

**Application for Recognition of Exemption  
 Under Section 501(c)(3) of the Internal Revenue Code**

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form1023](http://www.irs.gov/Form1023) for instructions and the latest information.

OMB No. 1545-0056  
 Note: If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at [www.irs.gov](http://www.irs.gov) for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

**Part I Identification of Applicant**

1 Full name of organization (exactly as it appears in your organizing document) SANDHILL CAMP, INC.		2 c/o Name (if applicable)	
3 Mailing address (Number and street) (see instructions) 3600 OAKS CLUBHOUSE DR		Room/Suite Apt. 111	4 Employer Identification Number (EIN) 47-3044361
City or town, state or country, and ZIP + 4 POMPANO BEACH FL 33069-3696		5 Month the annual accounting period ends (01 - 12) 12	
6 Primary contact (officer, director, trustee, or authorized representative) a Name: LOURDES VERA		b Phone: 954 5164822 c Fax: (optional)	
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9a Organization's website: WWW.SANDHILLCAMP.ORG			
b Organization's email: (optional) SANDHILLCAMP@GMAIL.COM			
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		05 / 01 / 2015	
12 Were you formed under the laws of a foreign country? If "Yes," state the country.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part II Organizational Structure**

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. See instructions. **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1 Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification.  Yes  No
- 2 Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application.  Yes  No
- 3 Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments.  Yes  No
- 4a Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments.  Yes  No
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust.  Yes  No
- 5 Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected.  Yes  No  
*Volunteers elected for a 3 year term at Board Meetings*

**Part III Required Provisions in Your Organizing Document**

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language.   
 Location of Purpose Clause (Page, Article, and Paragraph): ARTICLE III, PARAGRAPH 1
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
- b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. \_\_\_\_\_
- c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state: FLORIDA

**Part IV Narrative Description of Your Activities**

Using an attachment, describe your *past*, *present*, and *planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors**

*WE HAVE NO COMPENSATION, IT IS ALL VOLUNTARY WORK*

- 1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
SANDRA ROMEU	PRESIDENT	10328 NW 63rd DR PARKLAND FL 33076	NONE
MARIE CARMEN BRIZ	VICE PRESIDENT	335 FLORIDA AV CORAL GABLES FL 33134	NONE
MARIA DEGWITZ	SECRETARY	6460 NW 105TH TER PARKLAND FL 33076	NONE
LOURDES VERA	TREASURER	3600 OAKS CLUBHOUSE DR III POMPANO BEACH FL 33069	NONE

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

**b** List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
NONE			

**c** List the names, names of businesses, and mailing addresses of your five highest compensated independent contractors that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
NONE			

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

- 2a** Are any of your officers, directors, or trustees **related** to each other through **family or business relationships**? If "Yes," identify the individuals and explain the relationship.  Yes  No
- b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees.  Yes  No
- c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship.  Yes  No

**3a** For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

- b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement.  Yes  No

**4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.

N/A

- a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy?  Yes  No
- b** Do you or will you approve compensation arrangements in advance of paying compensation?  Yes  No
- c** Do you or will you document in writing the date and terms of approved compensation arrangements?  Yes  No

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

- d Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements?  Yes  No
- e Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.  Yes  No
- f Do you or will you record in writing both the information on which you relied to base your decision and its source?  Yes  No
- g If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.

5a Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c.  Yes  No

N/A

- b What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
  - c What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?
- Note:** A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.

6a Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.  Yes  No

b Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.  Yes  No

7a Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases.  Yes  No

b Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales.  Yes  No

8a Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f.  Yes  No

WE HAVE NO COMPENSATION,  
IT IS ALL VOLUNTARY WORK

- b Describe any written or oral arrangements that you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.

9a Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f.  Yes  No

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

- b Describe any written or oral arrangements you made or intend to make. WE HAVE NO COMPENSATION, IT IS  
 c Identify with whom you have or will have such arrangements. ALL VOLUNTARY WORK  
 d Explain how the terms are or will be negotiated at arm's length.  
 e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.  
 f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

**Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You**

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past, present, and planned* activities. See instructions.

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals.  Yes  No  
 b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations.  Yes  No  
 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program.  Yes  No  
 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds.  Yes  No

**Part VII Your History**

The following "Yes" or "No" questions relate to your history. See instructions.

- 1 Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to nonprofit status. If "Yes," complete Schedule G.  Yes  No  
 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. we were formed in May 2015 and submitted 1023 EZ in April 2016. Afterwards, the status was revoked and now we are asking for reinstatement.  Yes  No

**Part VIII Your Specific Activities**

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past, present, and planned* activities. See instructions.

- 1 Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain.  Yes  No  
 2a Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a.  Yes  No  
 b Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities.  Yes  No  
 3a Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data.  Yes  No  
 b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements.  Yes  No  
 c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

Part VIII Your Specific Activities (Continued)

4a Do you or will you undertake fundraising? If "Yes," check all the fundraising programs you do or will conduct. See instructions. [ ] Yes [X] No

- [ ] mail solicitations [ ] phone solicitations
[ ] email solicitations [ ] accept donations on your website
[ ] personal solicitations [ ] receive donations from another organization's website
[ ] vehicle, boat, plane, or similar donations [ ] government grant solicitations
[ ] foundation grant solicitations [ ] Other

Attach a description of each fundraising program.

b Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. [ ] Yes [X] No

c Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. [ ] Yes [X] No

d List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

e Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. [ ] Yes [X] No N/A

5 Are you affiliated with a governmental unit? If "Yes," explain. [ ] Yes [X] No

6a Do you or will you engage in economic development? If "Yes," describe your program. [ ] Yes [X] No

b Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

7a Do or will persons other than your employees or volunteers develop your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. [ ] Yes [X] No

b Do or will persons other than your employees or volunteers manage your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. [ ] Yes [X] No

c If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

8 Do you or will you enter into joint ventures, including partnerships or limited liability companies treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. [ ] Yes [X] No

9a Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. [ ] Yes [X] No

b Do you provide childcare so that parents or caretakers of children you care for can be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). [ ] Yes [ ] No

c Of the children for whom you provide childcare, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). [ ] Yes [ ] No

d Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). [ ] Yes [ ] No

10 Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other intellectual property? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. [ ] Yes [X] No

**Part VIII Your Specific Activities (Continued)**

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution.  Yes  No
- 
- 12a** Do you or will you operate in a foreign country or countries? If "Yes," answer lines 12b through 12d. If "No," go to line 13a.  Yes  No
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
- 
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a.  Yes  No
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract.  Yes  No
- d** Identify each recipient organization and any relationship between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following.
- (i)** Do you require an application form? If "Yes," attach a copy of the form.  Yes  No
- (ii)** Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused.  Yes  No
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
- 
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15.  Yes  No
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries.  Yes  No
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors.  Yes  No
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information.  Yes  No
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately.  Yes  No

**Part VIII Your Specific Activities (Continued)**

- 15 Do you have a **close connection** with any organizations? If "Yes," explain.  Yes  No
- 16 Are you applying for exemption as a **cooperative hospital service organization** under section 501(e)? If "Yes," explain.  Yes  No
- 17 Are you applying for exemption as a **cooperative service organization of operating educational organizations** under section 501(f)? If "Yes," explain.  Yes  No
- 18 Are you applying for exemption as a **charitable risk pool** under section 501(n)? If "Yes," explain.  Yes  No
- 19 Do you or will you operate a **school**? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity.  Yes  No
- 20 Is your main function to provide **hospital or medical care**? If "Yes," complete Schedule C.  Yes  No
- 21 Do you or will you provide **low-income housing** or housing for the **elderly or handicapped**? If "Yes," complete Schedule F.  Yes  No
- 22 Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H.  Yes  No

**Note: Private foundations** may use Schedule H to request advance approval of individual grant procedures.



**Part IX Financial Data**

For purposes of this schedule, years in existence refer to completed tax years.

1. If in existence less than 5 years, complete the statement for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of:
  - a. Three years of financial information if you have not completed one tax year, or
  - b. Four years of financial information if you have completed one tax year. See instructions.
2. If in existence 5 or more years, complete the schedule for the most recent 5 tax years. You will need to provide a separate statement that includes information about the most recent 5 tax years because the data table in Part IX has not been updated to provide for a 5th year. See instructions.

**A. Statement of Revenues and Expenses**

	Type of revenue or expense	Current tax year		3 prior tax years or 2 succeeding tax years		(e) Provide Total for (a) through (d)
		(a) From 1-1-2018 To 12-31-2018	(b) From 1-1-2017 To 12-31-2017	(c) From 1-1-2016 To 12-31-2016	(d) From 1-1-2015 To 12-31-2015	
1	Gifts, grants, and contributions received (do not include unusual grants)	37,028.27	1,201.00	34,147.18	35,133.00	107,509.45
2	Membership fees received					
3	Gross investment income					
4	Net unrelated business income					
5	Taxes levied for your benefit					
6	Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)					
7	Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)					
8	Total of lines 1 through 7	37,028.27	1,201.00	34,147.18	35,133.00	107,509.45
9	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)					
10	Total of lines 8 and 9	37,028.27	1,201.00	34,147.18	35,133.00	107,509.45
11	Net gain or loss on sale of capital assets (attach schedule and see instructions)					
12	Unusual grants					
13	Total Revenue Add lines 10 through 12	37,028.27	1,201.00	34,147.18	35,133.00	107,509.45
14	Fundraising expenses					
15	Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)					
16	Disbursements to or for the benefit of members (attach an itemized list)					
17	Compensation of officers, directors, and trustees					
18	Other salaries and wages					
19	Interest expense					
20	Occupancy (rent, utilities, etc.)	29,282.00		29,750.00	26,567.00	
21	Depreciation and depletion					
22	Professional fees					
23	Any expense not otherwise classified, such as program services (attach itemized list)	3,167.87	821.25	7,736.54	3,307.25	
24	Total Expenses Add lines 14 through 23	32,449.87	821.25	37,486.54	29,874.25	

**Expenses**

ee  
tax amount

**Part IX Financial Data (Continued)**

**B. Balance Sheet (for your most recently completed tax year)**

		Year End:
		(Whole dollars)
<b>Assets</b>		
1	Cash	6,877.54
2	Accounts receivable, net	
3	Inventories	
4	Bonds and notes receivable (attach an itemized list)	
5	Corporate stocks (attach an itemized list)	
6	Loans receivable (attach an itemized list)	
7	Other investments (attach an itemized list)	
8	Depreciable and depletable assets (attach an itemized list)	
9	Land	
10	Other assets (attach an itemized list)	
11	<b>Total Assets (add lines 1 through 10)</b>	<b>6,877.54</b>
<b>Liabilities</b>		
12	Accounts payable	
13	Contributions, gifts, grants, etc. payable	
14	Mortgages and notes payable (attach an itemized list)	
15	Other liabilities (attach an itemized list)	
16	<b>Total Liabilities (add lines 12 through 15)</b>	<b>0</b>
<b>Fund Balances or Net Assets</b>		
17	<b>Total fund balances or net assets</b>	<b>6,877.54</b>
18	<b>Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)</b>	<b>6,877.54</b>
19	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part X Public Charity Status**

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. See instructions.

- 1 a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions.  Yes  No
- b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2.
- 2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI.  Yes  No
- 3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4.  Yes  No
- 4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation?  Yes  No
- 5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.
- The organization is not a private foundation because it is:
- a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.
  - b 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B.
  - c 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
  - d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, h, or i or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.

**Part X Public Charity Status (Continued)**

- e 509(a)(4) – an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv) – an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(ix) – an agricultural research organization directly engaged in the continuous active conduct of agricultural research in conjunction with a college or university.
- h 509(a)(1) and 170(b)(1)(A)(vi) – an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- i 509(a)(2) – an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- j A publicly supported organization, but unsure if it is described in 5h or 5i. You would like the IRS to decide the correct status.

6 If you checked box h, i, or j in question 5 above, and you have been in existence more than 5 years, you must confirm your public support status. Answer line 6a if you checked box h in line 5 above. Answer line 6b if you checked box i in line 5 above. If you checked box j in line 5 above, answer both lines 6a and 6b.

a (i) Enter 2% of line 8, column (e) on Part IX-A Statement of Revenues and Expenses \_\_\_\_\_  
 (ii) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," state this.

b (i) For each year amounts are included on lines 1, 2, and 9 of Part IX-A Statement of Revenues and Expenses, attach a list showing the name and amount received from each disqualified person. If the answer is "None," state this.

(ii) For each year amounts were included on line 9 of Part IX-A Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of Line 10, Part IX-A Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," state this.

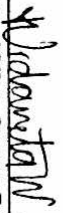
7 Did you receive any unusual grants during any of the years shown on Part IX-A Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual.  Yes  No

**Part XI User Fee Information and Signature**

You must include the correct user fee payment with this application. If you do not submit the correct user fee, we will not process the application and we will return it to you. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at [www.irs.gov](http://www.irs.gov) and type "Exempt Organizations User Fee" in the search box, or call Customer Account Services at 1-877-829-5500 for current information.

Enter the amount of the user fee paid: \_\_\_\_\_

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here  (Signature of Officer, Director, Trustee, or other authorized official) \_\_\_\_\_ (Type or print name of signer) LOUDES VERA \_\_\_\_\_ (Date) 9/23/19

\_\_\_\_\_ (Type or print title or authority of signer) TREASURER \_\_\_\_\_

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

SANDHILL CAMP, INC.  
EIN 47-3044361

**ARTICLE I NAME**

The name of the corporation shall be: Sandhill Camp, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
Sandhill Camp  
344 Palm Trail  
DelRay Beach, FL 33483

Mailing address, if different is:  
Sandhill Camp  
c/o 344 Palm Trail  
DelRay Beach, FL 33483

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: nonprofit use of donations as stated below.  
Sandhill Camp is organized exclusively for educational/charitable purposes within the meaning of Section 501(c)3  
of the IRS Code. Sandhill Camp Inc. shall have the following specific purpose:  
to sponsor a summer camp experience for girls entering 5th - 8th grades with the goals of:  
1. Motivating and challenging young women with the ideals of solidarity, leadership, and service.  
2. Providing young women the tools needed to grow emotionally, physically, mentally and spiritually,  
3. Empowering young women to become a positive influence on family, friends and society.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_  
Directors are elected or appointed for a three year term at an annual Sandhill Camp meeting.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lauren M Veneri, President  
Address: 16100 Emerald Estates Drive., #379  
Weston, FL 33331

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Sandy Romeu, Vice-President  
Address: 10328 NW 63rd Drive  
Parkland, FL 33076

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Rosemary Kite, Sec/Treas.  
Address: 344 Palm Trail  
DelRay Beach, FL 33483

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Lauren M Veneri

Address: c/o 344 Palm Trail  
DelRay Beach, FL 33483

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ellen Cavanagh

Address: 344 Palm Trail  
DelRay Beach, FL 33483

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Lauren M. Veneri  
 Required Signature of Registered Agent  
 LAUREN M. VENERI

April 23, 2015  
 Date  
 APRIL 23, 2015

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Ellen M. Cavanagh  
 Required Signature of Incorporator  
 ELLEN M. CAVANAGH

April 23, 2015  
 Date  
 APRIL 23, 2015

# *State of Florida*

## *Department of State*

I certify from the records of this office that SANDHILL CAMP, INC. is a corporation organized under the laws of the State of Florida, filed on May 1, 2015.

The document number of this corporation is N15000004519.

I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on November 7, 2016, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Seventh day of November,  
2016*



*Ken Retzner*  
**Secretary of State**

Tracking Number: CR9948757455

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

# PART II ATTACHMENT



Department of State / Division of Corporations / Search Records / Detail By Document Number /

## Detail by Entity Name

Florida Not For Profit Corporation  
SANDHILL CAMP, INC.

### Filing Information

<b>Document Number</b>	N15000004519
<b>FEI/EIN Number</b>	47-3044361
<b>Date Filed</b>	05/01/2015
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	REINSTATEMENT
<b>Event Date Filed</b>	11/07/2016

### Principal Address

14281 Gallagher Road  
Delray Beach, FL 33445

Changed: 01/18/2018

### Mailing Address

14281 Gallagher Road  
Delray Beach, FL 33445

Changed: 01/18/2018

### Registered Agent Name & Address

Vera, Lourdes  
3600 Oaks Clubhouse Dr.  
Apt. 111  
Pompano Beach, FL 33069

Name Changed: 01/29/2019

Address Changed: 01/29/2019

### Officer/Director Detail

#### **Name & Address**

Title Treasurer

VERA, LOURDES  
3600 Clubhouse Dr.  
Apt. 111  
Pompano Beach, FL 33069

PART I

Attachment

x

Line 4



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

001363.531871.369688.17136 1 MB 0.435 850



SANDHILL CAMP  
14281 GALLAGHER RD  
DELRAY BEACH FL 33445

Date of this notice: 02-11-2015

Employer Identification Number:  
47-3044361

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-3044361. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2016

If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.



PART IV  
ATTACHMENT

Our activity is a one-week leadership summer camp for girls from 5th to 8th grade. This activity is conducted by volunteers once a year at Lake Worth, FL.

Since our purposes are charitable and educational, the main goal is to help these girls become positive influences in society. At the same time, we train Counselors and Counselors in Training (CITs) to assist the campers. This, in turn, helps them grow in leadership, virtue and maturity.

We try to achieve this goal with specific activities that include:

- Leadership Talks: Each day the girls receive a practical talk designed to help them become leaders in their communities, in their families and among their peers. Sample topics include respect for self and others, loyalty, fortitude, cheerful service, personal responsibility, and understanding the good use of personal freedom.
- Sports: Activities such as swimming, canoes, field sports, volleyball, and basketball help them to understand and develop team work skills.
- Fine Arts: Drama, Dance, Music and Visual Arts activities encourage them to explore their talents and discover their creativity, while increasing self-confidence, patience, and attention to detail.
- Spiritual Activities: Although not all girls who attend Sandhill Camp are Catholic, nor do they need to be, there are spiritual practices offered everyday for girls who wish to participate.

We have been conducting these activities since we started this camp, only varying specific activities under each category. In the future, we plan to continue with the same leadership summer camp program.

Our funding comes primarily from the money that families provide to cover the expenses of camp management. We also receive donations, usually from relatives or friends of former campers, that help girls who are unable to pay the full amount to attend a camp session.

The duration of the camp session is a week, and Board members start planning and Counselor/CIT training a year in advance.

Attachment

Website paper copy

SANDHILL CAMP, INC  
EIN 47-3044361

4:58 PM Fri Sep 20

sandhillcamp.org

71%



HOME PHOTOS 2019 REGISTRATION FACILITIES LOCATION GALLERY  
PARENT GUIDE COUNSELORS CIT'S CONTACT US

**SANDHILL CAMP**

**Sibling discount!**

Sandhill Camp is a one week leadership program for girls entering 6th through 8th grade. Girls have fun, build character and are encouraged to become positive influences.

**August 4-10**

**Apply online now at [www.sandhillcamp.org](http://www.sandhillcamp.org)**

## 2019 Sandhill Camp

Online Application available NOW - Visit our registration page - Click [HERE](#)

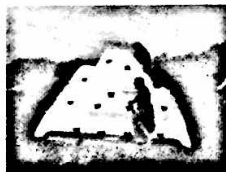
**Sandhill Camp is a one-week leadership program for girls entering 5th through 8th grade. Through a variety of activities, girls have fun, build character, and are encouraged to become positive influences on family, friends and society.**

**These activities include:**



### **Arts**

With optional programs such as Drama, Dance, Music and Visual Arts the girls are moved to explore their talents and discover their creativity. Some of the benefits of our fine arts programming include: an increase in self-confidence, patience, hard work and attention to detail.



### **Sports**

The sports program includes opportunities for: swimming, canoes, field sports, volleyball, basketball, games, and more.



### **Leadership Talks**

Each day the girls receive a practical talk designed to help them become leaders in word and example in their families and among their peers. Sample topics include respect for self and others, loyalty, fortitude, cheerful service, and personal responsibility.

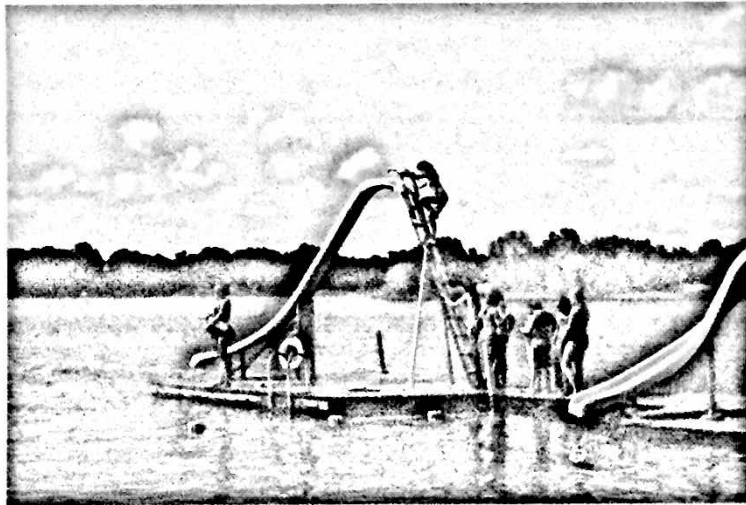


### **Spiritual**

While not all girls who attend Sandhill Camp are Catholic - nor do they need to be - each day the Camp includes a short talk related to the Commandments or Sacraments of the Church. Various acts of Christian piety are also included in the Camp Schedule, such as Holy Mass and the opportunity to receive the Sacrament of Reconciliation.

SANDHILL CAMP, INC  
EIN 47-3044361

Camp Activities pictures



PART VI  
ATTACHMENT

Line 1a.

We host a camp which is a service. We do not provide funds to any individual or entity. Our program is a one week camp during summer for girls from 5th to 8th grade.

## PART IX A

Line 20

Occupancy: the amounts indicated refer to the cost of camp facilities we pay for one week in summer every year. During 2017 there was no camp session because we did not have enough volunteers to organize it.

PART X

Attachment.

Line 1b

Our corporation rely on operation of Florida  
state law.

## ATTACHMENT

## Part IX A

Line 23 Expenses not  
otherwise classified

## 2018

Web page	96.00
Camp supplies	739.09
Insurance	1,087.79
Annual Report Sunbiz	61.25
Printing	673.98
Travel stipends	509.76
	<b>3,167.87</b>

## 2017

Web page	96.00
Online payment platform for 2018 season	500.00
Annual report Sunbiz	61.25
Bank fees	14.00
Printing	150.00
	<b>821.25</b>

## 2016

Web page	96.00
Online payment platform	459.86
Camp supplies	3,284.87
Insurance	1,009.44
Bank fees	486.52
Reinstatement for Sunbiz	245.00
PoBox service	82.00
Printing	1,056.00
Travel stipends	1,016.85
	<b>7,736.54</b>

## 2015

Web page design	250.00
Online payment platform	500.00
Camp supplies	746.24
Insurance	985.49
Bank fees	70.52
Printing	755.00
	<b>3,307.25</b>



PART X  
LINE 3  
Attachment

\* Also see Part IX and their attachments

2015

Balance beginning of the year	0.00
Income	35,133.00
Expenses	29,874.25
Balance at the end of the year	5,258.75

2016

Balance beginning of the year	5,258.75
Income	34,147.28
Expenses	37,486.54
Balance at the end of the year	1,919.39

2017

Balance beginning of the year	1,919.39
Income	1,201.00
Expenses	821.25
Balance at the end of the year	2,299.14

2018

Balance beginning of the year	2,299.14
Income	38,031.62
Expenses	33,453.22
Balance at the end of the year	6,877.54



**Bank**

America's Most Convenient Bank®

**BANK STATEMENT**

**DECEMBER 2015**

SANDHILL CAMP, INC

EIN 47-3044361

T

STATEMENT OF ACCOUNT

SANDHILL CAMP  
344 PALM TRL  
DELRAY BEACH FL 33483-5529

Page: 1 of 2  
Statement Period: Dec 01 2015-Dec 31 2015  
Cust Ref #: 4280255998-717-T-###  
Primary Account #: 428-0255998

TD Business Convenience Plus  
SANDHILL CAMP

Account # 428-0255998

**ACCOUNT SUMMARY**

Beginning Balance	5,758.75	Average Collected Balance	5,726.49
Electronic Payments	500.00	Annual Percentage Yield Earned	0.00%
Ending Balance	5,258.75	Days in Period	31

**DAILY ACCOUNT ACTIVITY**

POSTING DATE	DESCRIPTION	AMOUNT
12/30	-ELECTRONIC PMT-TEL, TD BANK NA PAYMENT ROSEMARY L KITE	500.00 ✓
Subtotal:		500.00

**DAILY BALANCE SUMMARY**

DATE	BALANCE
11/30	5,758.75
12/30	5,258.75

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to [www.tdbank.com](http://www.tdbank.com)

Bank Deposits FDIC Insured | TD Bank, N.A. | Equal Housing Lender



BANK STATEMENT

SANDHILL CAMP, IN

DECEMBER 2016

EIN 47-3044361



**Bank**

America's Most Convenient Bank®

T STATEMENT OF ACCOUNT

SANDHILL CAMP  
16100 EMERALD ESTATES DR APT 379  
WESTON FL 33331-6108

Page: 1 of 2  
Statement Period: Dec 01 2016-Dec 31 2016  
Cust Ref #: 4280255998-717-T-###  
Primary Account #: 428-0255998

TD Business Convenience Plus  
SANDHILL CAMP

Account # 428-0255998

**GO PAPERLESS: IT'S A WIN-WIN!**

WE RECENTLY STARTED CHARGING A \$2.00 MONTHLY FEE FOR PAPER STATEMENTS. TO AVOID THIS FEE AND SUPPORT OUR EFFORTS TO "GO GREEN," LOG IN TO TDBANK.COM/BUSINESSDIRECT AND SIGN UP FOR ONLINE STATEMENTS ONLY. IF YOU DON'T ALREADY USE ONLINE BANKING, BEGIN BY SIGNING UP FOR TD BANK BUSINESSDIRECT. IF YOU ONLY RECEIVE ONLINE STATEMENTS NOW, BREATHE EASY, THIS FEE DOESN'T APPLY TO YOU. QUESTIONS? CALL 1-888-751-9000.

**ACCOUNT SUMMARY**

Beginning Balance	2,166.39	Average Collected Balance	2,142.68
Electronic Payments	245.00	Annual Percentage Yield Earned	0.00%
Service Charges	2.00	Days in Period	31
Ending Balance	1,919.39		

**DAILY ACCOUNT ACTIVITY**

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
12/29	ACH DEBIT, TD BANK PAYMENT ROSEMARY L KITE	245.00
	<i>Reinstatement on FD. 5/30/12</i>	
	<b>Subtotal:</b>	<b>245.00</b>

Service Charges

POSTING DATE	DESCRIPTION	AMOUNT
12/30	PAPER STATEMENT FEE	2.00
	<b>Subtotal:</b>	<b>2.00</b>

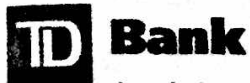
**DAILY BALANCE SUMMARY**

DATE	BALANCE	DATE	BALANCE
11/30	2,166.39	12/30	1,919.39
12/29	1,921.39		

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to [www.tdbank.com](http://www.tdbank.com)

Bank Deposits FDIC Insured | TD Bank, N.A. | Equal Housing Lender





America's Most Convenient Bank®

DECEMBER 2017  
BANK STATEMENT

SANDHILL CAMP, INC  
EIN 47-3044361

E STATEMENT OF ACCOUNT

SANDHILL CAMP  
7359 SERRANO TER  
DELRAY BEACH FL 33446-2215

Page:  
Statement Period:  
Cust Ref #:  
Primary Account #:

1 of 2  
Dec 01 2017-Dec 31 2017  
4280255998-717-E-\*\*\*  
428-0255998

**TD Business Convenience Plus**  
SANDHILL CAMP

Account # 428-0255998

**ACCOUNT SUMMARY**

Beginning Balance	2,949.14	Average Collected Balance	2,589.46
Electronic Payments	650.00	Interest Earned This Period	0.00
Ending Balance	2,299.14	Interest Paid Year-to-Date	0.00
		Annual Percentage Yield Earned	0.00%
		Days in Period	31

**DAILY ACCOUNT ACTIVITY**

**Electronic Payments**

POSTING DATE	DESCRIPTION	AMOUNT
12/01	DEBIT POS, AUT 120117 DDA PURCHASE POSTNET FL154 CORAL SPRINGS * FL 4085404018641682	150.00
12/19	ELECTRONIC PMT-WEB, DOCNETWORK 7346198300 31D8610BBF72	500.00
	Subtotal:	650.00

**DAILY BALANCE SUMMARY**

DATE	BALANCE	DATE	BALANCE
11/30	2,949.14	12/19	2,299.14
12/01	2,799.14		

BANK STATEMENT  
DECEMBER 2018

SANDHILL CAMP, INC.  
EIN 47-3044361



**Bank**

America's Most Convenient Bank®

E STATEMENT OF ACCOUNT

SANDHILL CAMP  
7359 SERRANO TER  
DELRAY BEACH FL 33446-2215

Page: 1 of 2  
Statement Period: Dec 01 2018-Dec 31 2018  
Cust Ref #: 4280255998-717-E-\*\*\*  
Primary Account #: 428-0255998

**TD Business Convenience Plus**  
SANDHILL CAMP

Account # 428-0255998

ACCOUNT SUMMARY

Beginning Balance	6,877.54	Average Collected Balance	6,877.54
		Interest Earned This Period	0.00
Ending Balance	6,877.54	Interest Paid Year-to-Date	0.00
		Annual Percentage Yield Earned	0.00%
		Days in Period	31

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period