDATION, INC.** Employer identification number **27-0593856**

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		10,239	FMV
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 ▶ (AUCTION ITEMS)	X	50	66,429	FMV
26	Other ▶ (TICKETS)	X	1	29,997	FMV
27	Other ▶ ()				
28	Other ▶ ()				

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

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

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

Schedule M (Form 990) 2021

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

CAMARADERIE FOUNDATION, INC.

Employer identification number

27-0593856

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

CAMARADERIE FOUNDATION'S MISSION IS "TO PROVIDE HEALING FOR INVISIBLE WOUNDS OF WAR THROUGH COUNSELING, EMOTIONAL, AND SPIRITUAL SUPPORT FOR ALL BRANCHES OF MILITARY SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES."

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

CAMARADERIE FOUNDATION'S MISSION IS TO "PROVIDE HEALING FOR INVISIBLE WOUNDS OF WAR THROUGH COUNSELING, EMOTIONAL, AND SPIRITUAL SUPPORT FOR ALL BRANCHES OF MILITARY SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES." WITH EACH DAY, MORE AND MORE MILITARY FAMILIES ARE COPING WITH THE MOUNTING BURDEN OF REPEATED COMBAT DEPLOYMENTS. INCREASINGLY, THOSE BURDENS INCLUDE TROUBLING MENTAL HEALTH CHALLENGES AND, IN WORST-CASE SCENARIOS, SUICIDAL IDEATIONS/ACTIONS. SAFEGUARDING THE MENTAL HEALTH OF OUR MILITARY MEN AND WOMEN AND THEIR LOVED ONES IS AN IMPORTANT PART OF ENSURING THE FUTURE READINESS OF OUR ARMED FORCES, AND COMPENSATING AND HONORING THOSE WHO HAVE SERVED OUR NATION. THROUGH ITS FOUR TRANSFORMATIVE PROGRAMS, CAMARADERIE FOUNDATION'S GOAL IS TO HAVE A POSITIVE IMPACT ON THE MILITARY FAMILY'S TRANSITION BACK TO CIVILIAN LIFE.

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

OUR COMMUNITY AND MILITARY (CAM) COUNSELING PROGRAM DIRECTLY CONTRIBUTES TO THE OVERALL CAMARADERIE FOUNDATION MISSION BY PROVIDING COUNSELING INTERVENTION, EDUCATION, RESOURCES AND COMMUNITY OUTREACH.

Name of the organization

CAMARADERIE FOUNDATION, INC.

Employer identification number

27-0593856

THIS PROGRAM FACILITATES AN ENGAGED AND RESPONSIVE COMMUNITY EFFORT IN SUPPORT OF MILITARY FAMILIES AND THEIR CRITICAL NEED TO HEAL THE INVISIBLE WOUNDS OF WAR FROM THE MILITARY ACTIONS FOLLOWING SEPTEMBER 11, 2001. THROUGH FISCAL YEAR 2021 (FY21), THE CAM COUNSELING PROGRAM HAS AWARDED 1,850 COUNSELING SCHOLARSHIPS TO POST 9/11 SERVICE MEMBERS, VETERANS, THEIR FAMILIES AND CAREGIVERS. ADDITIONALLY, CAMARADERIE FOUNDATION AND ITS COMMUNITY PARTNERS HAVE WORKED TOGETHER ON NUMEROUS OUTREACH EVENTS TO RAISE AWARENESS ABOUT POST TRAUMATIC STRESS, TRAUMATIC BRAIN INJURY, AND OTHER INVISIBLE WOUNDS AND/OR MENTAL HEALTH ISSUES THAT PRESENT BARRIERS TO THE SUCCESSFUL REINTEGRATION OF POST-9/11 AND OTHER VETERANS. MORE THAN 541 FAMILIES WERE SERVED THROUGH COMMUNITY AND PROGRAM ACTIVITIES OFFERED TO RAISE AWARENESS ABOUT THE ISSUES FACING MILITARY VETERANS AND THEIR FAMILIES. THROUGH THESE EFFORTS AND HAD MORE THAN 1,775 HOURS OF VOLUNTEER TIME DONATED TO SUPPORT THE EFFORTS.

IN FY21, WE CONTINUED TO STREAMLINE OUR OPERATIONS AND STRENGTHEN OUR PARTNERSHIPS THEREBY INCREASING OUR PRESENCE THROUGHOUT THE UNITED STATES, CENTRAL FLORIDA, TAMPA BAY, AND THE I4 CORRIDOR. COMBINED, THE CAM COUNSELING PROGRAM AND PEER SUPPORT GROUPS PRODUCED BOTH LONG- AND SHORT-TERM RESULTS FOR OUR COMMUNITIES. FOR THE FAMILIES PARTICIPATING IN THESE PROGRAMS THE RESULTS ARE LONG-TERM. THERE WERE 453 UNDUPLICATED COUNSELING SCHOLARSHIPS AWARDED IN 2021. THIS COUNSELING AFFORDS THE PARTICIPANTS TO LEARN BETTER COPING MECHANISMS ENHANCE THEIR COMMUNICATION AND BUILD A STRONGER FAMILY BOND. OF THE 855 TOTAL COUNSELING SCHOLARSHIPS MANAGED THROUGHOUT FY21 (I.E., 453 NEW AND 213 CARRIED OVER FROM FY20 AND FY19), 38% WERE OR MILITARY SERVICE MEMBERS OR VETERANS, 24% FOR SPOUSES, 11% FOR COUPLES, 4% FOR FAMILY, AND 23% FOR CHILDREN OF SERVICES MEMBERS OR VETERANS. OUR PEER SUPPORT GROUPS

Name of the organization CAMARADERIE FOUNDATION, INC.	Employer identification number 27-0593856
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ARE CONTINUALLY REFINED BASED ON PARTICIPANT FEEDBACK AND PROGRAM STAFF AND MEDICAL ADVISORY COUNCIL LEADERSHIP. THROUGH COUNSELOR LED GROUP SUPPORT PROGRAMS, PARTICIPANTS LEARN FROM EACH OTHER AND RECEIVE SOUND, CLINICAL GUIDANCE AS TO HOW BEST SUPPORT THEIR LOVED ONES. MEETINGS OFFER PRACTICAL TOOLS FOR IMMEDIATE USE, AS WELL AS RESOURCES IN EDUCATION TO HELP SERVICE MEMBERS AND FAMILY MEMBERS UNDERSTAND AND MODIFY "TRIGGERS" FOR A HEALTHIER TRANSITION. SESSION EVALUATIONS AND FEEDBACK ARE TRACKED TO CONTINUOUSLY IMPROVE PROGRAM OUTCOMES IN THE AREAS OF ADJUSTING TO PRE AND POST DEPLOYMENT LIFE, WHILE OFFERING COPING SKILLS, EDUCATION AND SUPPORT FOR CAREGIVERS AND FAMILIES AFFECTED BY THE CHALLENGES AND STRESSES OF COMBAT, DEPLOYMENTS AND REINTEGRATION.

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

MILITARY FAMILY FUN DAYS - THIS PROGRAM PROVIDES FREE FUN-FILLED FAMILY ENGAGEMENT DAYS DESIGNED TO PRODUCE A COMMUNITY WITHIN A COMMUNITY FOR PEER SUPPORT AND POSITIVE INTERACTIONS. THESE ACTIVITIES ARE DESIGNED FOR THE WHOLE FAMILY TO PARTICIPATE IN AND ALLOW POSITIVE INTERACTIONS TO OCCUR BETWEEN FAMILY MEMBERS AND WITH THEIR PEERS. IN FY20, COVID19 RESTRICTIONS LIMITED IN PERSON EVENTS AND SEVERELY IMPACTED THIS PROGRAM. HOWEVER, WE HAD MORE THAN 300 SERVICE MEMBERS, VETERANS, AND FAMILY MEMBERS PARTICIPATE IN FAMILY FUN DAYS.

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

MENTOR LEADERSHIP PROGRAM - THROUGH CAMARADERIE'S MENTOR LEADERSHIP PROGRAM (MLP), TRANSITIONING POST-9/11 VETERANS AND SPOUSES ARE PAIRED WITH MENTORS WHO HAVE PRIOR MILITARY EXPERIENCE AND HAVE GONE ON TO BECOME STRON LEADERS IN THE COMMUNITY. THE PROGRAM OFFERS PROTG

Name of the organization CAMARADERIE FOUNDATION, INC.	Employer identification number 27-0593856
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VETERANS AND SPOUSES OPPORTUNITIES TO BUILD PEER SUPPORT, FRIENDSHIPS, AND GUIDANCE IN ORDER TO BECOME SUCCESSFUL IN THEIR COMMUNITIES. THIS PAST YEAR, 28 PROTGS AND 29 MENTORS WERE SELECTED FOR MLP CLASS VII (ORLANDO) AND MLP CLASS II (TAMPA). DURING THE PROGRAM, BOTH PROTGS AND MENTORS ATTENDED PROGRAM ORIENTATIONS AND SEVEN EDUCATIONAL SESSIONS THROUGHOUT THE YEAR THAT WERE FOCUSED ON KEY TOPICS FOR PROFESSIONAL SUCCESS (I.E., STRATEGIC NETWORKING, MOTIVATION/INSPIRATION, SOCIAL MEDIA NETWORK, ENTEREPENEURSHIP AND COMMUNITY INVOLVMENT), AND PARTICIPATED IN FOUR COMMUNITY SERVICE PROJECTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEDICAL ADVISORY COUNCIL - DURING 2021, THE CHIEF EXECUTIVE OFFICER, PROGRAM STAFF AND MEDICAL ADVISORY COUNCIL (COMPOSED OF LEADERS IN THE MENTAL HEALTH, WELLNESS AND SPIRITUAL COMMUNITIES) MET FOUR TIMES TO DISCUSS, OFFER ADVICE AND RECOMMEND POLICY AND PROGRAM DEVELOPMENT, AND TO EVALUATE IMPLEMENTATION OF CURRENT AND FUTURE PROGRAMMING EFFORTS. WORKING CLOSELY WITH THE PROGRAM STAFF, THIS COUNCIL FOCUSED ON PROVIDING OUR MILITARY SERVICE MEMBERS AND THEIR FAMILIES WITH CONTINUED HELP IN MAINTAINING HEALTHY, MEANIFUL RELATIONSHIPS FREE OF MENTAL HEALTH ISSUES.

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

THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL AND TOP FINANCIAL OFFICIAL EACH REVIEW FORM 990 PRIOR TO ITS FILING WITH THE IRS. A COPY OF THE FINAL FORM 990 IS ALSO PROVIDED TO THE VOTING MEMBERS OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO ITS FILING WITH THE IRS.

Name of the organization CAMARADERIE FOUNDATION, INC.	Employer identification number 27-0593856
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FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO EACH MEMBER OF THE ORGANIZATION'S GOVERNING BODY, ITS OFFICERS AND ITS KEY EMPLOYEES ON AN ANNUAL BASIS. EACH SUCH INDIVIDUAL PROVIDES AN ANNUAL DISCLOSURE STATEMENT INDICATING THAT THEY HAVE RECEIVED, READ, UNDERSTOOD AND AGREED TO COMPLY WITH THE POLICY, CERTIFYING THAT: 1) THEY HAVE NO RELATIONSHIPS OR INTERESTS THAT PRESENT A CONFLICT OF INTEREST, 2) THEY HAVE ONE OR MORE CONFLICTS OF INTEREST THAT HAVE BEEN FULLY DISCLOSED AS REQUIRED BY THE POLICY AND HAVE BEEN PROPERLY ADMINISTERED IN CONFORMITY WITH THE POLICY, OR 3) THEY HAVE PREVIOUSLY UNDISCLOSED CONFLICTS OF INTEREST AND DISCLOSING THE DETAILS OF SUCH CONFLICTS. ANY DISCLOSURE STATEMENTS WITH PREVIOUSLY UNDISCLOSED CONFLICTS OF INTEREST ARE FORWARDED TO APPROPRIATE ORGANIZATION OFFICIALS TO TAKE THE APPROPRIATE ACTIONS AS REQUIRED BY THE POLICY.

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

THE EXECUTIVE DIRECTOR'S COMPENSATION PACKAGE IS DETERMINED BY THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS REFERS TO COMPARABLE NOT-FOR-PROFIT ORGANIZATIONS' MANAGEMENT COMPENSATION RANGES, INCLUDING THOSE PUBLISHED BY THE ROLLINS COLLEGE PHILANTHROPY CENTER, IN DETERMINING THE COMPENSATION LEVELS TO BE PAID TO THE ORGANIZATION'S EXECUTIVE DIRECTOR.

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

THE ORGANIZATION PROVIDES, UPON REQUEST, COPIES OF ITS ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF INTEREST POLICY AND ITS FINANCIAL STATEMENTS.

Camaraderie Foundation Executive Staff

Maria Cherjovsky - Chief Executive Officer

Maria Cherjovsky was appointed CEO of Camaraderie Foundation in March 2023. She has dedicated over 25 years to the fields of workforce development, nonprofit management, social services and higher education, addressing the emerging needs of employers while representing and supporting underserved groups. She's held executive roles at the University of Central Florida as well as local nonprofit organizations including Vice President of Mission Services and Workforce Innovation for Goodwill Industries of Central Florida, Vice President of Operations for the Coalition for the Homeless, President of the Florida Diversity Council, President of the Central Florida Disability Chamber of Commerce, which she helped transition to the Florida Abilities and Inclusion Network; and Executive Director of AMCSI, a national organization on disability inclusion. In addition to these roles, Maria was a college professor for 10 years; a career coach, instructional designer, project manager, marketing expert and consultant for 15+ years, both domestically and internationally, transforming organizations, developing high performing teams, thus furthering the impact on the individuals and communities served.

Maria's commitment to the community is also clear as she's volunteered her time and expertise to community organizations, nonprofits and workforce development agencies for almost 20 years, including serving as a planning committee member on the Interservice/Industry Training, Simulation and Education Conference, the world's largest modeling, simulation and training event. Maria's contributions have been recognized by numerous organizations including: the United States Congress, National Diversity Council, National Defense Industrial Association, National Training & Simulation Association, Australian Royal Navy, Society for Human Resource Management, Gabor Organization, and the Adult and Continuing Higher Education Association (ACHE). Most recently, Maria was honored by the Orlando Business Journal which, in 2020, awarded Maria the inaugural "Diversity in Business Lifetime Achievement" Award.

Maria holds a bachelor's degree in business administration and a master's degree in instructional systems design. She has also completed the coursework towards a doctoral degree and has earned several master's certificates in topics such as Project Management, Human Resource Management, and Career Counseling. She is also a National Diversity Council Certified Diversity Professional (NDCCDP) and is a frequent speaker at both regional and national conferences and training events. Maria currently lives in Central Florida with her husband and children.

Anna Tanzilla - Chief Operating Officer

Anna Tanzilla joined the Camaraderie Foundation team in January 2016. Her overall responsibilities are to lead and support the agency mission to provide healing for the "invisible wounds of war" through counseling, emotional and spiritual support for all branches of Military Service Members, Veterans, and their families. Prior to joining Camaraderie Foundation, Anna proudly served in the U.S. Air Force as a Personnel Officer then as a civil service employee. When she left the military, she joined Mercer HR Consulting for 16 years as a Sales Consultant and North American Sales Team Leader. She obtained her master's in business administration from Indiana Wesleyan.

Her strong servant leader spirit and belief in the power of volunteering lead her to such organizations as the YMCA Mentoring Program (YNOW), Special Olympics, Red Cross, United Way, Junior Achievement, and Habitat for Humanity. She could see the need in the non-profit world and obtained a master's in science of social work from the University of Louisville. In addition to her responsibilities with Camaraderie Foundation, Anna has served on several committees and boards to include Mission United Executive Council, Mayor Dyers Veterans Advisory Council, Congressman Gus Bilirakis Veterans Advisory Committee, and the Veterans Entrepreneurship Initiative.

2023 Camaraderie Foundation Board of Directors

Executive Committee

First	Last	Board Position	Affiliation	Position	Occupation	Years on Board
Jeremiah	Fuller	Chair	Hylant	Client Executive	Insurance	3
Pete	Marion	Vice Chair	Technology, Modeling & Simulation, and Training Consultants	Chief Executive Officer	Technology	6
Matt	Franz	Secretary	SpaceX	Materials Management Supervisor	Aeronautics	1
Matthew	Hall	Programs	Hill Ward & Henderson P.A.	Attorney	Law	3
John	Burke	Immediate Past Chair	Student	Community Volunteer	Student	7
Michael	Waldrop	Co-Founder	Blue Cord Design & Construction, Inc.	President	Design and Construction	11
Marnie	McCree	Co-Founder	Waldrop Residential Design, Inc.	Principal	Design	11

Board Members

First	Last	Board Position	Affiliation	Position	Occupation	Years on Board
Angela	Albright	Director	Axiom Bank Inc	SVP, Human Resources	Banking	10
Garth	Arevalo	Director	Lukos	CEO	Defense	3
Jennifer	Arnold	Director	Booz Allen Hamilton	Principal	Technology	5
Jennifer	Beakley	Director	Orlando Health	Administrator	Healthcare	11
David	Belvin	Director	Retired Lockheed Martin	Community Volunteer	Retired/Defense	5
Bill	Bond, MG(ret)	Director	Major General, U.S. Army (Ret)	Community Volunteer	Retired/Defense	8
Regine	Bonneau	Director	RB Advisory LLC	CEO	Security	1
Patrick	Connors	Director	AdventHealth	Executive Director, Simulation	Healthcare	10
Dex	Conrad	Director	CESI Corp	Vice President, Business Development	Engineering	2
Christina	Corbat	Director	Presagis	Business Development Manager	Technology	2
Jim	Craig	Director	JCraig Associates	Principal Consultant	Aerospace and Defense	9
John	Daly, Jr.	Director	Naval Air Warfare Center Training Systems Division	Director, Corporate Operations	Defense	7
Benjamin	Dils	Director	Cubic Mission and Performance Solutions	Vice President, Business Development	Technology	7
Matt	Fair	Director	Colonel, U.S. Army (Ret)	Community Volunteer	Retired/Defense	10
Robert	Fortenberry	Director	Dignitas Technologies	Integration	Technology	7
Bert	Ges	Director	L3 Harris	Sr. Program Director	Technology	7
Derek	Grimm	Director	RBC Wealth Management	Wealth Management Advisor	Wealth Management	10
Scott	Harris	Director	Combined Arms Training Research	Research Consultant	Defense	1
Paul	Hey	Director	Lockheed Martin	Program Director	Aerospace and Defense	9
Jason	Joiner	Director	ProActive Technologies	Program Manager	Technology	4

Dennis	Lemma	Director	Seminole County Sheriff's Office	Sheriff	Law Enforcement	8
Barron	Mills	Director	In Solutions LLC	Owner	Consultant	3
John	Mina	Director	Orange County Sheriff's Office	Sheriff	Law Enforcement	9
Joel	Pomeroy	Director	Pershing	Vice President, Head of AML Surveillance	Finance	7
Orlando	Rolón	Director	Retired Chief of Police Orlando	Community Volunteer	Retired/Law Enforcement	4
Dan	Sammons	Director	LBF Solutions, LLC	President/CEO	Defense	10
Eric	Smith	Director	Orlando Police Department	Chief of Police	Law Enforcement	9
Joshua	Walker	Director	Walker, Revels, Greninger & Netcher, PLLC	Partner/Shareholder	Law	11
Brent	Wilder	Director	Public Financial Management, Inc.	Managing Director	Finance	11
Leighton	Yates	Director	Holland & Knight LLP (Retired/Partner)	Community Volunteer	Retired/Law	10

Camaraderie Foundation Board Member Service and Contribution Requirements

Camaraderie Foundation board members are required to contribute or secure contributions at a minimum of \$2,500 annually. They are encouraged to attend a majority of the Board meetings. Board members volunteer annually for board committees, mentoring with clients, family fun day events, and fundraising activities.



Camaraderie Foundation

MISSION IMPACT 2022



89%

of participants who complete their sessions report improvement in their mental well-being.

87%

of participants who complete their sessions report improvement in relationships with family and close friends.

570+

approved mental health therapists in our network.



48 states



3 countries



2,588 **427**
total *2022*

Individuals, couples, families awarded counseling services



Camaraderie Foundation

MISSION IMPACT 2022



26,213 **3,993**
total *2022*

Counseling Hours awarded

5,610 **872**
total *2022*

of Family Fun Day events attendees

65 **6**
total *2022*

of Family Fun Day events

145 **10**
total *2022*

Mentor Leadership Program
Protégés

220 **30**
total *2022*

Mentor Leadership Program
Mentors



Camaraderie Foundation

Saving Lives - Saving Families



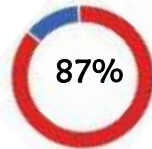
THE IMPACT ON VETERANS AND THEIR FAMILIES

THE FACTS

According to the 2020 US Census, more than 22 million Americans have served or are serving in the military.

2020 saw a 20 to 30 percent increase in Veteran Suicide according to Military Times.

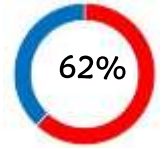
1 suicide affects 135 lives per the Military Suicide Research Consortium.



87% of Veterans are exposed to potentially traumatic events. ¹

4 Xs

4 times as many service members/veterans died by suicide vs combat since 9/11/2001. ³



62% of Post-9/11 Veterans know a service member that completed suicide. ²



Nearly 1 in 3 Vietnam Veterans have had PTSD at some point in their lifetime. ⁴



21% of family members report they experience barriers to mental health care. ⁵

HOW CAMARADERIE FOUNDATION MAKES A DIFFERENCE

Camaraderie Foundation's mission is to provide healing for the "invisible wounds of war" through counseling, emotional, and spiritual support for all military service members, veterans, and their families.

Over 42,100

LIVES TOUCHED THROUGH OUR SERVICES



FAMILY MEMBERS & CAREGIVERS ELIGIBLE



PROVEN RECORD OF 13 YEARS



ALL SERVICES ARE FREE



89 PERCENT OF CLIENTS REPORT IMPROVEMENT



TELEHEALTH PROVIDED



NO DISCHARGE STATUS QUALIFICATION



SPIRITUAL ASPECT

Over 500

LICENSED MENTAL HEALTH PROFESSIONALS



NATIONAL AND OVERSEAS THERAPY SERVICES

OVER 22,500 HOURS OF COUNSELING AWARDED

For more information on our programs, becoming a partner, or sponsoring an event contact us at:

Office: 407-841-0071 or admin@camaraderiefoundation.org

www.camaraderiefoundation.org

Sources:

1. PTSD and Veterans Breaking Down the Statistics, Hill and Ponton 2017 ; 2. Suicides Costs of War, Suitt 2021; 3. 2021 Iraq and Afghanistan Veterans of America survey; 4 Epidemiology of PTSD, Gradus, ND; 5. 2020 Military Family Lifestyle Survey

Outcome Rating Scale (ORS)

Name _____	Client # _____
Session # _____	Date: _____
Who is filling out this form? Please check one: Self _____ Other _____	
If other, what is your relationship to this person? _____	

Directions: Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

If you are filling out this form for another person, please fill out according to how you think he or she is doing.

Individually

(Personal well-being)

I-----I

Interpersonally

(Family, close relationships)

I-----I

Socially

(Work, school, friendships)

I-----I

Overall

(General sense of well-being)

I-----I

The Heart and Soul of Chang Project

www.heartandsoulofchange.com

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Session Rating Scale (SRS V.3.0)

Name _____	Client # _____
Session # _____	Date: _____
Who is filling out this form? Please check one: Self _____ Other _____	
If other, what is your relationship to this person? _____	

Directions: Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel heard, understood, and respected.

I-----I

I felt heard, understood, and respected.

Goals and Topics

We did *not* work on or talk about what I wanted to work on and talk about.

I-----I

We worked on and talked about what I wanted to work on and talk about.

Approach or Method

The therapist's approach is not a good fit for me.

I-----I

The therapist's approach is a good fit for me.

Overall

There was something missing in the session today.

I-----I

Overall, today's session was right for me.

The Heart and Soul of Change Project

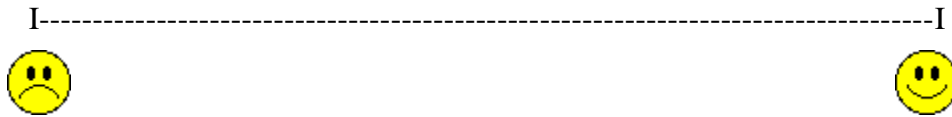
www.heartandsoulofchange.com

Child Outcome Rating Scale (CORS)

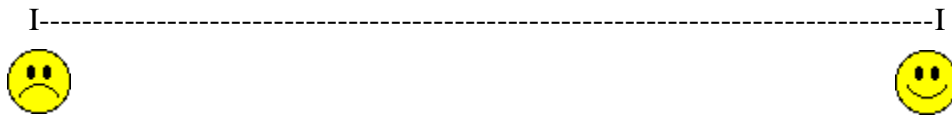
Name _____ Age (Yrs): ____ Client ID# _____
Session # _____ Date: _____
Who is filling out this form? Please check one: Child _____ Caretaker _____
If caretaker, what is your relationship to this child? _____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a caretaker filling out this form, please fill out according to how you think the child is doing.*

Me
(How am I doing?)



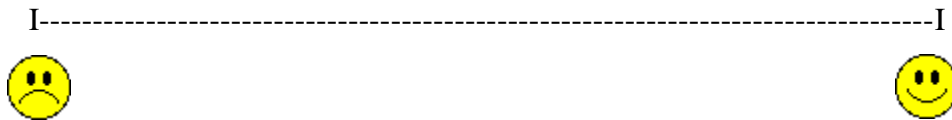
Family
(How are things in my family?)



School
(How am I doing at school?)



Everything
(How is everything going?)



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Child Session Rating Scale (CSRS)

Name _____ Age (Yrs): _____
Client ID# _____
Session # _____ Date: _____

How was our time together today? Please put a mark on the lines below to let us know how you feel.

Listening

_____ I-----I _____

did not always listen to me.   listened to me.

How Important

_____ I-----I _____

What we did and talked about was not really that important to me.   What we did and talked about were important to me.



What We Did

_____ I-----I _____

I did not like what we did today.   I liked what we did today.

Overall

_____ I-----I _____

I wish we could do something different.   I hope we do the same kind of things next time.

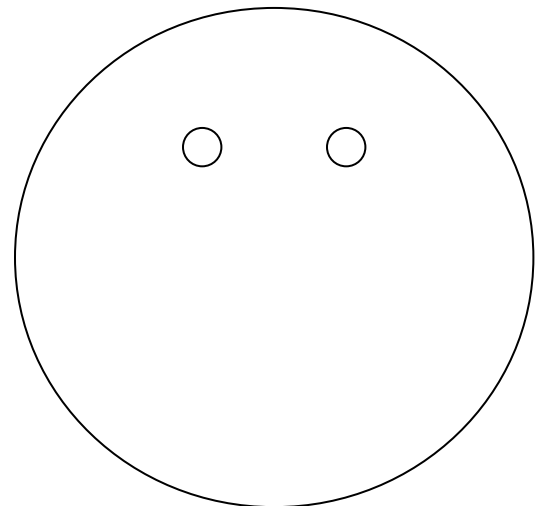
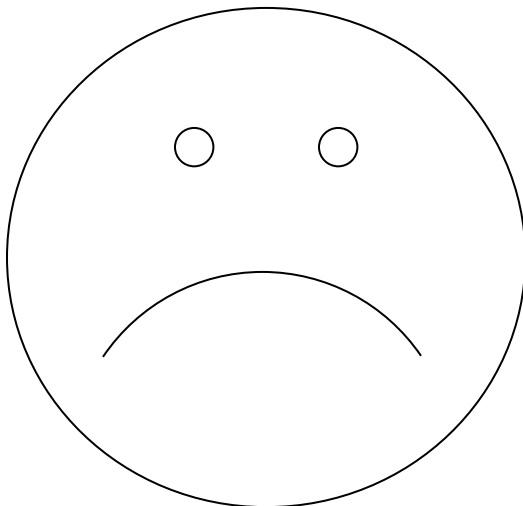
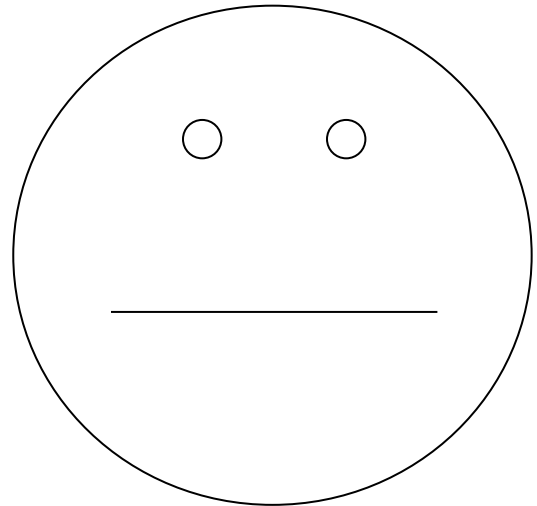
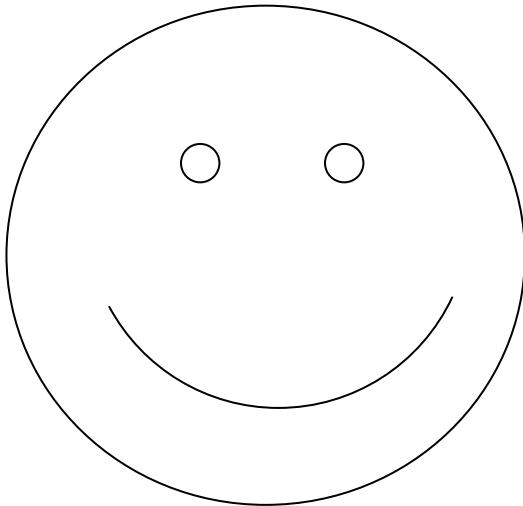
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Young Child Outcome Rating Scale (YCORS)

Name _____ Age (Yrs): _____
Client ID# _____
Session # _____ Date: _____

Choose one of the faces that shows how things are going for you. Or, you can draw one below that is just right for you.

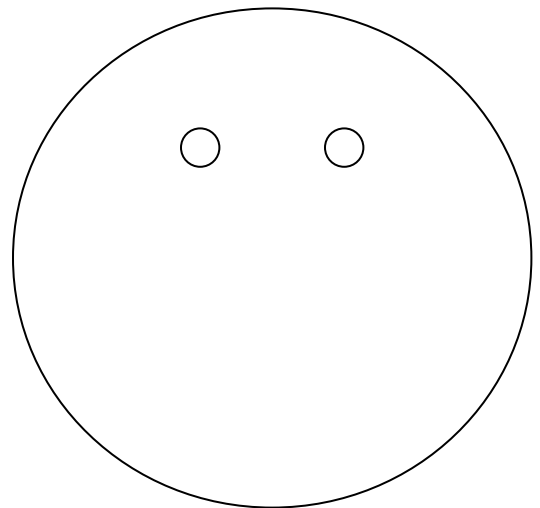
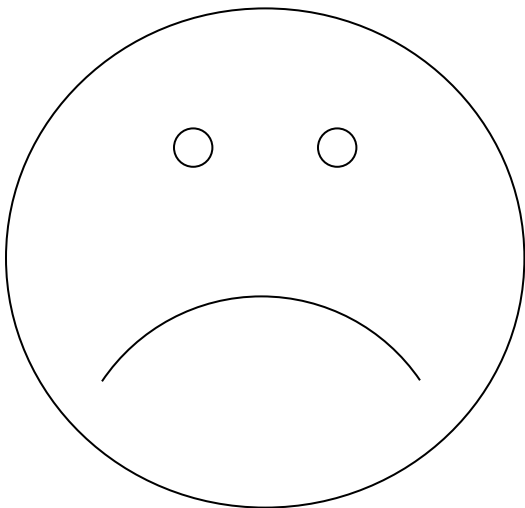
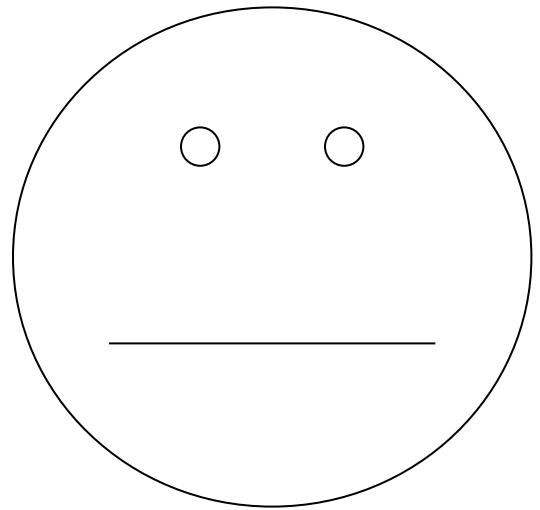
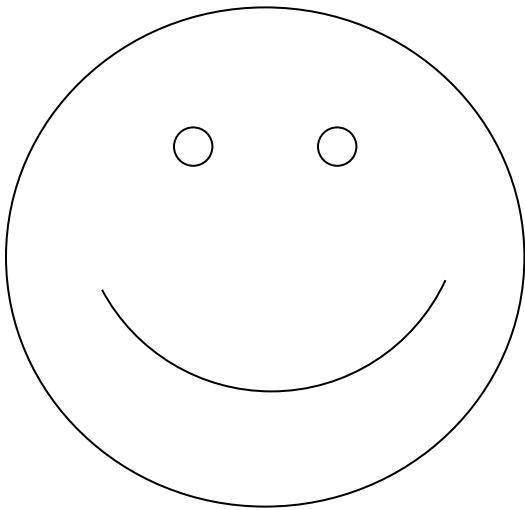


The Heart and Soul of Change Project

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Young Child Session Rating Scale (YCSRS)

Name _____	Age (Yrs): _____
Client ID# _____	
Session # _____	Date: _____

Choose one of the faces that shows how it was for you to be here today. Or, you can draw one below that is just right for you.



The Heart and Soul of Change Project

Group Session Rating Scale (GSRS)

Name _____
Client ID# _____
Session # _____ Date: _____

Please rate today's group by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel understood, respected, and/or accepted by the leader and/or the group.

I-----I

I felt understood, respected, and accepted by the leader and the group.

Goals and Topics

We did *not* work on or talk about what I wanted to work on and talk about.

I-----I

We worked on and talked about what I wanted to work on and talk about.

Approach or Method

The leader and/or the group's approach are/is not a good fit for me.

I-----I

The leader and the group's approach are a good fit for me.

Overall

There was something missing in group today—I did not feel like a part of the group.

I-----I

Overall, today's group was right for me—I felt like a part of the group.

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May 20, 2023

To Whom It May Concern:

On behalf of Fairways for Warriors, it is a pleasure to submit this Letter of Support for the Camaraderie Foundation. We believe it is our purpose to serve military families by building a strong community of support around them. In our partnership with Camaraderie Foundation, we cohesively work as a team to assist our military families. Camaraderie Foundation provides healing for the "invisible wounds of war" through counseling, emotional, and spiritual support for all branches of military service members, veterans, and their families. Fairways for Warriors' therapeutic adaptive sports programs works well with the counseling and support programs offered by Camaraderie. Their services have a strong, positive impact on our wounded warriors and their families.

Fairways for Warriors' mission is to support wounded warriors to help with their physical and emotional rehabilitation. We are using golf as one of the ways to accomplish our mission statement. Founded in 2010, Fairways for Warriors provides hope, healing, and camaraderie for combat wounded veterans and their families. Our organization has partnered with Camaraderie Foundation for more than 10 years to serve military families.

We look forward to providing the following support to Camaraderie Foundation:

- 1) Referring individuals for counseling services provided by this project.
- 2) As a referral source for additional services to support the needs of project participants.

Fairways for Warriors is committed to assisting Camaraderie Foundation in their efforts to increase services to active military, veterans, and their families. We are honored to work with this organization to serve more military families. If I can provide additional information, you may contact me by email at brian@fairwaysforwarriors.org or by phone at (678) 910-5328.

Sincerely,

Brian K. Hicks

Brian Hicks
COO/Executive Director
Fairways for Warriors

Fairways for Warriors

www.fairwaysforwarriors.org

2248 Napone Lane, Minneola, FL 34715
(678) 910-5328
brian@fairwaysforwarriors.org

Camaraderie Foundation Additional Information

Videos

Maria's Story

<https://www.youtube.com/watch?v=wL0oxCEwLRA>

Camaraderie Foundation Testimonial - Chris

<https://www.youtube.com/watch?v=UwMiU4rmL4k>

Camaraderie Foundation PSA

<https://www.youtube.com/watch?v=WDkke5hhj4Q>

Link to Camaraderie Foundation Board Bios

<https://camaraderiefoundation.org/about/team-members/board-members/>

Client Testimonials

"Last November I seriously considered suicide. It has been a long journey back and with the counseling you have made possible, I am so much stronger and have hope again and the tools necessary to battle depression and anxiety. Thank you doesn't express the gratitude I have. This has been a truly life-saving gift for me and my family!" SV (US Army Veteran)

"I am very grateful for the sensitivity your staff showed initially. You displayed an understanding that I've found to be unusual. You helped us and ultimately our marriage was saved as a result."
Basil H (Veteran US Army)

"Just letting you know that counseling is going great and I couldn't have done it without this organization's help, so I am saying thank you and continue to bless other service members/families & help diminish the war on PTSD. If there is anything I can do or volunteer to show my gratitude, I'm just an email away. Thanks again & have a Wonderful Wednesday!!!" (Current client – Veteran)

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

DEC 28 2009

Date: DEC 21 2009

CAMARADERIE FOUNDATION INC
C/O JANE D CALLAHAN
PO BOX 2346
ORLANDO, FL 32802-2346

Employer Identification Number:
27-0593856
DLN:
17053257351009
Contact Person:
KAREN A BATEY ID# 31641
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
July 21, 2009
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER NICOLE "NIKKI" FRIED

August 5, 2022

Refer To: CH30791

CAMARADERIE FOUNDATION, INC
2488 E MICHIGAN ST
ORLANDO, FL 32806-5060

RE: CAMARADERIE FOUNDATION, INC
REGISTRATION#: CH30791
EXPIRATION DATE: August 25, 2023

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Gloria Meadows
Regulatory Consultant
850-410-3851
Fax: 850-410-3804
E-mail: gloria.meadows@fdacs.gov