

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning

, and ending

04-3454511

CAMP STARFISH, INC.

Net Asset / Fund Balance at Beginning of Year 1,906,058

Revenue

Contributions	551,138
Program service revenue	350,250
Investment income	729
Capital gain / loss	
Fundraising / Gaming:	
Gross revenue	
Direct expenses	
Net income	
Other income	14,543

Total revenue 916,660

Expenses

Program services	688,550
Management and general	162,939
Fundraising	30,640

Total expenses 882,129

Excess / (deficit) 34,531

Changes

Net Asset / Fund Balance at End of Year 1,940,589

Reconciliation of Revenue

Total revenue per financial statements	<u>916,660</u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u><u>916,660</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>882,129</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u><u>882,129</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	3,775,813	3,679,581	
Liabilities	1,869,755	1,738,992	
Net assets	1,906,058	1,940,589	34,531

Miscellaneous Information

Amended return
 Return / extended due date 11/15/22
 Failure to file penalty

Stanton & Co.
400 West Cummings Park, Ste 5850
Woburn, MA 01801
781-933-1744

November 8, 2022

CONFIDENTIAL

CAMP STARFISH, INC.
873 MAIN STREET SUITE 1
ASHBY, MA 01431

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Massachusetts Non-Profit Organizations Report (Form PC)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Stanton & Co.

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

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

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.

2021

Name of filer

CAMP STARFISH, INC.

EIN or SSN

04-3454511

Name and title of officer or person subject to tax
CARRIE ENDRIES
PRESIDENT

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	<u>916,660</u>
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 VI, 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 STANTON & CO. to enter my PIN 54511 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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 ▶ _____ Date ▶ 11/08/22

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.

04513031744
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 ▶ SONDI B. STANTON Date ▶ 11/08/22

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

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

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **CAMP STARFISH, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
873 MAIN STREET SUITE 1
 City or town, state or province, country, and ZIP or foreign postal code
ASHBY MA 01431

D Employer identification number: **04-3454511**
E Telephone number: **978-637-2617**
G Gross receipts \$: **916,660**

F Name and address of principal officer:
CARRIE ENDRIES
873 MAIN STREET SUITE 1
ASHBY MA 01431

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.CAMPSTARFISH.ORG** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1998** **M** State of legal domicile: **MA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 CONDUCT A HIGHLY THERAPEUTIC CAMP FOR NINE WEEKS DURING THE SUMMER FOR EMOTIONALLY, BEHAVIORALLY AND LEARNING DISABLED CHILDREN.

2 Check this box 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)	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	10
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	78
6 Total number of volunteers (estimate if necessary)	10
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	304,058	551,138
9 Program service revenue (Part VIII, line 2g)	4,425	350,250
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,279	729
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,543
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	309,762	916,660
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	269,204	452,736
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,640		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	249,111	429,393
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	518,315	882,129
19 Revenue less expenses. Subtract line 18 from line 12	-208,553	34,531
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,775,813	3,679,581
21 Total liabilities (Part X, line 26)	1,869,755	1,738,992
22 Net assets or fund balances. Subtract line 21 from line 20	1,906,058	1,940,589

Part II Signature Block

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

Sign Here
 Signature of officer: **CARRIE ENDRIES** Date: _____
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only
 Print/Type preparer's name: **SONDI B. STANTON** Preparer's signature: **SONDI B. STANTON** Date: **11/08/22** Check if self-employed PTIN: **P00822095**
 Firm's name ▶ **STANTON & CO.** Firm's EIN ▶ **43-1995004**
 Firm's address ▶ **400 WEST CUMMINGS PARK, STE 5850 WOBURN, MA 01801** Phone no. **781-933-1744**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CONDUCT A HIGHLY THERAPEUTIC CAMP FOR NINE WEEKS DURING THE SUMMER FOR EMOTIONALLY, BEHAVIORALLY AND LEARNING DISABLED CHILDREN.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 688,550 including grants of \$) (Revenue \$ 350,250) CONDUCT A HIGHLY THERAPEUTIC CAMP FOR NINE WEEKS DURING THE SUMMER FOR EMOTIONALLY, BEHAVIORALLY AND LEARNING DISABLED CHILDREN.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 688,550

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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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?		

1a	4
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		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	78		
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.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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 instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and document retention.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state filing requirements, public inspection of forms, and disclosure of governing documents.

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 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 dotted 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) EMILY GOLINSKY EXECUTIVE DIRECTOR	40.00 0.00			X				104,535	0	16,664
(2) COURTNEY APGAR DIRECTOR	1.00 0.00	X						0	0	0
(3) LAURA BENKOV DIRECTOR	1.00 0.00	X						0	0	0
(4) JANET BOSWELL CLERK	2.00 0.00	X		X				0	0	0
(5) ANGEL SANTOS BURREZ TREASURER	2.00 0.00	X		X				0	0	0
(6) CARRIE ENDRIES PRESIDENT	2.00 0.00	X		X				0	0	0
(7) MELODY RIVERA LEFERMAN DIRECTOR	1.00 0.00	X						0	0	0
(8) AIMEE TANG, MD DIRECTOR	1.00 0.00	X						0	0	0
(9) KATHERINE O'BRIEN DIRECTOR	1.00 0.00	X						0	0	0
(10) MICHAEL ROSS CO-PRESIDENT	2.00 0.00	X		X				0	0	0
(11) JENN SMITHWOOD-GREEN DIRECTOR	1.00 0.00	X						0	0	0

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

Table with columns (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, and (F) Estimated amount of other compensation.

Summary rows: 1b Subtotal, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Values: 104,535 and 16,664.

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

Table with 3 rows and 3 columns (Yes, No). Rows 3, 4, 5 regarding compensation reporting requirements.

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.

Table with columns (A) Name and business address, (B) Description of services, and (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A) 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	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	179,942				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	371,196				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f				551,138			
	Program Service Revenue	2a CAMPER TUITION			Business Code			
			721210	350,050	350,050			
b EVENT INCOME			721210	200	200			
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				350,250				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				729		729	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a	Gross rents	(i) Real					
			(ii) Personal					
			6a					
	b Less: rental expenses			6b				
	c Rental inc. or (loss)			6c				
	d Net rental income or (loss)							
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			7a					
	b Less: cost or other basis and sales exps.			7b				
	c Gain or (loss)			7c				
	d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			8a					
b Less: direct expenses			8b					
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19			9a					
b Less: direct expenses			9b					
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances			10a					
b Less: cost of goods sold			10b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11a GROUP INCOME			Business Code				
				721210	14,543		14,543	
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d				14,543				
12 Total revenue. See instructions				916,660	350,250	0	15,272	

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				
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	121,199	42,419	66,659	12,121
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25,384	5,077	13,961	6,346
7 Other salaries and wages	246,261	230,354	14,829	1,078
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,344	2,109	235	
9 Other employee benefits	25,730	18,510	6,711	509
10 Payroll taxes	31,818	23,196	7,183	1,439
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	18,780		18,780	
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 Schedule O.)	12,226	8,257		3,969
12 Advertising and promotion				
13 Office expenses	26,223	16,207	7,236	2,780
14 Information technology				
15 Royalties				
16 Occupancy	76,445	70,310	4,601	1,534
17 Travel	16,833	16,833		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	85,205	75,625	9,300	280
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,758	58,337	1,295	126
23 Insurance	29,852	20,896	8,956	
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 FOOD SERVICE	42,543	42,543		
b PROGRAM SUPPLIES	14,264	14,264		
c COUNSELOR RECRUITMENT	13,520	13,520		
d CERTIFICATION & TRAINING	8,082	8,082		
e All other expenses	25,662	22,011	3,193	458
25 Total functional expenses. Add lines 1 through 24e	882,129	688,550	162,939	30,640
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	9,028	1	25,506
	2 Savings and temporary cash investments	609,516	2	517,676
	3 Pledges and grants receivable, net		3	28,370
	4 Accounts receivable, net		4	4,850
	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	18,794	9	14,314
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,605,373		
	b Less: accumulated depreciation	10b 540,267	3,115,164	10c 3,065,106
	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	20,761	14	19,624
	15 Other assets. See Part IV, line 11	2,550	15	4,135
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,775,813	16	3,679,581	
Liabilities	17 Accounts payable and accrued expenses	17,105	17	25,121
	18 Grants payable		18	
	19 Deferred revenue	51,708	19	26,315
	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	1,740,142	23	1,687,556
	24 Unsecured notes and loans payable to unrelated third parties	60,800	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,869,755	26	1,738,992
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	1,715,462	27	1,741,493
	28 Net assets with donor restrictions	190,596	28	199,096
	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	1,906,058	32	1,940,589
33 Total liabilities and net assets/fund balances	3,775,813	33	3,679,581	

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	916,660
2	Total expenses (must equal Part IX, column (A), line 25)	2	882,129
3	Revenue less expenses. Subtract line 2 from line 1	3	34,531
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,906,058
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,940,589

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CAMP STARFISH, INC.

Employer identification number

04-3454511

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 15 %
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
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
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
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
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

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.")	238,760	291,616	301,407	304,058	551,138	1,686,979
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	864,182	955,288	916,806	4,425	350,250	3,090,951
3 Gross receipts from activities that are not an unrelated trade or business under section 513		18,708	9,026		14,543	42,277
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	1,102,942	1,265,612	1,227,239	308,483	915,931	4,820,207
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	187,995	230,400	202,800	219,500	294,200	1,134,895
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	187,995	230,400	202,800	219,500	294,200	1,134,895
8 Public support. (Subtract line 7c from line 6.)						3,685,312

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	1,102,942	1,265,612	1,227,239	308,483	915,931	4,820,207
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,784	1,684	1,999	1,279	729	7,475
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,784	1,684	1,999	1,279	729	7,475
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	6,438					6,438
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.)	1,111,164	1,267,296	1,229,238	309,762	916,660	4,834,120

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	76.24 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	76.82 %

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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
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? <i>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.</i>		
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? <i>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.</i>		
1		
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)? <i>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).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
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? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area containing horizontal dotted lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

CAMP STARFISH, INC.

Employer identification number

04-3454511

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
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 Yes No

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		1,890,793		1,890,793
b Buildings		1,295,758	321,404	974,354
c Leasehold improvements		192,437	19,770	172,667
d Equipment		59,918	46,856	13,062
e Other		166,467	152,237	14,230
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,065,106

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. (Column (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. (Column (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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 916,660.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 882,129.

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.

Series of horizontal dotted lines for providing supplemental information.

SCHEDULE L

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Employer identification number

04-3454511

CAMP STARFISH, INC.

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows 1-6.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the org? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Rows 1-10.

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Rows 1-10.

**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

CAMP STARFISH, INC.

Employer identification number

04-3454511

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 IS REVIEWED BY THE BOARD BEFORE IT IS FILED

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE CONFLICTS POLICY IS REVIEWED REGULARLY TO MAKE SURE CONFLICTS DO NOT
EXIST FOR OFFICERS, BOARD MEMBERS AND KEY EMPLOYEES AND OTHER EMPLOYEES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE BOARD PRESIDENT DOES AN ANNUAL SALARY REVIEW WITH THE EXECUTIVE
DIRECTOR. THE EXECUTIVE DIRECTOR DETERMINES COST OF LIVING RAISES UP TO 3%
OR MERIT RAISES FOR EMPLOYEES AND THE BOARD'S EXECUTIVE COMMITTEE
DETERMINES IT FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE BOARD PRESIDENT DOES AN ANNUAL SALARY REVIEW WITH THE EXECUTIVE
DIRECTOR. THE EXECUTIVE DIRECTOR DETERMINES COST OF LIVING RAISES UP TO 3%
OR MERIT RAISES FOR EMPLOYEES AND THE BOARD'S EXECUTIVE COMMITTEE
DETERMINES IT FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

2021

Attachment Sequence No. **179**

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Identifying number

CAMP STARFISH, INC.

04-3454511

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	58,621

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	58,621
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25				
26 Property used more than 50% in a qualified business use:											
		%									
		%									
27 Property used 50% or less in a qualified business use:											
		%					S/L-				
		%					S/L-				
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28				
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year (see instructions):					
43 Amortization of costs that began before your 2021 tax year				43	1,137
44 Total. Add amounts in column (f). See the instructions for where to report				44	1,137

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	LAPTOP COMPUTER	6/01/99	1,800			1,800	5 HY S/L	1,800	0
2	COMPUTER EQUIPMENT	9/13/01	2,566		X	1,796	3 HY S/L	2,566	0
3	DOCKS	6/14/02	4,154		X	2,908	10 HY S/L	4,154	0
4	DELL LAPTOP COMPUTER	5/24/04	2,187		X	1,093	3 HY S/L	2,187	0
5	LAPTOP COMPUTER	2/27/05	1,706			1,706	3 HY S/L	1,706	0
6	CAMP MANAGEMENT SOFTWARE	5/19/06	4,200			4,200	3 HY S/L	4,200	0
7	COMPUTER EQUIPMENT	8/03/06	986			986	5 HY S/L	986	0
18	COMPUTER EQUIPMENT	6/30/08	3,790		X	1,895	5 HY S/L	3,790	0
28	COMPUTER	9/24/10	637		X	163	5 HY S/L	474	0
			22,026			16,547		21,863	0
Other Depreciation:									
8	WALKIE-TALKIES	6/25/07	522			522	5 MO S/L	522	0
9	FURNITURE & FIXTURES	10/27/07	2,087			2,087	5 MO S/L	2,087	0
10	FURNITURE & FIXTURES	11/26/07	1,175			1,175	5 MO S/L	1,175	0
11	PHONE SYSTEM	10/29/07	3,825			3,825	7 MO S/L	3,825	0
12	CAMP ACQUISITION	6/30/08	9,168			9,168	39 MO S/L	2,939	235
13	CAMPSITE FURNITURE & FIXTURES	6/30/08	1,611			1,611	5 MO S/L	1,611	0
14	KITCHEN & BATH HOUSE IMPROVEM	6/30/08	116,212			116,212	39 MO S/L	37,248	2,980
15	CAMP ACQUISITION COSTS	6/30/08	115,368			115,368	39 MO S/L	36,976	2,958
16	CAMP BUILDINGS	6/30/08	428,800			428,800	39 MO S/L	137,435	10,995
17	CAMP EQUIPMENT	6/30/08	2,520			2,520	7 MO S/L	2,520	0
19	LAND	6/30/08	1,890,793			1,890,793	0 -- Land	0	0
20	OFFICE EQUIPMENT	5/06/09	988			988	5 MO S/L	988	0
21	CAMP IMPROVEMENTS	6/01/09	9,600			9,600	39 MO S/L	2,851	246
22	PLATFORM TENTS	6/08/09	2,340			2,340	5 MO S/L	2,340	0
23	KAYAKS	6/09/09	816			816	5 MO S/L	816	0
24	TRAILER	5/24/10	4,270			4,270	5 MO S/L	4,270	0
25	LOCKERS	5/26/10	899			899	5 MO S/L	899	0
26	WATER PUMP FOR WELL	7/31/10	797			797	5 MO S/L	797	0
27	SHOWERHOUSE	6/30/10	16,073			16,073	39 MO S/L	4,327	412
29	BATH HOUSE	6/15/11	1,901			1,901	39 MO S/L	467	49
30	CAMPSITE FURNITURE & FIXTURES	6/20/12	1,508			1,508	5 MO S/L	1,508	0
31	PAVILLION	6/07/12	1,170			1,170	5 MO S/L	1,170	0
32	CAMP EQUIPMENT	5/28/12	1,693			1,693	5 MO S/L	1,693	0
33	2 SHOWERS & 2 SINKS	5/28/12	1,800			1,800	39 MO S/L	396	46
34	CAMP IMPROVEMENTS	7/15/12	4,425			4,425	39 MO S/L	965	113
35	LAUNDRY IMPROVEMENTS	7/15/12	1,075			1,075	10 MO S/L	914	108
36	FENCING	7/15/12	1,380			1,380	10 MO S/L	1,173	138
37	CAMPSITE FURNITURE & FIXTURES	7/15/12	1,436			1,436	5 MO S/L	1,436	0
38	MODULAR BUILDING	7/02/13	14,504			14,504	20 MO S/L	5,439	725
39	FURNITURE & FIXTURES	5/01/13	4,232			4,232	5 MO S/L	4,232	0
40	MAILBOXES	6/16/13	1,700			1,700	5 MO S/L	1,700	0
41	BENCHES	6/15/13	500			500	5 MO S/L	500	0
42	ROCKERS	6/28/13	422			422	5 MO S/L	422	0
43	BUTTON MACHINE	6/17/13	506			506	5 MO S/L	506	0
44	GIRL'S WASHHOUSE	9/18/13	13,778			13,778	39 MO S/L	2,561	354
45	BLDG - MOOSE MANOR	3/27/13	8,000			8,000	39 MO S/L	1,590	205
46	BOOK NOOK, BEDS, PLATFORM	5/13/13	9,582			9,582	10 MO S/L	7,346	958
47	PAVILLION	6/14/13	7,969			7,969	39 MO S/L	1,550	204
48	BLDG - MANOR BIFFY	7/02/13	1,217			1,217	10 MO S/L	913	121
49	BATHROOM AND RAMP	7/31/13	10,000			10,000	39 MO S/L	1,902	256
50	WASHHOUSE	7/06/13	3,500			3,500	39 MO S/L	673	90
51	DINING HALL RAMP	8/01/13	2,514			2,514	10 MO S/L	1,865	251
52	DECK	9/13/13	2,275			2,275	10 MO S/L	1,668	228
53	BUNK 6 RAMP	10/02/13	1,409			1,409	10 MO S/L	1,022	140
54	PLAYGROUND EQUIPMENT	4/22/14	2,909			2,909	5 MO S/L	2,909	0
55	SPEAKER SYSTEM	4/22/14	906			906	5 MO S/L	906	0
56	CAMP EQUIPMENT	6/30/14	8,593			8,593	5 MO S/L	8,593	0
57	SCHOW WASHHOUSE	5/30/14	9,217			9,217	39 MO S/L	1,556	236
58	ASST. DIR. LIVING QUARTERS	6/12/14	8,227			8,227	39 MO S/L	1,389	211
59	LEADERS' LOUNGE	4/14/14	9,645			9,645	39 MO S/L	1,669	248
60	ADDITION TO LODGE	7/16/14	8,175			8,175	39 MO S/L	1,345	210
61	2 NEW CABINS	7/29/14	12,800			12,800	39 MO S/L	2,106	328
62	FACILITY IMPROVEMENTS	6/30/14	5,739			5,739	39 MO S/L	956	148
63	TOSHIBA-DEANA'S LAPTOP	2/15/14	616			616	5 MO S/L	616	0
65	OFFICE FURNITURE	10/28/14	1,140			1,140	5 MO S/L	1,140	0
66	FACILITY IMPROVE. - BOGIAGES GRA	8/29/15	9,937			9,937	39 MO S/L	1,359	255

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
67	BUNKS	6/28/15	9,805			9,805	10 MO S/L	5,393	980
68	SWINGZEBO	9/24/15	2,624			2,624	5 MO S/L	2,624	0
69	SEPTIC UPGRADE	9/24/15	3,575			3,575	39 MO S/L	481	92
70	FACILITY IMPROVEMENTS	6/28/15	35,557			35,557	39 MO S/L	4,966	912
71	ELECTRICAL SERVICE	9/24/15	1,364			1,364	39 MO S/L	184	35
72	STORAGE FOR THE GATOR	7/28/15	1,233			1,233	39 MO S/L	171	32
73	TWO SALAD BARS	5/30/15	1,642			1,642	5 MO S/L	1,642	0
74	WALKIE TALKIES	6/08/15	3,754			3,754	5 MO S/L	3,754	0
75	THE GATOR TRACTOR	6/26/15	8,600			8,600	7 MO S/L	6,757	1,229
76	FURNITURE & FIXTURES	6/16/15	3,187			3,187	5 MO S/L	3,187	0
77	LAPTOP	3/16/15	595			595	3 MO S/L	595	0
78	PHONE SYSTEM	5/07/15	1,200			1,200	7 MO S/L	971	172
79	GYM FLOORING	3/22/16	1,117			1,117	5 MO S/L	1,062	55
80	TENT CANVAS	4/29/16	4,500			4,500	5 MO S/L	4,200	300
81	CAMP FURNITURE	6/15/16	21,290			21,290	5 MO S/L	19,516	1,774
82	LAPTOPS	6/29/16	1,714			1,714	5 MO S/L	1,543	171
83	FACILITY IMPROVEMENTS	8/11/16	67,562			67,562	39 MO S/L	7,651	1,733
84	USED CAR	10/31/17	2,500			2,500	5 MO S/L	1,583	500
85	CANOEES	6/09/17	2,401			2,401	5 MO S/L	1,721	480
86	FRIDGE FOR YR BUILDING	7/01/17	750			750	5 MO S/L	525	150
87	CAMP FURNITURE & FIXTURES	5/10/17	42,761			42,761	5 MO S/L	31,358	8,552
88	FACILITY IMPROVEMENTS	12/01/17	6,840			6,840	39 MO S/L	541	175
89	YEAR ROUND BUILDING	9/15/17	335,793			335,793	39 MO S/L	28,700	8,610
90	SHEDS	5/07/18	20,000			20,000	39 MO S/L	1,368	512
91	OFFICE REMODEL	5/28/18	2,216			2,216	39 MO S/L	147	57
92	WATERFRONT INFLATABLES	6/15/18	3,197			3,197	5 MO S/L	1,652	639
93	AED	6/15/18	1,422			1,422	5 MO S/L	735	284
94	CAMP EQUIPMENT	6/30/18	3,331			3,331	5 MO S/L	1,665	666
95	COMPUTER EQUIPMENT	12/09/18	3,058			3,058	5 MO S/L	1,274	612
96	FACILITY IMPROVEMENTS	6/30/18	88,257			88,257	39 MO S/L	5,658	2,263
97	FISH CABINS	12/31/18	12,169			12,169	39 MO S/L	624	312
98	TIDES HOUSE	6/15/18	65,273			65,273	39 MO S/L	4,324	1,673
99	YR BUILDING	4/18/18	2,128			2,128	39 MO S/L	146	54
100	COMPUTER EQUIPMENT	5/13/19	850			850	5 MO S/L	283	170
101	COMPUTER EQUIPMENT	11/15/19	693			693	5 MO S/L	162	138
102	FACILITY IMPROVEMENTS	7/15/19	21,812			21,812	39 MO S/L	839	559
103	FACILITY IMPROVEMENTS	12/31/20	5,750			5,750	39 MO S/L	0	147
104	WASHERS & DRYERS	4/29/21	5,444			5,444	5 MO S/L	0	726
105	JOHN DEERE LAWN TRACTOR	6/18/21	1,699			1,699	7 MO S/L	0	121
106	REFRIGERATOR	6/07/21	771			771	5 MO S/L	0	90
107	VIVBOOK LAPTOP - LP	2/04/21	649			649	3 MO S/L	0	198
Total Other Depreciation			<u>3,583,347</u>			<u>3,583,347</u>		<u>459,783</u>	<u>58,621</u>
Total ACRS and Other Depreciation			<u>3,583,347</u>			<u>3,583,347</u>		<u>459,783</u>	<u>58,621</u>
Amortization:									
64	LOAN COSTS	4/15/14	28,440			28,440	25 MO Amort	7,679	1,137
			<u>28,440</u>			<u>28,440</u>		<u>7,679</u>	<u>1,137</u>
Grand Totals			3,633,813			3,628,334		489,325	59,758
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>3,633,813</u>			<u>3,628,334</u>		<u>489,325</u>	<u>59,758</u>

MA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MA Prior	MA Current	Federal Current	Difference Fed - MA
Prior MACRS:								
1	LAPTOP COMPUTER	6/01/99	1,800	1,800	1,800	0	0	0
2	COMPUTER EQUIPMENT	9/13/01	2,566	2,566	2,566	0	0	0
3	DOCKS	6/14/02	4,154	4,154	4,154	0	0	0
4	DELL LAPTOP COMPUTER	5/24/04	2,187	2,187	2,187	0	0	0
5	LAPTOP COMPUTER	2/27/05	1,706	1,706	1,706	0	0	0
6	CAMP MANAGEMENT SOFTWARE	5/19/06	4,200	4,200	4,200	0	0	0
7	COMPUTER EQUIPMENT	8/03/06	986	986	986	0	0	0
18	COMPUTER EQUIPMENT	6/30/08	3,790	3,790	3,790	0	0	0
28	COMPUTER	9/24/10	637	637	637	0	0	0
			22,026	22,026	22,026	0	0	0
Other Depreciation:								
8	WALKIE-TALKIES	6/25/07	522	522	522	0	0	0
9	FURNITURE & FIXTURES	10/27/07	2,087	2,087	2,087	0	0	0
10	FURNITURE & FIXTURES	11/26/07	1,175	1,175	1,175	0	0	0
11	PHONE SYSTEM	10/29/07	3,825	3,825	3,825	0	0	0
12	CAMP ACQUISITION	6/30/08	9,168	9,168	2,939	235	235	0
13	CAMPSITE FURNITURE & FIXTURES	6/30/08	1,611	1,611	1,611	0	0	0
14	KITCHEN & BATH HOUSE IMPROVEM	6/30/08	116,212	116,212	37,247	2,980	2,980	0
15	CAMP ACQUISITION COSTS	6/30/08	115,368	115,368	36,977	2,958	2,958	0
16	CAMP BUILDINGS	6/30/08	428,800	428,800	137,436	10,995	10,995	0
17	CAMP EQUIPMENT	6/30/08	2,520	2,520	2,520	0	0	0
19	LAND	6/30/08	1,890,793	1,890,793	0	0	0	0
20	OFFICE EQUIPMENT	5/06/09	988	988	988	0	0	0
21	CAMP IMPROVEMENTS	6/01/09	9,600	9,600	2,851	246	246	0
22	PLATFORM TENTS	6/08/09	2,340	2,340	2,340	0	0	0
23	KAYAKS	6/09/09	816	816	816	0	0	0
24	TRAILER	5/24/10	4,270	4,270	4,270	0	0	0
25	LOCKERS	5/26/10	899	899	899	0	0	0
26	WATER PUMP FOR WELL	7/31/10	797	797	797	0	0	0
27	SHOWERHOUSE	6/30/10	16,073	16,073	4,327	412	412	0
29	BATH HOUSE	6/15/11	1,901	1,901	467	49	49	0
30	CAMPSITE FURNITURE & FIXTURES	6/20/12	1,508	1,508	1,508	0	0	0
31	PAVILLION	6/07/12	1,170	1,170	1,170	0	0	0
32	CAMP EQUIPMENT	5/28/12	1,693	1,693	1,693	0	0	0
33	2 SHOWERS & 2 SINKS	5/28/12	1,800	1,800	396	46	46	0
34	CAMP IMPROVEMENTS	7/15/12	4,425	4,425	964	114	113	-1
35	LAUNDRY IMPROVEMENTS	7/15/12	1,075	1,075	914	107	108	1
36	FENCING	7/15/12	1,380	1,380	1,173	138	138	0
37	CAMPSITE FURNITURE & FIXTURES	7/15/12	1,436	1,436	1,436	0	0	0
38	MODULAR BUILDING	7/02/13	14,504	14,504	5,439	725	725	0
39	FURNITURE & FIXTURES	5/01/13	4,232	4,232	4,232	0	0	0
40	MAILBOXES	6/16/13	1,700	1,700	1,700	0	0	0
41	BENCHES	6/15/13	500	500	500	0	0	0
42	ROCKERS	6/28/13	422	422	422	0	0	0
43	BUTTON MACHINE	6/17/13	506	506	506	0	0	0
44	GIRL'S WASHHOUSE	9/18/13	13,778	13,778	2,561	354	354	0
45	BLDG - MOOSE MANOR	3/27/13	8,000	8,000	1,590	205	205	0
46	BOOK NOOK, BEDS, PLATFORM	5/13/13	9,582	9,582	7,346	958	958	0
47	PAVILLION	6/14/13	7,969	7,969	1,550	204	204	0
48	BLDG - MANOR BIFFY	7/02/13	1,217	1,217	913	121	121	0
49	BATHROOM AND RAMP	7/31/13	10,000	10,000	1,902	256	256	0
50	WASHHOUSE	7/06/13	3,500	3,500	673	90	90	0
51	DINING HALL RAMP	8/01/13	2,514	2,514	1,865	251	251	0
52	DECK	9/13/13	2,275	2,275	1,668	228	228	0
53	BUNK 6 RAMP	10/02/13	1,409	1,409	1,022	140	140	0
54	PLAYGROUND EQUIPMENT	4/22/14	2,909	2,909	2,909	0	0	0
55	SPEAKER SYSTEM	4/22/14	906	906	906	0	0	0
56	CAMP EQUIPMENT	6/30/14	8,593	8,593	8,593	0	0	0
57	SCHOW WASHHOUSE	5/30/14	9,217	9,217	1,556	236	236	0
58	ASST. DIR. LIVING QUARTERS	6/12/14	8,227	8,227	1,389	211	211	0
59	LEADERS' LOUNGE	4/14/14	9,645	9,645	1,669	248	248	0
60	ADDITION TO LODGE	7/16/14	8,175	8,175	1,345	210	210	0
61	2 NEW CABINS	7/29/14	12,800	12,800	2,106	328	328	0
62	FACILITY IMPROVEMENTS	6/30/14	5,739	5,739	956	148	148	0
63	TOSHIBA-DEANA'S LAPTOP	2/15/14	616	616	616	0	0	0
65	OFFICE FURNITURE	10/28/14	1,140	1,140	1,140	0	0	0
66	FACILITY IMPROVE. - BOGIAGES GRA	8/29/15	9,937	9,937	1,359	255	255	0

MA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MA Prior	MA Current	Federal Current	Difference Fed - MA
67	BUNKS	6/28/15	9,805	9,805	5,393	980	980	0
68	SWINGZEBO	9/24/15	2,624	2,624	2,624	0	0	0
69	SEPTIC UPGRADE	9/24/15	3,575	3,575	481	92	92	0
70	FACILITY IMPROVEMENTS	6/28/15	35,557	35,557	4,966	912	912	0
71	ELECTRICAL SERVICE	9/24/15	1,364	1,364	184	35	35	0
72	STORAGE FOR THE GATOR	7/28/15	1,233	1,233	171	32	32	0
73	TWO SALAD BARS	5/30/15	1,642	1,642	1,642	0	0	0
74	WALKIE TALKIES	6/08/15	3,754	3,754	3,754	0	0	0
75	THE GATOR TRACTOR	6/26/15	8,600	8,600	6,757	1,229	1,229	0
76	FURNITURE & FIXTURES	6/16/15	3,187	3,187	3,187	0	0	0
77	LAPTOP	3/16/15	595	595	595	0	0	0
78	PHONE SYSTEM	5/07/15	1,200	1,200	971	172	172	0
79	GYM FLOORING	3/22/16	1,117	1,117	1,062	55	55	0
80	TENT CANVAS	4/29/16	4,500	4,500	4,200	300	300	0
81	CAMP FURNITURE	6/15/16	21,290	21,290	19,516	1,774	1,774	0
82	LAPTOPS	6/29/16	1,714	1,714	1,543	171	171	0
83	FACILITY IMPROVEMENTS	8/11/16	67,562	67,562	7,651	1,733	1,733	0
84	USED CAR	10/31/17	2,500	2,500	1,583	500	500	0
85	CANOE	6/09/17	2,401	2,401	1,721	480	480	0
86	FRIDGE FOR YR BUILDING	7/01/17	750	750	525	150	150	0
87	CAMP FURNITURE & FIXTURES	5/10/17	42,761	42,761	31,358	8,552	8,552	0
88	FACILITY IMPROVEMENTS	12/01/17	6,840	6,840	541	175	175	0
89	YEAR ROUND BUILDING	9/15/17	335,793	335,793	28,700	8,610	8,610	0
90	SHEDS	5/07/18	20,000	20,000	1,368	512	512	0
91	OFFICE REMODEL	5/28/18	2,216	2,216	147	57	57	0
92	WATERFRONT INFLATABLES	6/15/18	3,197	3,197	1,652	639	639	0
93	AED	6/15/18	1,422	1,422	735	284	284	0
94	CAMP EQUIPMENT	6/30/18	3,331	3,331	1,665	666	666	0
95	COMPUTER EQUIPMENT	12/09/18	3,058	3,058	1,274	612	612	0
96	FACILITY IMPROVEMENTS	6/30/18	88,257	88,257	5,658	2,263	2,263	0
97	FISH CABINS	12/31/18	12,169	12,169	624	312	312	0
98	TIDES HOUSE	6/15/18	65,273	65,273	4,324	1,673	1,673	0
99	YR BUILDING	4/18/18	2,128	2,128	146	54	54	0
100	COMPUTER EQUIPMENT	5/13/19	850	850	283	170	170	0
101	COMPUTER EQUIPMENT	11/15/19	693	693	162	138	138	0
102	FACILITY IMPROVEMENTS	7/15/19	21,812	21,812	839	559	559	0
103	FACILITY IMPROVEMENTS	12/31/20	5,750	5,750	0	147	147	0
104	WASHERS & DRYERS	4/29/21	5,444	5,444	0	726	726	0
105	JOHN DEERE LAWN TRACTOR	6/18/21	1,699	1,699	0	121	121	0
106	REFRIGERATOR	6/07/21	771	771	0	90	90	0
107	VIVBOOK LAPTOP - LP	2/04/21	649	649	0	198	198	0
Total Other Depreciation			<u>3,583,347</u>	<u>3,583,347</u>	<u>459,783</u>	<u>58,621</u>	<u>58,621</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>3,583,347</u>	<u>3,583,347</u>	<u>459,783</u>	<u>58,621</u>	<u>58,621</u>	<u>0</u>
Amortization:								
64	LOAN COSTS	4/15/14	28,440	28,440	7,679	1,137	1,137	0
			<u>28,440</u>	<u>28,440</u>	<u>7,679</u>	<u>1,137</u>	<u>1,137</u>	<u>0</u>
Grand Totals			<u>3,633,813</u>	<u>3,633,813</u>	<u>489,488</u>	<u>59,758</u>	<u>59,758</u>	<u>0</u>
Less: Dispositions			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Less: Start-up/Org Expense			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Net Grand Totals			<u>3,633,813</u>	<u>3,633,813</u>	<u>489,488</u>	<u>59,758</u>	<u>59,758</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	LAPTOP COMPUTER	6/01/99	1,800			1,800	5 HY S/L	1,800	0
2	COMPUTER EQUIPMENT	9/13/01	2,566		X	1,796	3 HY S/L	2,566	0
3	DOCKS	6/14/02	4,154		X	2,908	10 HY S/L	4,154	0
4	DELL LAPTOP COMPUTER	5/24/04	2,187		X	1,093	3 HY S/L	2,187	0
5	LAPTOP COMPUTER	2/27/05	1,706			1,706	3 HY S/L	1,706	0
6	CAMP MANAGEMENT SOFTWARE	5/19/06	4,200			4,200	3 HY S/L	4,200	0
7	COMPUTER EQUIPMENT	8/03/06	986			986	5 HY S/L	986	0
18	COMPUTER EQUIPMENT	6/30/08	3,790		X	1,895	5 HY S/L	3,790	0
28	COMPUTER	9/24/10	637		X	163	5 HY S/L	474	0
38	MODULAR BUILDING	7/02/13	14,504		X	7,252	20 HY S/L	9,972	362
			<u>36,530</u>			<u>23,799</u>		<u>31,835</u>	<u>362</u>
Other Depreciation:									
8	WALKIE-TALKIES	6/25/07	522			522	5 MO S/L	522	0
9	FURNITURE & FIXTURES	10/27/07	2,087			2,087	5 MO S/L	2,087	0
10	FURNITURE & FIXTURES	11/26/07	1,175			1,175	5 MO S/L	1,175	0
11	PHONE SYSTEM	10/29/07	3,825			3,825	7 MO S/L	3,825	0
12	CAMP ACQUISITION	6/30/08	9,168			9,168	39 MO S/L	2,939	235
13	CAMPSITE FURNITURE & FIXTURES	6/30/08	1,611			1,611	5 MO S/L	1,611	0
14	KITCHEN & BATH HOUSE IMPROVEM	6/30/08	116,212			116,212	39 MO S/L	37,248	2,980
15	CAMP ACQUISITION COSTS	6/30/08	115,368			115,368	39 MO S/L	36,976	2,958
16	CAMP BUILDINGS	6/30/08	428,800			428,800	39 MO S/L	137,435	10,995
17	CAMP EQUIPMENT	6/30/08	2,520			2,520	7 MO S/L	2,520	0
19	LAND	6/30/08	1,890,793			1,890,793	0 -- Land	0	0
20	OFFICE EQUIPMENT	5/06/09	988			988	5 MO S/L	988	0
21	CAMP IMPROVEMENTS	6/01/09	9,600			9,600	39 MO S/L	2,851	246
22	PLATFORM TENTS	6/08/09	2,340			2,340	5 MO S/L	2,340	0
23	KAYAKS	6/09/09	816			816	5 MO S/L	816	0
24	TRAILER	5/24/10	4,270			4,270	5 MO S/L	4,270	0
25	LOCKERS	5/26/10	899			899	5 MO S/L	899	0
26	WATER PUMP FOR WELL	7/31/10	797			797	5 MO S/L	797	0
27	SHOWERHOUSE	6/30/10	16,073			16,073	39 MO S/L	4,327	412
29	BATH HOUSE	6/15/11	1,901			1,901	39 MO S/L	467	49
30	CAMPSITE FURNITURE & FIXTURES	6/20/12	1,508			1,508	5 MO S/L	1,508	0
31	PAVILLION	6/07/12	1,170			1,170	5 MO S/L	1,170	0
32	CAMP EQUIPMENT	5/28/12	1,693			1,693	5 MO S/L	1,693	0
33	2 SHOWERS & 2 SINKS	5/28/12	1,800			1,800	39 MO S/L	396	46
34	CAMP IMPROVEMENTS	7/15/12	4,425			4,425	39 MO S/L	965	113
35	LAUNDRY IMPROVEMENTS	7/15/12	1,075			1,075	10 MO S/L	914	108
36	FENCING	7/15/12	1,380			1,380	10 MO S/L	1,173	138
37	CAMPSITE FURNITURE & FIXTURES	7/15/12	1,436			1,436	5 MO S/L	1,436	0
39	FURNITURE & FIXTURES	5/01/13	0			0	0 HY	0	0
40	MAILBOXES	6/16/13	0			0	0 HY	0	0
41	BENCHES	6/15/13	0			0	0 HY	0	0
42	ROCKERS	6/28/13	0			0	0 HY	0	0
43	BUTTON MACHINE	6/17/13	0			0	0 HY	0	0
44	GIRL'S WASHHOUSE	9/18/13	0			0	0 HY	0	0
45	BLDG - MOOSE MANOR	3/27/13	0			0	0 HY	0	0
46	BOOK NOOK, BEDS, PLATFORM	5/13/13	0			0	0 HY	0	0
47	PAVILLION	6/14/13	0			0	0 HY	0	0
48	BLDG - MANOR BIFFY	7/02/13	0			0	0 HY	0	0
49	BATHROOM AND RAMP	7/31/13	0			0	0 HY	0	0
50	WASHHOUSE	7/06/13	0			0	0 HY	0	0
51	DINING HALL RAMP	8/01/13	0			0	0 HY	0	0
52	DECK	9/13/13	0			0	0 HY	0	0
53	BUNK 6 RAMP	10/02/13	0			0	0 HY	0	0
54	PLAYGROUND EQUIPMENT	4/22/14	2,909			2,909	5 MO S/L	2,909	0
55	SPEAKER SYSTEM	4/22/14	906			906	5 MO S/L	906	0
56	CAMP EQUIPMENT	6/30/14	8,593			8,593	5 MO S/L	8,593	0
57	SCHOW WASHHOUSE	5/30/14	9,217			9,217	39 MO S/L	1,556	236
58	ASST. DIR. LIVING QUARTERS	6/12/14	8,227			8,227	39 MO S/L	1,389	211
59	LEADERS' LOUNGE	4/14/14	9,645			9,645	39 MO S/L	1,669	248
60	ADDITION TO LODGE	7/16/14	8,175			8,175	39 MO S/L	1,345	210
61	2 NEW CABINS	7/29/14	12,800			12,800	39 MO S/L	2,106	328
62	FACILITY IMPROVEMENTS	6/30/14	5,739			5,739	39 MO S/L	956	148
63	TOSHIBA-DEANA'S LAPTOP	2/15/14	616			616	5 MO S/L	616	0
65	OFFICE FURNITURE	10/28/14	1,140			1,140	5 MO S/L	1,140	0
66	FACILITY IMPROVE. - BOGIAGES GRA	8/29/15	9,937			9,937	39 MO S/L	1,359	255

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
67	BUNKS	6/28/15	9,805			9,805	10 MO S/L	5,393	980
68	SWINGZEBO	9/24/15	2,624			2,624	5 MO S/L	2,624	0
69	SEPTIC UPGRADE	9/24/15	3,575			3,575	39 MO S/L	481	92
70	FACILITY IMPROVEMENTS	6/28/15	35,557			35,557	39 MO S/L	4,966	912
71	ELECTRICAL SERVICE	9/24/15	1,364			1,364	39 MO S/L	184	35
72	STORAGE FOR THE GATOR	7/28/15	1,233			1,233	39 MO S/L	171	32
73	TWO SALAD BARS	5/30/15	1,642			1,642	5 MO S/L	1,642	0
74	WALKIE TALKIES	6/08/15	3,754			3,754	5 MO S/L	3,754	0
75	THE GATOR TRACTOR	6/26/15	8,600			8,600	7 MO S/L	6,757	1,229
76	FURNITURE & FIXTURES	6/16/15	3,187			3,187	5 MO S/L	3,187	0
77	LAPTOP	3/16/15	595			595	3 MO S/L	595	0
78	PHONE SYSTEM	5/07/15	1,200			1,200	7 MO S/L	971	172
79	GYM FLOORING	3/22/16	0			0	0 HY	0	0
80	TENT CANVAS	4/29/16	0			0	0 HY	0	0
81	CAMP FURNITURE	6/15/16	0			0	0 HY	0	0
82	LAPTOPS	6/29/16	0			0	0 HY	0	0
83	FACILITY IMPROVEMENTS	8/11/16	0			0	0 HY	0	0
84	USED CAR	10/31/17	0			0	0 HY	0	0
85	CANOES	6/09/17	0			0	0 HY	0	0
86	FRIDGE FOR YR BUILDING	7/01/17	0			0	0 HY	0	0
87	CAMP FURNITURE & FIXTURES	5/10/17	0			0	0 HY	0	0
88	FACILITY IMPROVEMENTS	12/01/17	0			0	0 HY	0	0
89	YEAR ROUND BUILDING	9/15/17	0			0	0 HY	0	0
90	SHEDS	5/07/18	20,000			20,000	39 MO S/L	1,368	512
91	OFFICE REMODEL	5/28/18	2,216			2,216	39 MO S/L	147	57
92	WATERFRONT INFLATABLES	6/15/18	3,197			3,197	5 MO S/L	1,652	639
93	AED	6/15/18	1,422			1,422	5 MO S/L	735	284
94	CAMP EQUIPMENT	6/30/18	3,331			3,331	5 MO S/L	1,665	666
95	COMPUTER EQUIPMENT	12/09/18	3,058			3,058	5 MO S/L	1,274	612
96	FACILITY IMPROVEMENTS	6/30/18	88,257			88,257	39 MO S/L	5,658	2,263
97	FISH CABINS	12/31/18	12,169			12,169	39 MO S/L	624	312
98	TIDES HOUSE	6/15/18	65,273			65,273	39 MO S/L	4,324	1,673
99	YR BUILDING	4/18/18	2,128			2,128	39 MO S/L	146	54
100	COMPUTER EQUIPMENT	5/13/19	850			850	5 MO S/L	283	170
101	COMPUTER EQUIPMENT	11/15/19	693			693	5 MO S/L	162	138
102	FACILITY IMPROVEMENTS	7/15/19	21,812			21,812	39 MO S/L	839	559
103	FACILITY IMPROVEMENTS	12/31/20	0			0	0 HY	0	0
104	WASHERS & DRYERS	4/29/21	0			0	0 HY	0	0
105	JOHN DEERE LAWN TRACTOR	6/18/21	0			0	0 HY	0	0
106	REFRIGERATOR	6/07/21	0			0	0 HY	0	0
107	VIVBOOK LAPTOP - LP	2/04/21	0			0	0 HY	0	0
Total Other Depreciation			<u>2,999,698</u>			<u>2,999,698</u>		<u>327,494</u>	<u>31,307</u>
Total ACRS and Other Depreciation			<u>2,999,698</u>			<u>2,999,698</u>		<u>327,494</u>	<u>31,307</u>
Grand Totals			3,036,228			3,023,497		359,329	31,669
Less: Dispositions and Transfers			0			0		0	0
Net Grand Totals			<u>3,036,228</u>			<u>3,023,497</u>		<u>359,329</u>	<u>31,669</u>

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
2	COMPUTER EQUIPMENT	9/13/01	2,566		0	0	770	1,796
3	DOCKS	6/14/02	4,154		0	0	1,246	2,908
4	DELL LAPTOP COMPUTER	5/24/04	2,187		0	0	1,094	1,093
18	COMPUTER EQUIPMENT	6/30/08	3,790		0	0	1,895	1,895
28	COMPUTER	9/24/10	637		0	0	474	163
90	SHEDS	5/07/18	20,000		0	0	0	20,000
Grand Total			<u>33,334</u>		<u>0</u>	<u>0</u>	<u>5,479</u>	<u>27,855</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	1	LAPTOP COMPUTER	0	0	0
Page 1	1	2	COMPUTER EQUIPMENT	0	0	0
Page 1	1	3	DOCKS	0	0	0
Page 1	1	4	DELL LAPTOP COMPUTER	0	0	0
Page 1	1	5	LAPTOP COMPUTER	0	0	0
Page 1	1	6	CAMP MANAGEMENT SOFTWARE	0	0	0
Page 1	1	7	COMPUTER EQUIPMENT	0	0	0
Page 1	1	18	COMPUTER EQUIPMENT	0	0	0
Page 1	1	28	COMPUTER	0	0	0
				0	0	0
				0	0	0

Future Depreciation Report FYE: 12/31/22

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	LAPTOP COMPUTER	6/01/99	1,800	0	0
2	COMPUTER EQUIPMENT	9/13/01	2,566	0	0
3	DOCKS	6/14/02	4,154	0	0
4	DELL LAPTOP COMPUTER	5/24/04	2,187	0	0
5	LAPTOP COMPUTER	2/27/05	1,706	0	0
6	CAMP MANAGEMENT SOFTWARE	5/19/06	4,200	0	0
7	COMPUTER EQUIPMENT	8/03/06	986	0	0
18	COMPUTER EQUIPMENT	6/30/08	3,790	0	0
28	COMPUTER	9/24/10	637	0	0
			22,026	0	0

Other Depreciation:

8	WALKIE-TALKIES	6/25/07	522	0	0
9	FURNITURE & FIXTURES	10/27/07	2,087	0	0
10	FURNITURE & FIXTURES	11/26/07	1,175	0	0
11	PHONE SYSTEM	10/29/07	3,825	0	0
12	CAMP ACQUISITION	6/30/08	9,168	235	235
13	CAMPSITE FURNITURE & FIXTURES	6/30/08	1,611	0	0
14	KITCHEN & BATH HOUSE IMPROVEMENT.	6/30/08	116,212	2,980	2,980
15	CAMP ACQUISITION COSTS	6/30/08	115,368	2,959	2,959
16	CAMP BUILDINGS	6/30/08	428,800	10,995	10,995
17	CAMP EQUIPMENT	6/30/08	2,520	0	0
19	LAND	6/30/08	1,890,793	0	0
20	OFFICE EQUIPMENT	5/06/09	988	0	0
21	CAMP IMPROVEMENTS	6/01/09	9,600	247	247
22	PLATFORM TENTS	6/08/09	2,340	0	0
23	KAYAKS	6/09/09	816	0	0
24	TRAILER	5/24/10	4,270	0	0
25	LOCKERS	5/26/10	899	0	0
26	WATER PUMP FOR WELL	7/31/10	797	0	0
27	SHOWERHOUSE	6/30/10	16,073	412	412
29	BATH HOUSE	6/15/11	1,901	48	48
30	CAMPSITE FURNITURE & FIXTURES	6/20/12	1,508	0	0
31	PAVILLION	6/07/12	1,170	0	0
32	CAMP EQUIPMENT	5/28/12	1,693	0	0
33	2 SHOWERS & 2 SINKS	5/28/12	1,800	47	47
34	CAMP IMPROVEMENTS	7/15/12	4,425	114	114
35	LAUNDRY IMPROVEMENTS	7/15/12	1,075	53	53
36	FENCING	7/15/12	1,380	69	69
37	CAMPSITE FURNITURE & FIXTURES	7/15/12	1,436	0	0
38	MODULAR BUILDING	7/02/13	14,504	725	363
39	FURNITURE & FIXTURES	5/01/13	4,232	0	0
40	MAILBOXES	6/16/13	1,700	0	0
41	BENCHES	6/15/13	500	0	0
42	ROCKERS	6/28/13	422	0	0
43	BUTTON MACHINE	6/17/13	506	0	0
44	GIRL'S WASHHOUSE	9/18/13	13,778	353	0
45	BLDG - MOOSE MANOR	3/27/13	8,000	205	0
46	BOOK NOOK, BEDS, PLATFORM	5/13/13	9,582	959	0
47	PAVILLION	6/14/13	7,969	204	0
48	BLDG - MANOR BIFFY	7/02/13	1,217	122	0
49	BATHROOM AND RAMP	7/31/13	10,000	257	0
50	WASHHOUSE	7/06/13	3,500	90	0
51	DINING HALL RAMP	8/01/13	2,514	251	0
52	DECK	9/13/13	2,275	227	0
53	BUNK 6 RAMP	10/02/13	1,409	141	0
54	PLAYGROUND EQUIPMENT	4/22/14	2,909	0	0
55	SPEAKER SYSTEM	4/22/14	906	0	0
56	CAMP EQUIPMENT	6/30/14	8,593	0	0
57	SCHOW WASHHOUSE	5/30/14	9,217	237	237
58	ASST. DIR. LIVING QUARTERS	6/12/14	8,227	211	211
59	LEADERS' LOUNGE	4/14/14	9,645	247	247
60	ADDITION TO LODGE	7/16/14	8,175	209	209
61	2 NEW CABINS	7/29/14	12,800	328	328
62	FACILITY IMPROVEMENTS	6/30/14	5,739	147	147
63	TOSHIBA-DEANA'S LAPTOP	2/15/14	616	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
65	OFFICE FURNITURE	10/28/14	1,140	0	0
66	FACILITY IMPROVE. - BOGIAGES GRANT	8/29/15	9,937	254	254
67	BUNKS	6/28/15	9,805	981	981
68	SWINGZEBO	9/24/15	2,624	0	0
69	SEPTIC UPGRADE	9/24/15	3,575	92	92
70	FACILITY IMPROVEMENTS	6/28/15	35,557	911	911
71	ELECTRICAL SERVICE	9/24/15	1,364	35	35
72	STORAGE FOR THE GATOR	7/28/15	1,233	32	32
73	TWO SALAD BARS	5/30/15	1,642	0	0
74	WALKIE TALKIES	6/08/15	3,754	0	0
75	THE GATOR TRACTOR	6/26/15	8,600	614	614
76	FURNITURE & FIXTURES	6/16/15	3,187	0	0
77	LAPTOP	3/16/15	595	0	0
78	PHONE SYSTEM	5/07/15	1,200	57	57
79	GYM FLOORING	3/22/16	1,117	0	0
80	TENT CANVAS	4/29/16	4,500	0	0
81	CAMP FURNITURE	6/15/16	21,290	0	0
82	LAPTOPS	6/29/16	1,714	0	0
83	FACILITY IMPROVEMENTS	8/11/16	67,562	1,732	0
84	USED CAR	10/31/17	2,500	417	0
85	CANOES	6/09/17	2,401	200	0
86	FRIDGE FOR YR BUILDING	7/01/17	750	75	0
87	CAMP FURNITURE & FIXTURES	5/10/17	42,761	2,851	0
88	FACILITY IMPROVEMENTS	12/01/17	6,840	176	0
89	YEAR ROUND BUILDING	9/15/17	335,793	8,610	0
90	SHEDS	5/07/18	20,000	513	513
91	OFFICE REMODEL	5/28/18	2,216	56	56
92	WATERFRONT INFLATABLES	6/15/18	3,197	639	639
93	AED	6/15/18	1,422	285	285
94	CAMP EQUIPMENT	6/30/18	3,331	666	666
95	COMPUTER EQUIPMENT	12/09/18	3,058	611	611
96	FACILITY IMPROVEMENTS	6/30/18	88,257	2,263	2,263
97	FISH CABINS	12/31/18	12,169	312	312
98	TIDES HOUSE	6/15/18	65,273	1,674	1,674
99	YR BUILDING	4/18/18	2,128	55	55
100	COMPUTER EQUIPMENT	5/13/19	850	170	170
101	COMPUTER EQUIPMENT	11/15/19	693	139	139
102	FACILITY IMPROVEMENTS	7/15/19	21,812	560	560
103	FACILITY IMPROVEMENTS	12/31/20	5,750	148	0
104	WASHERS & DRYERS	4/29/21	5,444	1,089	0
105	JOHN DEERE LAWN TRACTOR	6/18/21	1,699	243	0
106	REFRIGERATOR	6/07/21	771	154	0
107	VIVBOOK LAPTOP - LP	2/04/21	649	217	0
Total Other Depreciation			3,583,347	49,903	30,820

Total ACRS and Other Depreciation

3,583,347	49,903	30,820
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Amortization:

64	LOAN COSTS	4/15/14	28,440	1,138	1,138
			28,440	1,138	1,138

Grand Totals

3,633,813	51,041	31,958
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MA Future Depreciation Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	MA
Prior MACRS:				
1	LAPTOP COMPUTER	6/01/99	1,800	0
2	COMPUTER EQUIPMENT	9/13/01	2,566	0
3	DOCKS	6/14/02	4,154	0
4	DELL LAPTOP COMPUTER	5/24/04	2,187	0
5	LAPTOP COMPUTER	2/27/05	1,706	0
6	CAMP MANAGEMENT SOFTWARE	5/19/06	4,200	0
7	COMPUTER EQUIPMENT	8/03/06	986	0
18	COMPUTER EQUIPMENT	6/30/08	3,790	0
28	COMPUTER	9/24/10	637	0
			22,026	0

Other Depreciation:

8	WALKIE-TALKIES	6/25/07	522	0
9	FURNITURE & FIXTURES	10/27/07	2,087	0
10	FURNITURE & FIXTURES	11/26/07	1,175	0
11	PHONE SYSTEM	10/29/07	3,825	0
12	CAMP ACQUISITION	6/30/08	9,168	235
13	CAMPSITE FURNITURE & FIXTURES	6/30/08	1,611	0
14	KITCHEN & BATH HOUSE IMPROVEMENT	6/30/08	116,212	2,980
15	CAMP ACQUISITION COSTS	6/30/08	115,368	2,958
16	CAMP BUILDINGS	6/30/08	428,800	10,995
17	CAMP EQUIPMENT	6/30/08	2,520	0
19	LAND	6/30/08	1,890,793	0
20	OFFICE EQUIPMENT	5/06/09	988	0
21	CAMP IMPROVEMENTS	6/01/09	9,600	247
22	PLATFORM TENTS	6/08/09	2,340	0
23	KAYAKS	6/09/09	816	0
24	TRAILER	5/24/10	4,270	0
25	LOCKERS	5/26/10	899	0
26	WATER PUMP FOR WELL	7/31/10	797	0
27	SHOWERHOUSE	6/30/10	16,073	413
29	BATH HOUSE	6/15/11	1,901	49
30	CAMPSITE FURNITURE & FIXTURES	6/20/12	1,508	0
31	PAVILLION	6/07/12	1,170	0
32	CAMP EQUIPMENT	5/28/12	1,693	0
33	2 SHOWERS & 2 SINKS	5/28/12	1,800	46
34	CAMP IMPROVEMENTS	7/15/12	4,425	113
35	LAUNDRY IMPROVEMENTS	7/15/12	1,075	54
36	FENCING	7/15/12	1,380	69
37	CAMPSITE FURNITURE & FIXTURES	7/15/12	1,436	0
38	MODULAR BUILDING	7/02/13	14,504	725
39	FURNITURE & FIXTURES	5/01/13	4,232	0
40	MAILBOXES	6/16/13	1,700	0
41	BENCHES	6/15/13	500	0
42	ROCKERS	6/28/13	422	0
43	BUTTON MACHINE	6/17/13	506	0
44	GIRL'S WASHHOUSE	9/18/13	13,778	353
45	BLDG - MOOSE MANOR	3/27/13	8,000	205
46	BOOK NOOK, BEDS, PLATFORM	5/13/13	9,582	959
47	PAVILLION	6/14/13	7,969	204
48	BLDG - MANOR BIFFY	7/02/13	1,217	122
49	BATHROOM AND RAMP	7/31/13	10,000	257
50	WASHHOUSE	7/06/13	3,500	90
51	DINING HALL RAMP	8/01/13	2,514	251
52	DECK	9/13/13	2,275	227
53	BUNK 6 RAMP	10/02/13	1,409	141
54	PLAYGROUND EQUIPMENT	4/22/14	2,909	0
55	SPEAKER SYSTEM	4/22/14	906	0
56	CAMP EQUIPMENT	6/30/14	8,593	0
57	SCHOW WASHHOUSE	5/30/14	9,217	237
58	ASST. DIR. LIVING QUARTERS	6/12/14	8,227	211
59	LEADERS' LOUNGE	4/14/14	9,645	247
60	ADDITION TO LODGE	7/16/14	8,175	209
61	2 NEW CABINS	7/29/14	12,800	328
62	FACILITY IMPROVEMENTS	6/30/14	5,739	147
63	TOSHIBA-DEANA'S LAPTOP	2/15/14	616	0

MA Future Depreciation Report

FYE: 12/31/22

Form 990, Page 1

Asset	Description	Date In Service	Cost	MA
65	OFFICE FURNITURE	10/28/14	1,140	0
66	FACILITY IMPROVE. - BOGIAGES GRANT	8/29/15	9,937	254
67	BUNKS	6/28/15	9,805	981
68	SWINGZEBO	9/24/15	2,624	0
69	SEPTIC UPGRADE	9/24/15	3,575	92
70	FACILITY IMPROVEMENTS	6/28/15	35,557	911
71	ELECTRICAL SERVICE	9/24/15	1,364	35
72	STORAGE FOR THE GATOR	7/28/15	1,233	32
73	TWO SALAD BARS	5/30/15	1,642	0
74	WALKIE TALKIES	6/08/15	3,754	0
75	THE GATOR TRACTOR	6/26/15	8,600	614
76	FURNITURE & FIXTURES	6/16/15	3,187	0
77	LAPTOP	3/16/15	595	0
78	PHONE SYSTEM	5/07/15	1,200	57
79	GYM FLOORING	3/22/16	1,117	0
80	TENT CANVAS	4/29/16	4,500	0
81	CAMP FURNITURE	6/15/16	21,290	0
82	LAPTOPS	6/29/16	1,714	0
83	FACILITY IMPROVEMENTS	8/11/16	67,562	1,732
84	USED CAR	10/31/17	2,500	417
85	CANOES	6/09/17	2,401	200
86	FRIDGE FOR YR BUILDING	7/01/17	750	75
87	CAMP FURNITURE & FIXTURES	5/10/17	42,761	2,851
88	FACILITY IMPROVEMENTS	12/01/17	6,840	176
89	YEAR ROUND BUILDING	9/15/17	335,793	8,610
90	SHEDS	5/07/18	20,000	513
91	OFFICE REMODEL	5/28/18	2,216	56
92	WATERFRONT INFLATABLES	6/15/18	3,197	639
93	AED	6/15/18	1,422	285
94	CAMP EQUIPMENT	6/30/18	3,331	666
95	COMPUTER EQUIPMENT	12/09/18	3,058	611
96	FACILITY IMPROVEMENTS	6/30/18	88,257	2,263
97	FISH CABINS	12/31/18	12,169	312
98	TIDES HOUSE	6/15/18	65,273	1,674
99	YR BUILDING	4/18/18	2,128	55
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103	FACILITY IMPROVEMENTS	12/31/20	5,750	148
104	WASHERS & DRYERS	4/29/21	5,444	1,089
105	JOHN DEERE LAWN TRACTOR	6/18/21	1,699	243
106	REFRIGERATOR	6/07/21	771	154
107	VIVBOOK LAPTOP - LP	2/04/21	649	217
Total Other Depreciation			3,583,347	49,903
Total ACRS and Other Depreciation			3,583,347	49,903
<u>Amortization:</u>				
64	LOAN COSTS	4/15/14	28,440	1,138
			28,440	1,138
Grand Totals			3,633,813	51,041

For calendar year 2021, or tax year beginning _____, ending _____

Name

Taxpayer Identification Number

CAMP STARFISH, INC.

04-3454511

		2020	2021	Differences	
Revenue	1. Contributions, gifts, grants	1. 300,058	371,196	71,138	
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3. 4,000	179,942	175,942	
	4. Program service revenue	4. 4,425	350,250	345,825	
	5. Investment income	5. 1,279	729	-550	
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.		14,543	14,543
	12. Total revenue. Add lines 1 through 11	12. 309,762	916,660	606,898	
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15. 111,359	121,199	9,840	
	16. Salaries, other compensation, and employee benefits	16. 157,845	331,537	173,692	
	17. Professional fundraising fees	17.			
	18. Other professional fees	18. 36,671	31,006	-5,665	
	19. Occupancy, rent, utilities, and maintenance	19. 31,330	76,445	45,115	
	20. Depreciation and Depletion	20. 63,075	59,758	-3,317	
	21. Other expenses	21. 118,035	262,184	144,149	
	22. Total expenses. Add lines 13 through 21	22. 518,315	882,129	363,814	
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -208,553	34,531	243,084	
Other Information	24. Total exempt revenue	24. 309,762	916,660	606,898	
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26. 5,704	365,522	359,818	
	27. Total assets	27. 3,775,813	3,679,581	-96,232	
	28. Total liabilities	28. 1,869,755	1,738,992	-130,763	
	29. Retained earnings	29. 1,906,058	1,940,589	34,531	
	30. Number of voting members of governing body	30. 9	10		
	31. Number of independent voting members of governing body	31. 9	10		
	32. Number of employees	32. 12	78		
	33. Number of volunteers	33. 20	10		

Form **990****Tax Return History****2021**Name
CAMP STARFISH, INC.Employer Identification Number
04-3454511

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	238,760	291,616	301,407	304,058	551,138	
Membership dues						
Program service revenue	864,182	955,288	910,112	4,425	350,250	
Capital gain or loss						
Investment income	1,784	1,684	1,999	1,279	729	
Fundraising revenue (income/loss)			3,882			
Gaming revenue (income/loss)						
Other revenue	7,438	18,708	9,026		14,543	
Total revenue	1,112,164	1,267,296	1,226,426	309,762	916,660	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	102,857	113,733	130,418	111,359	121,199	
Other compensation	397,458	483,110	449,705	157,845	331,537	
Professional fees	11,328	24,873	11,618	36,671	31,006	
Occupancy costs	63,280	67,166	66,154	31,330	76,445	
Depreciation and depletion	51,795	63,116	65,006	63,075	59,758	
Other expenses	445,854	439,472	436,472	118,035	262,184	
Total expenses	1,072,572	1,191,470	1,159,373	518,315	882,129	
Excess or (Deficit)	39,592	75,826	67,053	-208,553	34,531	
Total exempt revenue	1,112,164	1,267,296	1,226,426	309,762	916,660	
Total unrelated revenue						
Total excludable revenue	873,404	975,680	921,137	5,704	365,522	
Total Assets	3,710,392	3,731,337	3,751,829	3,775,813	3,679,581	
Total Liabilities	1,738,659	1,683,778	1,637,218	1,869,755	1,738,992	
Net Fund Balances	1,971,733	2,047,559	2,114,611	1,906,058	1,940,589	

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ <u>729</u>		14			
TOTAL	\$ <u><u>729</u></u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONSULTING	\$ 8,257	\$ 8,257	\$	\$
DEVELOPMENT	3,969			3,969
TOTAL	<u>\$ 12,226</u>	<u>\$ 8,257</u>	<u>\$ 0</u>	<u>\$ 3,969</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
CREDIT CARD PROCESSING	\$ 5,849	\$ 5,849	\$	\$
LAUNDRY	5,142	5,142		
SMALL EQUIPMENT	3,961	3,961		
PAYROLL FEES	2,805	2,045	633	127
MEDICAL EXPENSES	2,017	2,017		
MOVING EXPENSES	1,543	1,543		
HOUSEKEEPING	1,454	1,454		
OPERATIONS	1,282		1,282	
LICENSES & PERMITS	1,043		1,043	
SPECIAL EVENT SUPPLIES	331			331
BANK CHARGES	235		235	
TOTAL	<u>\$ 25,662</u>	<u>\$ 22,011</u>	<u>\$ 3,193</u>	<u>\$ 458</u>

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
STATE OF NH	\$ 2,981
OTHER	56,996
MINNIE PARKER CHARITABLE TRUST	
CASH CONTRIBUTION	25,000
MARIGOLD CHARITABLE TRUST	
CASH CONTRIBUTION	35,000
JOHNSON FAMILY FOUNDATION	
CASH CONTRIBUTION	42,500
CARRIE ENDRIES	
CASH CONTRIBUTION	15,000
COURTNEY & JOSHUA APGAR	
CASH CONTRIBUTION	16,500
FRANKLIN SQUARE FOUNDATION	
CASH CONTRIBUTION	10,000
MAGGIE SCHMIDT & KEN DANILA	
CASH CONTRIBUTION	10,000
PHILANTHROPY MA	
CASH CONTRIBUTION	14,700
REED AND CAROLYN HOLDEN	
CASH CONTRIBUTION	10,000
ZE & ZB BUTLER FOUNDATION	
CASH CONTRIBUTION	35,000
CONSTANCE O PUTNAM FOUNDATION	
CASH CONTRIBUTION	25,000
MARY W.B. CURTIS TRUST	
CASH CONTRIBUTION	7,500
ANONYMOUS	
CASH CONTRIBUTION	20,000
DEBORAH BERMAN	
CASH CONTRIBUTION	8,000
CAMBRIDGE COMMUNITY FOUNDATION	
CASH CONTRIBUTION	15,000
BEACON HILL CIRCLE FOR CAHRITY, INC.	
CASH CONTRIBUTION	5,000
NLJ HARRIS GIVING FUND	
CASH CONTRIBUTION	20,000
U.S. SMALL BUSINESS ADMINISTRATION	
CASH CONTRIBUTION	176,961

Federal Statements

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
TOTAL	\$ 551,138

Schedule A, Part III, Line 2(e)

Description	Amount
EVENT INCOME	\$ 200
CAMPER TUITION	350,050
TOTAL	\$ 350,250

Schedule A, Part III, Line 3(e)

Description	Amount
GROUP INCOME	\$ 14,543
TOTAL	\$ 14,543

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2017	2018	2019	2020	2021
ALEX CHU	\$ 100	\$	\$ 100	\$	\$
ASSOCIATED GRANT MAKERS	10,000				
AUTISM SPEAKS	5,000				
BEACON HILL CIRCLE FOR CHARITY	5,000	4,000			5,000
BRUCE J. ANDERSON FOUNDATION		7,500			
BUTLER FOUNDATION	35,000	63,000	35,000		35,000
CARA FALCONI					
CARRIE ENDRIES	5,000	3,400	4,350	15,000	15,000
CONSTANCE O. PUTNAM FOUND.	25,000	25,000	25,000		25,000
COURTNEY APGAR		11,000		25,000	16,500
DEB BERMAN		1,000			8,000
EMILY LORD	2,000		1,500		
FRANKLIN SQUARE FOUNDATION			8,000	10,000	10,000
JACKSON & IRENE GOLDEN 1989 TRUST	5,000	5,000	5,000		
JANET BOSWELL		500	500		

Federal Statements

Schedule A, Part III, Line 7a - Support from Disqualified Persons (continued)

Donor Name	2017	2018	2019	2020	2021
JOHNSON FAMILY FOUNDATION	\$ 47,000	\$ 37,000	\$ 34,500	\$ 50,000	\$ 42,500
KAREN MARISCAL			2,000		
KATHLEEN MCKECHNIE				6,000	
KENNETH DANILA			2,500	10,000	10,000
MARIGOLD CHARITABLE TRUST	13,820	10,000	19,300	31,000	35,000
MARY W.B. CURTIS TRUST	5,000	5,000	5,000		7,500
MATTHEW HARRIS				12,500	
MELODY LEFERMAN	75		50		
MINNIE PARKER CHARITABLE TRUST	15,000	15,000	50,000	20,000	25,000
NOVACK FAMILY FOUNDATION					
OSTERMAN FAMILY FOUNDATION		23,000			
PHILANTHROPY MA				5,000	14,700
PROGIN ESTATE					
RICK HOBISH	10,000	10,000		35,000	
SANTOS BURRE					
SUMMER FUND		10,000	10,000		
TURN AROUND MANAGMENT ASSOC.	5,000				
REED AND CAROLYN HOLDEN CHARITABLE					10,000
CAMBRIDGE COMMUNITY FOUNDATION					15,000
NJL HARRIS GIVING FUND					20,000
TOTAL	\$ <u>187,995</u>	\$ <u>230,400</u>	\$ <u>202,800</u>	\$ <u>219,500</u>	\$ <u>294,200</u>

Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST INCOME	\$ <u>729</u>
TOTAL	\$ <u><u>729</u></u>