# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

AF	or the	e 2023 calendar year, or tax year beginning and	enaing					
	heck if	C Name of organization		D Employer identifie	cation number			
	Addres							
	Name change	Doing business as		58-2425452				
	Initial return	,	Room/suite	E Telephone number				
	Final return/	PO BOX 622		919-462-				
	termin ated		G Gross receipts \$	1,085,030.				
	Ameno return	CAR1, NC 2/312	H(a) Is this a group re					
	Applic tion	F Name and address of principal officer: LEBLIE COVINGION		for subordinates	? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) (	or 527	If "No," attach a	list. See instructions			
	Vebsit			H(c) Group exemptio				
<b>K</b> F	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1998 🖪	1 State of legal domicile: NC			
Pa	rt I	Summary						
•		Briefly describe the organization's mission or most significant activities: ${f TEACI}$						
nce		FAMILIES WITH CHILDREN LIFE SKILLS FOR AT	TAININ	G INDEPENDE	NT LIVING			
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.			
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	12			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			12			
Se Se	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			12			
Viti	6	Total number of volunteers (estimate if necessary)		6	300			
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
1	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
Ф				Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		1,625,946.	957,438.			
eun	9	Program service revenue (Part VIII, line 2g)		2,231.	2,292.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,007.	19,861.			
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-49,434.	312.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,592,750.	979,903.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
Se		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		461,414.	409,442.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
×		Total fundraising expenses (Part IX, column (D), line 25) 129,51		240 252	200 502			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		348,373.	322,583.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		809,787.	732,025.			
		Revenue less expenses. Subtract line 18 from line 12		782,963.	247,878.			
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year			
sset 3ala	20	Total assets (Part X, line 16)		3,984,783.	3,600,770.			
et A nd E	21	Total liabilities (Part X, line 26)		620,649.	363,599.			
	rt II	Net assets or fund balances. Subtract line 21 from line 20		3,364,134.	3,237,171.			
					Described as a subfact of the			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	nas any knowledge.				
<b>.</b>	_	Signature of officer		I Date				
Sigr		LESLIE COVINGTON, EXECUTIVE DIRECTOR		Duto				
Her	е	Type or print name and title						
			11	Date Check	PTIN			
aid		Print/Type preparer's name Preparer's signature  SCOTT SEBBO SCOTT SEBBO		.1/07/24 onto if self-employ				
	arer	Firm's name MPCOMPANY LLP			6-1945391			
	Only	Firm's address 4600 MARRIOTT DRIVE SUITE 300		THIN SEIN 3	· ->			
-00	Jy	RALEIGH, NC 27612		Phone no 91	9-836-9200			
May	the IE	RS discuss this return with the preparer shown above? See instructions		[ I HOHE HU. 2 II	X Yes No			
· · · u y	1110 11				100 110			

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE CARYING PLACE TEACHES HOMELESS WORKING FAMILIES WITH CHILDREN LIFE
	SKILLS FOR ATTAINING INDEPENDENT LIVING WHILE PROVIDING SHORT-TERM
	HOUSING AND SUPPORT SERVICES TO ADDRESS THEIR INDIVIDUAL NEEDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 412,372. including grants of \$) (Revenue \$2,292.)
	THE CARYING PLACE'S (TCP) 16-WEEK LIFE SKILLS AND SHORT-TERM
	TRANSITIONAL HOUSING PROGRAM HELPS HOMELESS, WORKING FAMILIES MAKE THE
	TRANSITION TO ADEQUATE PERMANENT HOUSING AND SELF-SUFFICIENCY. WE SERVE
	ABOUT 30 FAMILIES A YEAR WITH AN AVERAGE OF 2-3 CHILDREN PER FAMILY.
	THEY LIVE RENT AND UTILITY-FREE WHILE IN A TCP-OWNED PROPERTY. TCP IS
	THE ONLY LIFE SKILLS TRAINING AND SHORT TERM TRANSITIONAL HOUSING
	PROGRAM IN CARY AND WESTERN WAKE COUNTY. OUR PROGRAM GOAL IS TO PREPARE
	FAMILIES FOR POST-PROGRAM HOUSING AND TO IMPROVE THEIR ABILITY TO PAY
	ALL OF THEIR NECESSARY LIVING EXPENSES. FAMILIES ARE ALSO ENCOURAGED TO
	MAINTAIN SAVINGS FOR EMERGENCIES (MEDICAL CARE, CAR REPAIRS, ETC.).
	JUST AS IMPORTANT, FAMILIES DEVELOP THE PLANS AND SELF-CONFIDENCE
41:	NEEDED TO SUSTAIN THEIR HOUSING AND NEW LIFE SKILLS LONG-TERM. OUR
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 412,372.

# Form 990 (2023) THE CARYING PLACE INC 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<sub></sub> -
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Y	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	l	X

Form 990 (2023) THE CARYING PLACE INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٦,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٦,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?     F   Contract   Con	00-		Х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
20	"Yes," complete Schedule L, Part IV	29		X
29 30	Did the organization receive more trial \$25,000 in horicast contributions? If "yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		25
30		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
<b>52</b>	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

Form 990 (2023) THE CARYING PLACE INC
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
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).			
5а	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
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	,			
е	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		
9	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	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	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?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) THE CARYING PLACE INC 58-2425452 Page
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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_		2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		X
4	of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5				X
6		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			X
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		- T
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			3,
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		T	Γ
			Yes	_
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	L
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	AMY DIEBLER - 919-462-1800			
	PO BOX 622, CARY, NC 27512			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	l	IIIZU		)	ipoi	out	(D)	(E)	(F)
Name and title	Average		Position (do not check more than one					Reportable	Reportable	Estimated
	hours per week	box	box, unless person is both officer and a director/trus			s both r/trus	an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	a l			ted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		eo	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LESLIE COVINGTON	50.00									
EXECUTIVE DIRECTOR				Х				89,400.	0.	10,057.
(2) CAROLYN HENDRICKS	50.00									
VICE PRESIDENT OF OPERATIO				Х				7,615.	0.	1,351.
(3) FRANK FRISCHAUF	2.00	1								_
PRESIDENT		Х		Х				0.	0.	0.
(4) SUZANNE JESKA	1.00	ļ								
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) AMY DIEBLER	2.00								•	•
TREASURER	2 00	Х		Х				0.	0.	0.
(6) STEPHANE DANIEL	2.00	.,		,,						•
SECRETARY FROM 06/30/2024	1 00	Х		Х				0.	0.	0.
(7) DARRYL COLEMAN JR	1.00	Х						0.	0.	0
OIRECTOR (8) KYLE GREER	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(9) ASA FLEMING	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(10) SUZANNE FULGHAM	1.00	-25						· · ·	•	•
DIRECTOR		х						0.	0.	0.
(11) CLARK RADFORD	1.00								•	
DIRECTOR		Х						0.	0.	0.
(12) GREG SAXER	1.00									
DIRECTOR		Х						0.	0.	0.
(13) CLIFF REEVES	1.00									
DIRECTOR		Х						0.	0.	0.
(14) HANNAH WAIT	1.00									
DIRECTOR		Х						0.	0.	0.
(15) SIDNEY CHOW	1.00									
DIRECTOR		Х						0.	0.	0.
		-								
		1								
			_					L	I.	000

332007 12-21-23 Form **990** (2023)

Form 990 (2023) THE CARY	ING PLAC	E	ΙN	C					58-24	4254	452	Pa	ge <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)				(C)			(D)	(E)			(F)	
Name and title	Average	(do		Posi heck i		l than d	one	Reportable	Reportable	- 1		timate	
	hours per week					s both		compensation	compensatio	- 1		ount c	of
	(list any	tor					Ĺ	from the	from related organization	- 1		other oensat	ion
	hours for	direc				D.		organization	(W-2/1099-MIS			om the	
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)		orga	anizatio	on
	organizations	al trus	onal tr		loyee	comp		1099-NEC)				l relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ns
	11110)	Ē	ü	10 0	Ke	± 5	요						
		$\vdash$											
		1											
		1											
		1											
		.											
		.											
4. 0								07 015		0.	1 1	L,40	0
1b Subtotal								97,015.		0.		.,40	0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								97,015.		0.	11	L,40	
Total (add lines ib and ic)      Total number of individuals (including but n								· · · · · · · · · · · · · · · · · · ·	000 of reportable			., =0	•
compensation from the organization	or illilited to th	036	iiste	u al	JOVE,	) vvii	016	eceived more triair wroo,	ooo or reportable	-			0
odriperioation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	empl	oye	e, or	hic	hest compensated emp	ovee on	ſ			
line 1a? If "Yes," complete Schedule J for s			-	-	-		_		-	ĺ	3		Х
4 For any individual listed on line 1a, is the su										···· [			
and related organizations greater than \$150										[	4		Х
5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	ers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										oensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin		ear.				
(A) Name and business	address	NT/	\ <b>\</b> TT					( <b>B</b> )  Description of s	envices	C	(C omper		
Name and business	addicss	INC	NE	<u>.                                    </u>			-	Description of s	CIVICCS		omper	isation	
							_						
2 Total number of independent contractors (in	ncluding but no	ot lim	nited	d to t	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the organize	zation				0	)							

58-2425452

Form 990 (2023) THE CARYING PLACE INC Part VIII Statement of Revenue

		Check if Schedule O contains a response or r	note to any line	e in this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
ifts, Grants ar Amounts	1	Membership dues 1b	25,210. 77,453.				36010113 312 - 314
Contributions, Gifts, Grants and Other Similar Amounts	1	F All other contributions, gifts, grants, and	52,840. 01,935. 8,480.				
S E		n Total. Add lines 1a-1f		957,438.			
		<u> </u>	usiness Code				
မွ	2	a APPLICATION FEES	624200	2,292.	2,292.		
Program Service Revenue	- 1	b					
	•	·					
eve		d					
Б	(	e					
ح	1	All other program service revenue					
		g Total. Add lines 2a-2f		2,292.			
	3	Investment income (including dividends, interest,	and				
		other similar amounts)		27,562.			27,562.
	4	Income from investment of tax-exempt bond prod	eeds				
	5	Royalties					
			(ii) Personal				
	6						
	١	b Less: rental expenses 6b 41,996.					
	(	Rental income or (loss) 6c - 20 , 148 .					
	(	d Net rental income or (loss)		-20,148.			-20,148.
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 21,845.					
	١	b Less: cost or other basis					
e l		and sales expenses					
Ver	(	Gain or (loss)					
æ	(	d Net gain or (loss)		-7,701.			-7,701.
Other Revenue	8 :	a Gross income from fundraising events (not including \$ 277 , 453 of					
		contributions reported on line 1c). See					
			53,091.				
			33,585.	10 506			10 506
		Net income or (loss) from fundraising events		19,506.			19,506.
	9 :	a Gross income from gaming activities. See					
		Part IV, line 19					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
_	•	Net income or (loss) from sales of inventory					
ဇ္			usiness Code	954.			954.
leot ue	11 :			334.			334.
lar							
Miscellaneous Revenue	(	d All other revenue					
Ξ		d All other revenue		954.			
	12	Total. Add lines 11a-11d  Total revenue. See instructions		979,903.	2,292.	0.	20,173.
	-	TOTAL TOTAL CONTINUE		, - 00 •	_,	,	,_,-,

#### 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 (**D**) Fundraising expenses (B)
Program service
expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 32,871. 108,423. 41,707. 33,845. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 266,387. Other salaries and wages 189,893. 29,340. 47,154. 7 Pension plan accruals and contributions (include 2,600. 1,825. 297. 478. section 401(k) and 403(b) employer contributions) 2,309. 2,309. Other employee benefits 9 29,723. 20,866. 3,395 5,462. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 1,533. 1,533. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 91,365. column (A), amount, list line 11g expenses on Sch O.) 91,365. 10,070. 5,035. 5,035. Advertising and promotion 12 6,986. 548. 6,294. 144. 13 Office expenses 3,024. 2,123. 345. 556. Information technology 14 Royalties 15 18,113. 25,801. 2,947. 4,741. 16 Occupancy 2,523. 1,771. 288. 464. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 7,750. 7,750. 20 Payments to affiliates 21 22,020. 9,947. 38,150. 6,183. Depreciation, depletion, and amortization 22 22,775. 17,871. 3,594. 1,310. 23 Other expenses. Itemize expenses not covered 24 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.) 88,020. 88,020. PROGRAM EXPENSES **FUNDRAISING** 13,251. 13,251. 3,917. 3,917. PRINTING AND POSTAGE 3,743. 3,515. d ADMINISTRATIVE EXPENSES 228. 3,675. 2,580. 420. 675. e All other expenses \_ 732,025. 412,372. 190,137. 129,516. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			361,660.	1	324,457.
	2	Savings and temporary cash investments			163,008.	2	305,660.
	3	Pledges and grants receivable, net			689,747.	3	184,131.
	4	Accounts receivable, net			364,167.	4	96,750.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial co	ntributor, or 35%			
		controlled entity or family member of any of the	hese persor	ns		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	on 4958(c)(3)(B)		6		
Ø	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
As	9	B			7,812.	9	4,912.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	1,997,296.			
	b	Less: accumulated depreciation		380,556.	1,626,120.	10c	1,616,740.
	11	Investments - publicly traded securities		634,933.	11	820,830.	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		62,340.	14	42,435.	
	15	Other assets. See Part IV, line 11		74,996.	15	204,855.	
	16	Total assets. Add lines 1 through 15 (must e			3,984,783.	16	3,600,770.
	17	Accounts payable and accrued expenses			38,309.	17	79,210.
	18	Grants payable		18	50,000.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV of	Schedule D		21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
iab		controlled entity or family member of any of the	hese persor	ns	044 005	22	010 500
_	23	Secured mortgages and notes payable to unr		·	214,905.	23	212,722.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	- ·	· · ·	265 425		01 667
		of Schedule D			367,435.		21,667.
	26			77	620,649.	26	363,599.
S		Organizations that follow FASB ASC 958, o	heck here	X			
č		and complete lines 27, 28, 32, and 33.			2 141 215		2 202 256
alar	27	Net assets without donor restrictions			2,141,215.	27	2,282,356.
B	28	Net assets with donor restrictions			1,222,919.	28	954,815.
ŭ		Organizations that do not follow FASB ASC	C 958, chec	k here			
ΥF		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun			29		
SSe	30	Paid-in or capital surplus, or land, building, or				30	
λ	31	Retained earnings, endowment, accumulated			2 26/ 12/	31	2 227 171
Š	32	Total net assets or fund balances		1	3,364,134.	32	3,237,171.
	33	Total liabilities and net assets/fund balances			3,984,783.	33	3,600,770.

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets				•	•
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,90	
2	Total expenses (must equal Part IX, column (A), line 25)	2			2,02	
3	Revenue less expenses. Subtract line 2 from line 1	3			7,8'	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	<u>,364</u>		
5	Net unrealized gains (losses) on investments	5		<u> 112</u>	2,30	<u>63.</u>
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		-487	7,20	04.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3	,23	7,1	71.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.	[		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a				
	Separate basis Consolidated basis Both consolidated and separate basis				37	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,				
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule C	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		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

Form **990** (2023)

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE CARYING PLACE INC

**Employer identification number** 

58-2425452 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023 THE CARYING PLACE INC 58-2425452 Page 2

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

	(Complete only if you checke fails to qualify under the tests	ed the box on line 5	5, 7, or 8 of Part I	or if the organization			=
Sec	ction A. Public Support	3 listed below, piea	ise complete i ait				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(5) 2020	(0) 2021	(a) ESEE	(0) 2020	(i) rotal
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						1
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	• • • • • • • • • • • • • • • • • • • •	(a) 2010	(h) 2020	(=) 2021	(4) 2022	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4						
0	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	. etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the			fourth, or fifth tax	vear as a section 5		
	organization, check this box and <b>sto</b>			•			
Sec	ction C. Computation of Publ						
14	Public support percentage for 2023 (	line 6, column (f), c	livided by line 11,	column (f))		14	9/
15	Public support percentage from 2022	2 Schedule A, Part	II, line 14			15	9/
	33 1/3% support test - 2023. If the					nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the		-				
	and <b>stop here.</b> The organization qua	-					
17a	10% -facts-and-circumstances test	•	• • •				
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	s box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization	-	
b	10% -facts-and-circumstances test	t - 2022. If the org	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets to	he facts-and-circur	nstances test, che	eck this box and	stop here. Explain i	n 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.)

Sec	ction A. Public Support	elow, please comp	lete Part II.)				_
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	642,291.	581,591.	1037954.	•	• •	4857635.
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	1,732.	831.	3,276.	2,231.	2,292.	10,362.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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						
	Total. Add lines 1 through 5	644,023.	582,422.	1041230.	1640592.	959,730.	4867997.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	176,000.	99,500.	68,000.	86,000.	65,000.	494,500.
r	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	25,307.	29,107.				179,786.
c	Add lines 7a and 7b	201,307.	128,607.	125,924.	153,448.	65,000.	674,286.
	Public support. (Subtract line 7c from line 6.)						4193711.
	ction B. Total Support	( ) 22/2	# \ 2222	( ) 222 (	( )) 2222	( ) 2222	(2)
	ndar year (or fiscal year beginning in)	(a) 2019 644, 023.	(b) 2020 582,422.	(c) 2021 1041230.	(d) 2022 1640592.	(e) 2023 959,730.	(f) Total 4867997 •
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,902.	10,738.	11,916.	14,219.	27,562.	84,337.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		·				
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	19,902.	10,738.	11,916.	14,219.	27,562.	84,337.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					954.	954.
13	Total support. (Add lines 9, 10c, 11, and 12.)	663,925.	593,160.	1053146.	1654811.	988,246.	4953288.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
800	check this box and stop here ction C. Computation of Publi	o Support Dor					
	Public support percentage for 2023 (li			olumn (fl)		15	84.67 %
	Public support percentage from 2022		•			16	84.67 %
	ction D. Computation of Inves					10	32133 70
	Investment income percentage for 20			ne 13, column (f))		17	1.70 %
	Investment income percentage from 2					18	1.47 %
	a 33 1/3% support tests - 2023. If the					3 1/3%, and line 17	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the		-	•	•		nd
_	line 18 is not more than 33 1/3%, che						
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	art IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi	ide		
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations	<u> </u>		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membershi	p of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	n's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	mong the		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sect	the supported organization(s). ction D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tav		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ian		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
	, ,	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations			I
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions)		
· a				
b				
c		tal entity (see instruction	16)	
	Activities Test. Answer lines 2a and 2b below.	ar critity (see instruction	Yes	No
				110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m		•	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
Sect	ion 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	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	ınization (see

Schedule A (Form 990) 2023

instructions).

<u>Sche</u>	edule A (Form 990) 2023 THE CARYING F	LACE INC	5	08-2425452 F	<sup>3</sup> age <b>7</b>
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)		
Sect	ion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3		
4	Amounts paid to acquire exempt-use assets		4		
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				
6					
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.				
9	9 Distributable amount for 2023 from Section C, line 6				
10	Line 8 amount divided by line 9 amount		10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 202	

Section E - Distribution Allocations (see instr	uctions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section	on C, line 6			
2 Underdistributions, if any, for years prior t	o 2023 (reason-			
able cause required - explain in Part VI). S	See instructions.			
3 Excess distributions carryover, if any, to 2	.023			
<b>a</b> From 2018				
<b>b</b> From 2019				
<b>c</b> From 2020				
<b>d</b> From 2021				
e From 2022				
f Total of lines 3a through 3e				
g Applied to underdistributions of prior year	rs			
h Applied to 2023 distributable amount				
i Carryover from 2018 not applied (see inst	ructions)			
j Remainder. Subtract lines 3g, 3h, and 3i f	rom line 3f.			
4 Distributions for 2023 from Section D,				
line 7: \$				
a Applied to underdistributions of prior year	rs			
<b>b</b> Applied to 2023 distributable amount				
c Remainder. Subtract lines 4a and 4b from	line 4.			
5 Remaining underdistributions for years pr	ior to 2023, if			
any. Subtract lines 3g and 4a from line 2.	For result greater			
than zero, explain in Part VI. See instructi	ions.			
6 Remaining underdistributions for 2023. So	ubtract lines 3h			
and 4b from line 1. For result greater than	zero, <i>explain in</i>			
Part VI. See instructions.				
7 Excess distributions carryover to 2024.	Add lines 3j			
and 4c.				
8 Breakdown of line 7:				
a Excess from 2019				
<b>b</b> Excess from 2020				
c Excess from 2021				
d Excess from 2022				
e Excess from 2023				

Schedule A (Form 990) 2023

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

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2023

**Employer identification number** 

THE CARYING PLACE INC 58-2425452 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

# THE CARYING PLACE INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$8,678.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

# THE CARYING PLACE INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$6,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$6,000 <b>.</b>	Person X Payroll
(a)	(b)	(c)	(d)
No10	Name, address, and ZIP + 4	Total contributions  5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$\$, 5,958.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

# THE CARYING PLACE INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		- - \$\$17,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$10,300.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		50,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	Total contributions  \$ 15,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

# THE CARYING PLACE INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$6,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$10,270.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

# THE CARYING PLACE INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 63,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	\$ 26,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,578.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

# THE CARYING PLACE INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
31		\$5,247.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
32		\$ 23,540.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
33		\$6,500.	Person X Payroll				
(a)	(b)	(c)	(d)				
No. 34	Name, address, and ZIP + 4	\$ 11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
35		\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
36		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

# THE CARYING PLACE INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
37		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
38		\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
No.	Name, address, and Zir + +	\$	Person Payroll Noncash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

### THE CARYING PLACE INC

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - - - - - -			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - - - \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - \$			

	ARYING PLACE INC	no to organizations described in as	otion EO4	58-2425452		
t III	from any one contributor. Complete columns (a)			(c)(7), (8), or (10) that total more than \$1,000 for the yeanizations		
	completing Part III, enter the total of exclusively religious, ch	naritable, etc., contributions of \$1,000 or	ess for the	e year. (Enter this info. once.)		
	Use duplicate copies of Part III if additional s	pace is needed.				
lo. m						
m t I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-						
	-	-		-		
		(e) Transfer of git	+			
		(6) 114116161 61 91	•			
	<b>-</b>	. 715	_			
⊢	Transferee's name, address, an	Id ZIP + 4	Ke	elationship of transferor to transferee		
lo.	T	L				
lo. m	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
t I						
F						
	(e) Transfer of gift					
		(e) Transfer of git	t			
		(e) Transfer of gif	t			
	Transferee's name, address, an			elationship of transferor to transferee		
	Transferee's name, address, an			elationship of transferor to transferee		
_	Transferee's name, address, an			elationship of transferor to transferee		
_	Transferee's name, address, an			elationship of transferor to transferee		
_	Transferee's name, address, an			elationship of transferor to transferee		
No.	Transferee's name, address, an			elationship of transferor to transferee		
No.		nd ZIP + 4				
lo. m t l	Transferee's name, address, an  (b) Purpose of gift			elationship of transferor to transferee  (d) Description of how gift is held		
lo. m t l		nd ZIP + 4				
No. m t I		nd ZIP + 4				
No. m t I		nd ZIP + 4				
lo. m t I		nd ZIP + 4				
lo. m t l		(c) Use of gift	Re			
No. m t I		nd ZIP + 4	Re			
No. m t I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gif	Re			
do. m ti		(c) Use of gift  (e) Transfer of gif	Re			
John John John John John John John John	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gif	Re	(d) Description of how gift is held		
John John John John John John John John	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gif	Re	(d) Description of how gift is held		
John John John John John John John John	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gif	Re	(d) Description of how gift is held		
John John John John John John John John	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gif	Re	(d) Description of how gift is held		
<u>-</u>	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gif	Re	(d) Description of how gift is held		
<u>-</u>	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift	Re	(d) Description of how gift is held		
<u>-</u>	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gif	Re	(d) Description of how gift is held		
<u>-</u>	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift	Re	(d) Description of how gift is held		
<u>-</u>	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift	Re	(d) Description of how gift is held		
do. m tl	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift	Re	(d) Description of how gift is held		
<u>-</u>	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift	Re	(d) Description of how gift is held		
<u>-</u>	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift  (c) Use of gift	Re	(d) Description of how gift is held		
<u>-</u>	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift	Re	(d) Description of how gift is held		
<u>-</u>	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift  (c) Use of gift	Re	(d) Description of how gift is held		

### **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 Inspection

Name of the organization

THE CARYING PLACE INC

**Employer identification number** 58-2425452

Pai	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	e 6.	·				
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds				
	are the organization's property, subject to the organization's	-					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?		Yes No				
Pai	T II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (for example, recreated	tion or education) Preservation o	f a historically important land area				
	Protection of natural habitat	Preservation o	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c				
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not					
	on a historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax				
	year						
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it	holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year				
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h					
9	In Part XIII, describe how the organization reports conservation	'					
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the				
Dai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Treasures or Of	ther Similar Assets				
I al	Complete if the organization answered "Yes" on Form		inei Olilliai Assets.				
			and belones absolution				
та	If the organization elected, as permitted under FASB ASC 95	· ·					
	of art, historical treasures, or other similar assets held for pub						
	service, provide in Part XIII the text of the footnote to its finan						
D	If the organization elected, as permitted under FASB ASC 95	•					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furti	nerance of public service,				
	provide the following amounts relating to these items.		¢.				
	(i) Revenue included on Form 990, Part VIII, line 1						
^							
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP A		ıı gairi, provide				
_	the following amounts required to be reported under FASB A	3	¢.				
a	Revenue included on Form 990, Part VIII, line 1		\$				

Sche		ING PLACE					242545		age 2
Par	t III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or	Other S	Similar Ass	ets (cont	inued)	
3	Using the organization's acquisition, accession	, and other records	s, check any of the	following that	make sigr	nificant use of	ts		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange progra	m				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain	how they further th	ne organizatio	n's exemp	t purpose in P	art XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be mair	ntained as part of th	e organization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arrange	ements Complet	e if the organization	n answered "Y	'es" on Fo	orm 990, Part I	V, line 9, or		
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodiar	n, or other intermed	iary for contributior	s or other ass	ets not in	cluded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII ar								
							Amou	nt	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For					?	Yes		No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the exp	planation has been	provided in Pa	art XIII .			. $\square$	]
Par									
		(a) Current year	(b) Prior year	(c) Two years		d) Three years ba	ick (e) Fo	ur years	back
1a	Beginning of year balance	617,903.	617,903.	617	,903.	454,77	7.	297,	729.
b	Contributions					102,40	8.	125,	890.
С	Net investment earnings, gains, and losses					60,71	.8.	31,	158.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	617,903.	617,903.	617	,903.	617,90	3.	454,	777.
2	Provide the estimated percentage of the currer	nt vear end balance	(line 1g. column (a	)) held as:			•		
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%	_						
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
За	Are there endowment funds not in the possess	· ·	tion that are held ar	nd administere	ed for the				
	organization by:	ŭ						Yes	No
	(i) Unrelated organizations?						3a(i)		Х
									Х
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the o								
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered		, Part IV, line 11a. S	see Form 990,	Part X, lin	ne 10.			
	Description of property	(a) Cost or ot		or other		cumulated	(d) Bo	ok valu	——— е
	1	basis (investm		(other)	. ,	eciation	(-, -)		

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		370,857.		370,857.
b	Buildings		1,614,868.	370,716.	1,244,152.
С	Leasehold improvements				
d	Equipment		11,571.	9,840.	1,731.
е	Other				
	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 THE CARYING Part VII Investments - Other Securities	PLACE INC	58	-2425452 Page 3
Complete if the organization answered "Yes" or	n 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	
(1) Financial derivatives	. ,	1	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n 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	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(1) 5
GEGINTEN DEDOGEE	escription		(b) Book value
(1) SECURITY DEPOSIT			1,785.
(2) BENEFICIAL INTEREST IN PER	PETUAL TR		33,940.
(3) CONSTRUCTION IN PROGRESS			169,130.
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			204 055
Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities	<u>(B))</u>		204,855.
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11e or 11f See Form 000 Bort V line 25	
	iii oiiii 330, Fait IV, IIIle	THE OF THE GET CHILD 990, PAIL A, IIII 25.	(b) Book value
<u> </u>			(b) DOOK value
(1) Federal income taxes (2) OPERATING LEASE LIABILITY			21,667.
(2) OPERATING LEASE LIABILITY			21,007

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITY	21,667.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	21,667.

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

Par	t XI Reconciliation of Revenue per Audited Financial Sta		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			1 166 211
1				1	1,166,314.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	110 060		
а	Net unrealized gains (losses) on investments		112,363.	-	
b	Donated services and use of facilities			-	
С	Recoveries of prior year grants		74 040	-	
d	Other (Describe in Part XIII.)	2d	74,048.		106 411
е	Add lines 2a through 2d			2e	186,411. 979,903.
3	Subtract line 2e from line 1			3	9/9,903.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)				0
C	Add lines 4a and 4b			4c	979,903 <b>.</b>
Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, T XII   Reconciliation of Expenses per Audited Financial Sta	) atements With	Fynenses ner F	5 Return	
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, lir		Expenses per i	ictuii	•
_				1	1,293,277.
1 2	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:				1,275,277.
	• • •	2a			
a	Donated services and use of facilities			-	
b	Prior year adjustments Other losses			-	
d	Other losses Other (Describe in Part XIII.)		561,252.	-	
e	Add lines 2a through 2d		•	2e	561,252.
3	Subtract line 2e from line 1			3	732,025.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				,,,,,,,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			-	
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	732,025.
Pai	t XIII Supplemental Information	<u>.,,</u>			•
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar				,
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
REC	CLASSED FUNDRAISING EXPENSES				33,585.
REC	CLASSED RENTAL EXPENSES				41,996.
<u>IN</u> T	VESTMENT MANAGEMENT FEES				-1,533.
TOT	TAL TO SCHEDULE D, PART XI, LINE 2D				74,048.
					-
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
REC	CLASSED FUNDRAISING EXPENSES				33,585.
REC	CLASSED RENTAL EXPENSES				41,996.
	SS ON UNCOLLECTIBLE PLEDGES				487,204.
	VESTMENT MANAGEMENT FEES				-1,533.

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number THE CARYING PLACE INC 58-2425452 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		of fundraising event contributions and gro	oss income on Form 990	·E∠, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			SIGNATURE		NONE	, , ,		
			EVENT	GALA EVENT		(add col. (a) through		
			(event type)	(event type)	(total number)	col. <b>(c)</b> )		
ne			71 7	(1 )	( , , , , , , , , , , , , , , , , , , ,			
Revenue	_	Overe versions	119,981.	208,688.		328 660		
Ř	י	Gross receipts	119,901.	200,000.		328,669.		
			110 754	157 600		000 450		
	2	Less: Contributions	119,754.	157,699.		277,453.		
	3	Gross income (line 1 minus line 2)	227.	50,989.		51,216.		
	4	Cash prizes						
	5	Noncash prizes		3,660.		3,660.		
SO								
SUS	6	Rent/facility costs		22,272.		22,272.		
Direct Expenses	Ĭ			,		,		
垬	7	Food and beverages						
<u>.e</u>	′	Food and beverages						
Δ		Enterteinment		3 400		3,400.		
	8		227.	3,400. 4,026.		4,253.		
	9	Other direct expenses				33,585.		
	10	Direct expense summary. Add lines 4 through						
Da		Net income summary. Subtract line 10 from li				17,631.		
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than			
		\$15,000 on Form 990-EZ, line 6a.	T	· · · · · · · · · · · · · · · · · · ·				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
Revenue				bingo/progressive bingo		col. (a) through col. (c))		
ě								
ш.	1	Gross revenue						
'n	2	Cash prizes						
se								
Expenses	3	Noncash prizes						
ŭ								
Direct	4	Rent/facility costs						
Ë	•							
	_	Other direct expenses						
		Other direct expenses	Yes %	Yes %	Yes %			
		Mali vista av Jahav						
	ь	Volunteer labor	No	L No	No			
	_		_, , , , ,					
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	trom line 1, column (d)					
9		ter the state(s) in which the organization condu						
а	a Is the organization licensed to conduct gaming activities in each of these states?							
<b>b</b> If "No," explain:								
		No," explain:						
		No," explain:						
		No," explain:						
	If "	No," explain:  ere any of the organization's gaming licenses re			rear?	Yes No		
10a	If "	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y		Yes No		
10a	If "		evoked, suspended, or te	rminated during the tax y		Yes No		

Sch	nedule G (Form 990) 2023 THE CARYING PLACE INC 5	8-2425	452	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		١.,	
12	to administer charitable gaming?  Indicate the percentage of gaming activity conducted in:		Yes	No
	a The organization's facility	13a	1	%
	n outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	nt		
	of gaming revenue retained by the third party \$			
(	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie		
Pa	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III. li	2000	2h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	araitiii, iii	1163 3, .	55, 105,
	· · · · · · · · · · · · · · · · · · ·			

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Schedule G	(Form 990) Supplemental Infor	THE CARYING	PLACE	INC	58-2425452	Page 4
Part IV	Supplemental Infor	mation (continued)				

#### 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.

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE CARYING PLACE INC

Employer identification number 58-2425452

FORM 990, PART 1, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WHILE PROVIDING SHORT-TERM HOUSING AND SUPPORT SERVICES
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
PROGRAM MANAGER MATCHES TRAINED ADULT SUPPORT TEAM AND CARING SPONSOR
VOLUNTEERS WITH PROGRAM PARTICIPANTS TO TEACH AND CELEBRATE PROGRESS IN
FINANCIAL MANAGEMENT, PLANNING SKILLS, AND INDEPENDENT HOUSING
ATTAINMENT. THESE VOLUNTEERS MEET WITH THEIR FAMILY WEEKLY AND FOCUS ON
BUDGETING, GOAL SETTING, RESOURCE LINKING, AND TIME MANAGEMENT.
PARTICIPANTS REPORT WEEKLY SPENDING, ACCOMPLISHMENTS, AND CHALLENGES
AND THEN CREATE NEW GOALS AND A PLANNED BUDGET TO HELP GUIDE THEM IN
SUBSEQUENT WEEKS. WE EMPLOY ABOUT 300 VOLUNTEERS INCLUDING THE ONES
MENTIONED ABOVE, PROPERTY VOLUNTEERS, OFFICE VOLUNTEERS, EVENT
VOLUNTEERS, BOARD VOLUNTEERS AND VARIOUS VOLUNTEER GROUPS. TCP ALSO
PROVIDES A WEEKLY CHILDREN'S PROGRAM WITH STAFF AND VOLUNTEERS THAT
OFFER LIFE ENRICHMENT ACTIVITIES TO THE CHILDREN IN OUR FAMILIES.
CHILDREN'S PROGRAM OFFERS RESOURCES SUCH AS ACCESS TO CHILDCARE,
EDUCATIONAL IMPROVEMENT, EXTRACURRICULAR/FUN SKILL BUILDING ACTIVITIES.
WE ALSO PROVIDE ONGOING LIFE SKILLS INFORMATION AND MORAL SUPPORT TO
ABOUT 25 DIFFERENT GRADUATE FAMILIES ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE FORM 990 WITH THE
TREASURER PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

Schedule O (Form 990) 2023 Page **2** 

Name of the organization  THE CARYING PLACE INC	Employer identification number 58 – 2425452
BOARD MEMBERS ARE ANNUALLY REQUIRED TO REVIEW THE ORGANIZA	
OF INTEREST POLICY AND SIGN A CONFLICT OF INTEREST DISCLOS	
FORM 990, PART VI, SECTION B, LINE 15A:	
EXECUTIVE DIRECTOR COMPENSATION IS SET BY THE BOARD AND RE	VIEWED ANNUALLY
IN COMPARISON TO OTHER SIMILAR ORGANIZATIONS AND CURRENT D	ATA REGARDING
NON-PROFIT COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON	WRITTEN REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	91,365.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	91,365.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	91,365.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BAD DEBT EXPENSE	-487,204.