Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning	and	ending			
	heck if	C Name of organization			D Employer id	entific	ation number
X	Addre	CARINGBRIDGE					
	Name chang	Doing business as			42-1529	9394	
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite			
	Final return	3600 AMERICAN BOULEVARD WEST		405	651-452-	7940	
	termir ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		12,862,545.
	Amen	BLOOMINGION, MN 55451			H(a) Is this a gre	oup re	
	Application	F Name and address of principal officer: 11A	NEWCOMER		for subordi	inates?	? Yes 🗓 No
	pendi	SAME AS C ABOVE			H(b) Are all subordi	nates inc	cluded? Yes No
<u> 1 T</u>	ax-ex	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," atta	ach a l	list. See instructions
	Vebsi				H(c) Group exe		n number
		organization,	ssociation Other	L Year	of formation: 2002	2 M	State of legal domicile: MN
Pa	rt I	Summary		UIEDIII E O			
ø	1	Briefly describe the organization's mission or most	significant activities: SEE SC	HEDULE O			
Governance			untion and the constraint on all and		H 050/ -f H		
err	2	Check this box if the organization disco Number of voting members of the governing body	ntinued its operations or dispo-			1 1	ets. 14
é						3	13
		Number of independent voting members of the go				5	55
ijes		Total number of individuals employed in calendar y					30
Activities &		Total number of volunteers (estimate if necessary)				6	0.
Ac		Total unrelated business revenue from Part VIII, co				7a 7b	0.
_	В	Net unrelated business taxable income from Form	990-1, Part I, line 11		Prior Year	176	Current Year
	8	Contributions and grants (Part VIII line 1h)			10,925,	035	12,422,686.
ne		. (5 1)(11)	0.	0.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4	and 7d\		13,		70,953.
Be					256,		351,686.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8d			11,195,	_	12,845,325.
_		Total revenue - add lines 8 through 11 (must equal			11,155,	0.	0.
		Grants and similar amounts paid (Part IX, column (0.	0.
		Benefits paid to or for members (Part IX, column (A Salaries, other compensation, employee benefits (5,989,		6,767,829.
Expenses		Professional fundraising fees (Part IX, column (A),			263,	-	213,332.
en		Total fundraising expenses (Part IX, column (D), lin				100.	220,002.
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d	-		5,420,	841	4,770,202.
		Total expenses. Add lines 13-17 (must equal Part I			11,673,		11,751,363.
		Revenue less expenses. Subtract line 18 from line			-478,		1,093,962.
-Se	13	nevenue less expenses. Subtract line 10 from line	12	Be	ginning of Current		End of Year
ets c	20	Total assets (Part X, line 16)			4,789,	-	6,535,180.
Asse Bals	21	Total liabilities (Part X, line 26)			526,:	-	1,169,490.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from	line 20		4,263,		5,365,690.
	rt II	Signature Block	III C E C				
Unde	er pena	Ities of perjury, I declare that I have examined this return	including accompanying schedule	s and statem	ents, and to the best	of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than office				-	,
			,				
Sigr	1	Signature of officer			Date		
Her		TIA NEWCOMER, CHIEF EXECUTIVE OFFICER					
	_	Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date Ch	eck	PTIN
Paid		KAREN A. GRIES	KAREN A. GRIES	o	3/14/24 if sel	lf-employe	d P00078514
Prep		Firm's name BAKER TILLY US, LLP		<u> </u>	Firm's EI		39-0859910
Use		Firm's address 225 S 6TH ST #2300					
	-	MINNEAPOLIS, MN 55402			Phone no	0.612.	876.4500
May	the II	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes No
		Paperwork Reduction Act Notice, see the separ		12-21-23			Form 990 (2023)

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: CARINGBRIDGE IS WORKING TOWARD A SINGLE VISION: A WORLD WHERE NO ONE	
	GOES THROUGH A HEALTH JOURNEY ALONE. IN ORDER TO TURN THIS VISION	
	INTO REALITY, WE'VE MADE IT OUR MISSION TO BUILD BRIDGES OF CARE AND	
	COMMUNICATION PROVIDING LOVE AND SUPPORT ON A HEALTH JOURNEY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Z No
		NO
•	If "Yes," describe these new services on Schedule O.	7 N.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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)
	"CARINGBRIDGE (THE ORGANIZATION) IS A NO-COST NONPROFIT HEALTH	
	COMMUNICATION PLATFORM THAT SURROUNDS FAMILY CAREGIVERS WITH SUPPORT	
	WHILE THEY CARE FOR A LOVED ONE ON A HEALTH JOURNEY.	
	FEELINGS OF BEING OVERWHELMED, ISOLATED, AND LONELY ARE PREVALENT AMONG	
	FAMILY CAREGIVERS AND THE LOVED ONES THEY SUPPORT ON A HEALTH JOURNEY.	
	CARINGBRIDGE ADDRESSES THOSE NEEDS BY IMPROVING EMOTIONAL HEALTH AND	
	SOCIAL SUPPORT, HELPING PEOPLE COME TOGETHER IN SUPPORT OF HEALING.	
	SINCE 1997, WE'VE MADE IT EASY TO SHARE UPDATES AND ACTIVATE A SUPPORT	
	NETWORK ALL IN ONE PLACE. CARINGBRIDGE IS NO-COST, SECURE, PRIVATE,	
	AD-FREE, AND NEVER SELLS DATA.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
70	Vode / (Expenses # including grains of # / (Nevenue #	
	-	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 8,874,621.	

12250314 144198 76357

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Form 990 (2023) CARINGBRIDGE 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		х
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		х
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	, , ,	8		x
_	Schedule D, Part III	<u> </u>		
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	٠.٠		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-		
10		10	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	21	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2		CARINGBRIDGE	
Part IV	Chec	klist 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		Х
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	Х	
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	04-		х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	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			
	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			
	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%			
	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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	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	
Pai		30	21	
	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			_
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2023) CARINGBRIDGE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 42-1529394 Page 5

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	55			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		Х
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 Action 114, Report of Financial Action	ccoun	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction 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		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6-		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a		
D	were not toy doductible?	0115 01	giits	6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	rovided to the navor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.000 F		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rea	uired			
-	to file Form 8282?		· · · · -	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	مدا	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	l			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a	1			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114				
J	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	L !	0	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıncor	ne?	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac-	tivition	,			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			.,		
32005	5 12-21-23			Form	990	(2023)

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					-	
			1	_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14			
	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		13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			L	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			"			
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			" F			
_	persons other than the governing body?				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			··			
а	The governing body?	-	-		8a	х	
a b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			··· ├	OD		
3	organization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses on Schedule O</i>				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				9		
	(This Section B requests information about policies not required by the internal Re	venue	Coae.)			Yes	No
100	Did the organization have local chapters, branches, or affiliates?			Г	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			··	iva		
b			, anniates,	.	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			··· ⊢	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y DCIOI	e ming the form:	-	I Ia		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? f			··· ├	120		
С		, -		- 1.	120	x	
40	on Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?			⊦	14	A	
15	Did the process for determining compensation of the following persons include a review and approva		dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				4-	х	
	The organization's CEO, Executive Director, or top management official			- 1	15a		
р	Other officers or key employees of the organization			F	15b	Х	
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		941				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen				40		v
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the	-	=				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
800	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure	T IZC	KA MU MY MI				
17 10	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, I			\(2\c	nd.A	nyeil-!	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ıu 990	- i (section 501(c)(J)S C	oriiy) a	avallat	JIE
	for public inspection. Indicate how you made these available. Check all that apply.	_					
40	X Own website X Another's website X Upon request Other (explain		•		:·	:-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntiict c	or interest policy,	and f	ınanc	iai	
	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 boo	oks and	records				
	TIA NEWCOMER - 651-452-7940						
	3600 AMERICAN BOULEVARD WEST, SUITE 405, BLOOMINGTON, MN 55431						

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) Name and title	(B) Average hours per	box	Positio (do not check mor box, unless person officer and a direct				n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) TIA NEWCOMER	40.00	-								
CHIEF EXECUTIVE OFFICER		Х		Х		_		370,000.	0.	25,497.
(2) MARK PRICE	40.00	-							_	
CHIEF DATA OFFICER					Х	_		214,106.	0.	29,433.
(3) ELIZABETH OLSON	40.00	-								
CHIEF FINANCIAL OFFICER				Х		_		205,986.	0.	31,358.
(4) TOM BOOTH	40.00									
CHIEF PRODUCT OFFICER					Х			225,604.	0.	7,986.
(5) STEPHANIE SCHMID	40.00	-							_	
CHIEF REVENUE OFFICER					Х	_		203,184.	0.	22,337.
(6) MARK PHILLIPS	40.00	-								
VICE PRESIDENT OF TECHNOLOGY						Х		195,612.	0.	7,057.
(7) JASON COLEMAN	40.00	-								
SOLUTION ARCHITECT						Х		156,646.	0.	23,737.
(8) GREG DAHL	40.00	-							_	
LEAD SOFTWARE ENGINEER						Х		146,553.	0.	31,828.
(9) RAMLA TIEWALA HASANALI	40.00	-							_	
DIRECTOR OF PRODUCT						Х		169,818.	0.	6,178.
(10) ALIK LEWIS	40.00	-								
DIRECTOR OF DEV OPS						Х		150,929.	0.	11,862.
(11) SCOTT SPIKER	2.00	-								
CHAIR		Х		Х		_		0.	0.	0.
(12) SARAH KREVANS	2.00	-						_	_	_
VICE CHAIR		Х		Х		_		0.	0.	0.
(13) MOLLY JUNGBAUER	2.00	4								
TREASURER		Х		Х		_		0.	0.	0.
(14) JODI HUBLER	2.00	-								
IMMEDIATE PAST CHAIR		Х				_		0.	0.	0.
(15) CALVIN ALLEN	2.00	1_								
DIRECTOR		Х	_			<u> </u>		0.	0.	0.
(16) PAURVI BHATT	2.00	1_								
DIRECTOR		Х				₩		0.	0.	0.
(17) SOLEIL BOUGHTON	2.00								_	_
DIRECTOR 232007 12 21 23		Х						0.	0.	0. Form 990 (2023)

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

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) DEBORAH DACCORD	2.00									
DIRECTOR		Х				<u> </u>		0.	0.	0.
(19) LINDA IRELAND	2.00									
DIRECTOR		Х						0.	0.	0.
(20) KEVIN O'LEARY	2.00									
DIRECTOR		Х						0.	0.	0.
(21) SARA RATNER	2.00									
DIRECTOR		Х						0.	0.	0.
(22) CRIS ROSS	2.00									
DIRECTOR		Х				┝		0.	0.	0.
(23) ADRIAN SLOBIN DIRECTOR	2.00	x						0.	0.	0
(24) ANDY THIEMAN	2.00	Λ				\vdash		0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(25) SOLOME TIBEBU	2.00					\vdash				
DIRECTOR		х						0.	0.	0.
1b Subtotal	I	l	<u> </u>	I	<u> </u>		l	2,038,438.	0.	197,273.
c Total from continuation sheets to Part VI							-	0.	0.	0.
d Total (add lines 1b and 1c)								2,038,438.	0.	197,273.

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

Yes No
3 X
4 X

Х

24

line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMAZON WEB SERVICES, 410 TERRY AVENUE		
NORTH, SEATTLE, WA 98109-5210	TECHNOLOGY HOSTING	440,432.
SLALOM		
PO BOX 101416, PASADENA, CA 91189-1416	TECHNOLOGY CONSULTING	274,850.
IMPACT PROVEN SOLUTIONS, 4600 LYNDALE AVE		
N, MINNEAPOLIS, MN 55412-1408	DIRECT MAIL CONSULTANT	252,178.
WISE IT CONSULTING, INC	TECHNOLOGY STAFFING AND	
10780 201ST AVE NW, ELK RIVER, MN 55330	CONSULTING	218,280.
NEXTAFTER, 5810 TENNYSON PARKWAY SUITE		
102, PLANO, TX 75024	FUNDRAISING CONSULTANTS	183,614.
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	
\$100,000 of compensation from the organization	9	
		- 000 ()

Form	990	(2020)		RIDGE					42-152939	4 Page 9
Pa	rt VI	Statement of Rev	ven	ue						
		Check if Schedule O	conta	ains a respo	onse	or note to any lin				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
SS	1 2	Federated campaigns		1a						00011011010112
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues								
اع ق		Fundraising events				19,000.				
ifts,		Related organizations				, -				
nig G		Government grants (contri								
Sis		All other contributions, gifts,								
her		similar amounts not included				12,403,686.				
ğ	g	Noncash contributions included in	lines 1	a-1f 1g	\$					
Son	h	Total. Add lines 1a-1f					12,422,686.			
						Business Code				
e,	2 a	l								
r Š	b									
S	c	·								
ran Jeve	c	<u> </u>								
Program Service Revenue	e	•								
۵ ا	f	All other program service								
-	9	Total. Add lines 2a-2f								
	3	Investment income (includ					70 052			70 052
							70,853.			70,853.
	4	Income from investment of		•	•		261,630.			261,630.
	5	Royalties	. <u></u>	(i) Rea	 I	(ii) Personal	201,030.			201,030.
	6 -	Cross routs	6-	(1) 1100		(ii) i ersoriai				
	o a	Gross rents Less: rental expenses	6a 6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)		l						
		Gross amount from sales of		(i) Securi	ties	(ii) Other				
		assets other than inventory	7a	· ·		100.				
	b	Less: cost or other basis								
ē		and sales expenses	7b			0.				
evenue	c	Gain or (loss)	7с			100.				
Rev		Net gain or (loss)					100.			100.
Other	8 a	Gross income from fundraising	ng ev	ents (not						
₹		including \$	19,	000. of						
		contributions reported on	line	1c). See						
		Part IV, line 18			8a					
		Less: direct expenses			8b	17,220.	00.775			20
		Net income or (loss) from					80,555.			80,555.
	9 a	Gross income from gamin	-							
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from			'S					
	io a	Gross sales of inventory, I			100					
	h	and allowances Less: cost of goods sold			10a					
		Net income or (loss) from:			_	'				
			24100	. Jvoiito	· ,	Business Code				
snc	11 a	OTHER INCOME				900099	7,321.			7,321.
Miscellaneous Revenue	b					541800	2,180.			2,180.
ella eve	c	<u> </u>								
disc R	c	All other revenue								
2	e	Total. Add lines 11a-11d					9,501.			
	12	Total revenue. See instruction					12,845,325.	0.	0.	422,639.

332009 12-21-23

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) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses 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 3 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, trustees, and key employees 1,335,491. 1,069,967. 154,427. 111,097. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 4,523,350. 3,616,138. 532,333. 374,879. 7 Pension plan accruals and contributions (include 12,919 section 401(k) and 403(b) employer contributions) 137,174 112,397. 11,858. 378,135 309,836, 35,612 32,687. 9 Other employee benefits 393,679. 322,570. 37,077 34,032. 10 Payroll taxes Fees for services (nonemployees): Management а 50,488 18,334. 30,449 1,705. Legal 21,990. 21,990. Accounting Lobbying 213,332. 213,332. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,591,994 1,279,975 263,952 48,067. column (A), amount, list line 11g expenses on Sch O.) 841,100 824,870, 16,230. Advertising and promotion 12 66,335. 13,244 164,231. 243,810. 13 Office expenses 970,633. 1,116,326 76,083 69,610. Information technology 14 Royalties 15 203,020 166,922. 18,793 17,305. 16 Occupancy 84,762 52,372 23,450 8,940. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 2,580 2,249 172 159. 22 Depreciation, depletion, and amortization 26,355. 21,669. 2,440 2,246. 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.) CREDIT CARD FEES 371,233, 371,233 SERVICE MATERIALS 117,030 18,716. 15 98,299. MISCELLANEOUS 64,304. 21,541. 21,417. 21,346. С LICENSES AND PERMITS 35,210. 97 32,623. 2,490. All other expenses е 11,751,363, 8,874,621 1,648,229 1,228,513. 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

art	<i></i>	Check if Schedule O contains a response or	note to an	y line in this Part X			
		,			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,696,288.	1	2,137,575.		
	2	Savings and temporary cash investments	1,389,566.	2	582,722.		
		Pledges and grants receivable, net		3	954,138.		
		Accounts receivable, net			170,784.	4	152,487.
		Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	oed in sec	tion 4958(c)(3)(B)		6	
σ l	7	Notes and loans receivable, net		7			
Assets		Inventories for sale or use		8,112.	8	13,150.	
\ \		Donate Salar and a second all defended all and a second			105,811.	9	175,742.
1		Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		3,508,731.			
	b	Less: accumulated depreciation		2,785,780.	2,880.	10c	722,951.
1		Investments - publicly traded securities			1,400,978.	11	1,443,666.
1		Investments - other securities. See Part IV, Iir			12		
1		Investments - program-related. See Part IV, lii		13			
1		Intangible assets		14			
1		Other assets. See Part IV, line 11		15,300.	15	352,749	
1	16	Total assets. Add lines 1 through 15 (must e		4,789,719.	16	6,535,180	
		Accounts payable and accrued expenses	526,227.	17	812,687		
- 1	18	Grants payable	·	18			
	19	Deferred revenue		19			
2	20	Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Comple				21	
,		Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
₫		controlled entity or family member of any of t				22	
ر 5	23	Secured mortgages and notes payable to un	· ·			23	
		Unsecured notes and loans payable to unrela				24	
- 1		Other liabilities (including federal income tax,					
-		parties, and other liabilities not included on li					
		of Schedule D		. complete r altrx	0.	25	356,803.
2	26				526,227.	26	1,169,490.
		Organizations that follow FASB ASC 958, o			,		, ,
es		and complete lines 27, 28, 32, and 33.					
ဋ ဥ	27				3,960,521.	27	3,505,659.
2 3 <u>a</u>	28	Net assets with donor restrictions	302,971.	28	1,860,031.		
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡		Organizations that do not follow FASB ASC	•		, ,		
호		and complete lines 29 through 33.	, , , , , , , , , , , , , , , , , , , ,				
ر ا ة	29	Capital stock or trust principal, or current fun			29		
ets		Paid-in or capital surplus, or land, building, or			30		
Ass		Retained earnings, endowment, accumulated				31	
-		Total net assets or fund balances			4,263,492.	32	5,365,690.
		Total liabilities and net assets/fund balances			4,789,719.	33	6,535,180.

Page **12** CARINGBRIDGE 42-1529394 Form 990 (2023)

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12	845,	325.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	,751,	363.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,093,	962.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	,263,	492.
5	Net unrealized gains (losses) on investments	5		8,	236.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5	,365,	690.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	$ldsymbol{ld}}}}}}}}}$
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
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?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

Employer identification number

			BRIDGE						42-1529394	
Pa	rt I	Reason for Public 0	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.		
The	organ	ization is not a private found								
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)					
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's na	ıme,
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental un	it describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	Х	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental i	unit or from th	e general p	oublic described	in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)					
9		An agricultural research org				ed in conju	ınction with a l	and-grant	college	
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the i	name, city	, and state of t	he college	or	
		university:								
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts	from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross invest	ment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the orga	anization a	fter June 30, 19	75.
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to car	ry out the	purposes of one	or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 5	09(a)(3). (Check the box or	1
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	pporting	
		organization. You must o	complete Part IV, Se	ctions A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	ı(s), by hav	ring	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	oorted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С			grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	d with,	
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ections A,	D, and E.			
d			integrated. A supp	orting organization oper	ated in cor	nnection w	ith its support	ed organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	quirement and	an attentiv	reness	
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е							Type I, Type II	l, Type III		
		functionally integrated, or		nally integrated supporting	ng organiz	ation.				
		er the number of supported o	•							
g		vide the following information i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monotony	(vi) Amount of	othor
	,	organization	(11) E114	(described on lines 1-10	in your governi	ng document?	support (see in:	•	support (see instri	
		organization		above (see instructions))	Yes	No	Cappert (ccc iiii		capport (ccc mean	

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9,523,579.	11,217,035.	10,677,083.	10,925,035.	12,422,686.	54,765,418.
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	9,523,579.	11,217,035.	10,677,083.	10,925,035.	12,422,686.	54,765,418.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						378,436.
6	Public support. Subtract line 5 from line 4.						54,386,982.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	9,523,579.	11,217,035.	10,677,083.	10,925,035.	12,422,686.	54,765,418.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	220,451.	204,645.	264,487.	254,818.	332,483.	1,276,884.
9	Net income from unrelated business	,	,	,	,	,	<u> </u>
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						-
	or loss from the sale of capital						
	assets (Explain in Part VI.)	530.	4,217.	6,332.	15,339.	9,501.	35,919.
11	Total support. Add lines 7 through 10		,	,	,	,	56,078,221.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for th	•		ourth, or fifth tax v	ear as a section 5		
	organization, check this box and stop	· ·		•			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (li	ine 6, column (f), d	vided by line 11, c	olumn (f))		14	96.98 %
	Public support percentage from 2022					15	97.64 %
	33 1/3% support test - 2023. If the o					ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	-	•	• • •	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization						
			•	•			(Form 990) 2023

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
ale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6		, ,	, ,		, ,	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third.	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here	- 	<u></u>	······	- 		
ec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	
Sec	tion D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	
	Investment income percentage from 2					18	
19a	33 1/3% support tests - 2023. If the	organization did	not check the box			33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
00	line 18 is not more than 33 1/3%, che		-	•		-	<u>-</u>
/U	Private foundation. If the organization	a old not check a	DOX OR IDE 14 19	a origo checkit	us dox and see in:	SITUCTIONS	I .

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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		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
_		
6		
7		
8		
9a		
9b		
90		
9c		
10a		
10b		

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CARINGBRIDGE 42-1529394 Schedule A (Form 990) 2023 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors

or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 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 Part VI the role the organization's 3 <u>supported organizations played in this regard.</u>

or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control

Section E. Type III Functionally Integrated Supporting Organizations

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

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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-functional	ly integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Pai	T V Type III Non-Functionally integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
i				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
Ū	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
′				
8	and 4c. Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
<u>c</u>	Excess from 2021			

Schedule A (Form 990) 2023

d Excess from 2022e Excess from 2023

Schedule A (Form 990) 2023 CARINGBRIDGE	42-1529394	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
MISCELLANEOUS REVENUE		
2019 AMOUNT: \$ 530.		
2020 AMOUNT: \$ 4,217.		
2021 AMOUNT: \$ 6,332.		
2022 AMOUNT: \$ 5,589.		
2023 AMOUNT: \$ 7,321.		
CC POINT REDEMPTION		
2022 AMOUNT: \$ 9,750.		
2023 AMOUNT: \$ 2,180.		

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number

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Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

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

Name of organization

Employer identification number

42-1529394

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	# Total contributions \$ \$ 1,500,000.	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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, auuress, anu ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

CARINGBRIDGE

42-1529394

Part II	rt 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		

Schedule B (Form 990) (2023) Page **4**

Name of o	rganization		Employer identification number				
CARINGBR	RIDGE		42-1529394				
Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	through (e) and the following line en haritable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yearntry. For organizations or less for the year. (Enter this info. once.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gi	jift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
())							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gi	gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				

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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

Employer identification number

Name of the organization

CARINGBRIDGE 42-1529394 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Га	organization answered "Yes" on Form 990, Part IV, lin	ie 6.	<u> </u>
		(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	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
Pa	rt 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, recrea	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	
	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 acqu	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	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	t 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	iling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2d above	seatisfy the requirements of section 170/	5\/4\/D\/i\
0		• •	
9	In Part XIII, describe how the organization reports conservation	on assements in its revenue and expense	
9	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	lote to the organization's illiancial statem	ients that describes the
Pa	rt III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets
	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 95		and balance about works
Ia	of art, historical treasures, or other similar assets held for pub	· ·	
	service, provide in Part XIII the text of the footnote to its finar		·
h	• •		
b	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 furt	nerance of public service,
	provide the following amounts relating to these items.		c
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical treations of the control of the co	•	ai gain, provide
	the following amounts required to be reported under FASB A	_	•
a	Revenue included on Form 990, Part VIII, line 1		•
<u>b</u>			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2023

332051 09-28-23

CARINGBRIDGE <u> Page</u> **2** Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year 1e Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year 224,596 222.844 222,398 219,469 212,257. **1a** Beginning of year balance Contributions 5,664. 1,752. 446 2,929 7,212. Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses 224,596. 230,260. 222.844. 222,398. 219,469. End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: **a** Board designated or quasi-endowment Permanent endowment 11.0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations? X (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land						
b Buildings						
c Leasehold improvements						
d Equipment		128,967.	128,668.	299.		
e Other		3,379,764.	2,657,112.	722,652.		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))						

Schedule D (Form 990) 2023 CARINGBRIDGE			42-1529394 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"		•	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A)		+	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9) Tetal (Col. (b) must squal Form 000, Port V, line 12, col. (P.))			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) SECURITY DEPOSIT			20,426.
(2) RIGHT OF USE ASSET			332,323.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	. (B))		352,749.
Part X Other Liabilities	5 000 B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 11(0 5 000 5 1)(1)	0.5
Complete if the organization answered "Yes" (on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			256 002
(2) LEASE LIABILITY			356,803.
(3)			
<u>(4)</u>			
(5) (6)			
<u>(6)</u>			+
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col	(B))		356,803.
Colamin (S) made equal 1 only 500, 1 art A, line 20, COl	· \=//		<u> </u>

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 ... X

Page	4

Sche	- dale D (1 01111 000) 2020	RINGBRIDGE				42-15293	94 Pag	ge 4
Par	t XI Reconciliation of Re	venue per Audited Financia	Statements \	With Re	venue per Re	turn		
	Complete if the organization	n answered "Yes" on Form 990, Par	t IV, line 12a.					
1	Total revenue, gains, and other su	pport per audited financial statemen	ts			1	13,356,8	23.
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on in	vestments	2	2a	8,236.			
b		ties		?b	503,262.			
С				2c				
d	0.1. (5. 11. 1. 5. 1.11.)		_	2d				
е	Add lines 2a through 2d					2e	511,4	98.
3	Subtract line 2e from line 1					3	12,845,3	25.
4	Amounts included on Form 990, F							
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4	a				
b	Other (Describe in Part XIII.)		4	łb				
С	Add lines 4a and 4b					4c		0.
5	Total revenue. Add lines 3 and 4c	· (This must equal Form 990, Part I, li	ne 12.)			5	12,845,3	25.
Pa	rt XII Reconciliation of Ex	penses per Audited Financia	al Statements	With E	xpenses per R	leturn		
	Complete if the organization	n answered "Yes" on Form 990, Par	t IV, line 12a.					
1	Total expenses and losses per au-	dited financial statements				1	12,254,6	25.
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:						
а	Donated services and use of facili	ties	2	la l	503,262.			
b	Prior year adjustments		2	2b				
С	Other losses		2	<u>2</u> c				
d	Other (Describe in Part XIII.)		2	2d				
е						2e	503,2	
3	Subtract line 2e from line 1					3	11,751,3	63.
4	Amounts included on Form 990, F	· · · · · ·	1	1				
а		d on Form 990, Part VIII, line 7b		a				
b				b				•
						4c	11 051 2	0.
5 D 2	Total expenses. Add lines 3 and 4 rt XIII Supplemental Inforn	C. (This must equal Form 990, Part I.	line 18.)			5	11,751,3	63.
						5		
	·	rt II, lines 3, 5, and 9; Part III, lines 1a				; Part X, line 2	2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d ar	nd 4b. Also complete this part to pro-	vide any additiona	Informat	ion.			
								—
ם א סת	V, LINE 4:							
PARI	V, LINE 4:							—
тиг	DIIDDOSE OF THE ENDOWMENT	FUND IS TO PROVIDE ONGOING	ETNANCTAL SIIDI	о∩рп				
111111	TORTOGE OF THE ENDOWMENT	FUND IS TO TROVIDE ONGOING	FINANCIAL BUI	OKI,				
THE	INCOME OF WHICH SHALL BE I	USED TO FURTHER THE EXEMPT	CHARTTARI.E					
111111	INCOME OF WITCH SHALL BE	SSED TO FORTHER THE EXEMIT	CHARTIABLE					
PIIRE	OSES OF CARINGBRIDGE.							
	esta of diminophison.							
PART	X, LINE 2:							
	, <u> </u>							
THE	INTERNAL REVENUE SERVICE I	HAS DETERMINED THAT CARINGE	RIDGE IS EXEM	οф				
	INTERNAL REVENUE BERVICE	ME DEFERMINED TIME CARCINOD	KIDOD ID DADM					—
FROM	FEDERAL INCOME TAX UNDER	SECTION 501(C)(3) OF THE U	S INTERNAL					
	TEDERICE TREETED TIME GREEK	<u> </u>						—
REVE	NUE CODE IT IS ALSO EXEM	PT FROM STATE INCOME TAX. H	OWEVER ANY					
	MOL CODE: IT IS MISC EXEM	I I I I I I I I I I I I I I I I I I I	OWEVER, THE					—
UNRF	LATED BUSINESS INCOME MAY	BE SUBJECT TO TAXATION. TH	ERE WAS NO					
	The state of the s							
UNRF	LATED BUSINESS INCOME TAX	RECORDED FOR THE YEARS END	ED DECEMBER 3	L .				
				,				—
2023	AND 2022.							

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 CARINGBRID	GE						42-15293	lentification number
Part I Fundraising Activities		e organizatio	n answe	red "Y	es" or	n Form 990. Part IV. I		
required to complete this par	t.							
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	or oral agreemer Part VII) or entity viduals or entitie	e X f g X nt with any ir in connection	Solicita Solicita Special adividual on with pe	tion of tion of fundra (includ	non-g gover aising ding of onal fo	overnment grants rnment grants events fficers, directors, trus undraising services?	X Y	
(i) Name and address of individual or entity (fundraiser)	(ii)	Activity		have c	ntrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
NEXT AFTER, LLC - 5810				Yes	No			
TENNYSON PKWY, #102, PLANO,	CONSULTING,	SEE PART	IV		Х	0.	183,614	-183,614.
COMMUNITY COUNSELLING SERVICE - 527 MADISON AVE, NEW YORK,	CONSULTING,	SEE PART	IV		x	0.	115,832	-115,832.
							299,446	-299,446.
3 List all states in which the organization or licensing.	on is registered o	or licensed to	o solicit d	contrib	utions	or has been notified	it is exempt from	registration
AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, H								
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, ODC	K,OR,PA,RI,S	SC,SD,TN,T	'X,U'I',V	T, VA	,WA,W	IV,WI,WY		

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

Schedule G (Form 990) 2023

SEE PART IV FOR CONTINUATIONS

CARINGBRIDGE Schedule G (Form 990) 2023 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through OCTOBER BREAKFAST col. (c)) (event type) (total number) (event type) 116,775. 116,775. 1 Gross receipts 19,000 19,000. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 97,775 97,775. 4 Cash prizes 5 Noncash prizes Direct Expenses 5,000. 5,000. 6 Rent/facility costs 7,334. 7,334. 7 Food and beverages 902 902. 8 Entertainment 3,984. 3,984. 9 Other direct expenses 17,220, **10** Direct expense summary. Add lines 4 through 9 in column (d) 80,555. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: _

332082 09-13-23 Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 CARINGBRIDGE 42-	152939	4	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
45-			Voo	No
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ш	Yes	□ NO
L	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
U	of gaming revenue retained by the third party \$ and the amount			
_	If "Yes," enter name and address of the third party:			
٠	The lest effect that the and address of the third party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	-			
	Diversity (Affice)			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
u			Yes	☐ No
b	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —		
_	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: NEXT AFTER, LLC			
<i>(</i> + \	ADDDEGG OF TEMPORATED FOLLO TEMPORATED PRINT HADO DE ANO TRE TEMPORATE			
(I)	ADDRESS OF FUNDRAISER: 5810 TENNYSON PKWY, #102, PLANO, TX 75024			
(T)	NAME OF FUNDRAISER: COMMUNITY COUNSELLING SERVICE			
(1)	MANUEL OF TOWNSHIPM, COMMONTIT COUNSELLING SERVICE			
(T)	ADDRESS OF FUNDRAISER: 527 MADISON AVE, NEW YORK, NY 10022			
` + /				
SCH	EDULE G, PART I, LINE 2B, ACTIVITY:			

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Schedule G (Form 990) CARINGBRIDGE	42-1529394	Page 4
Schedule G (Form 990) CARINGBRIDGE Part IV Supplemental Information (continued)		
NEXT AFTER PROVIDES OPTIMIZATION AND TESTING SERVICES FOR		
CARINGBRIDGE.ORG, FOCUSED ON MARKETING, SITE AND FUNDRAISING		
IMPROVEMENTS.		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

42-1529394

Department of the Treasury
Internal Revenue Service
Name of the organization

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

CARINGBRIDGE

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a Х 4b **b** Participate in or receive payment from a supplemental nonqualified retirement plan? Х **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

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

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2023

8

Regulations section 53.4958-6(c)?

Х

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TIA NEWCOMER	(i)	295,000.	75,000.	0.	11,250.	14,247.	395,497.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK PRICE	(i)	163,337.	20,000.	30,769.	5,792.	23,641.	243,539.	0.
CHIEF DATA OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELIZABETH OLSON	(i)	185,986.	20,000.	0.	6,620.	24,738.	237,344.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TOM BOOTH	(i)	205,604.	20,000.	0.	6,840.	1,146.	233,590.	0.
CHIEF PRODUCT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STEPHANIE SCHMID	(i)	196,389.	6,795.	0.	6,504.	15,833.	225,521.	0.
CHIEF REVENUE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARK PHILLIPS	(i)	195,612.	0.	0.	5,850.	1,207.	202,669.	0.
VICE PRESIDENT OF TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JASON COLEMAN	(i)	156,646.	0.	0.	5,210.	18,527.	180,383.	0.
SOLUTION ARCHITECT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GREG DAHL	(i)	146,553.	0.	0.	4,877.	26,951.	178,381.	0.
LEAD SOFTWARE ENGINEER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RAMLA TIEWALA HASANALI	(i)	169,818.	0.	0.	5,178.	1,000.	175,996.	0.
DIRECTOR OF PRODUCT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ALIK LEWIS	(i)	150,929.	0.	0.	4,679.	7,183.	162,791.	0.
DIRECTOR OF DEV OPS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE 0 (Form 990)

Name of the organization

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

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

Inspection

Employer identification number

CARINGBRIDGE 42-1529394 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FROM THE LAUNCH OF THE VERY FIRST CARINGBRIDGE SITE, WE'VE BEEN WORKING TOWARD A SINGLE VISION: A WORLD WHERE NO ONE GOES THROUGH A HEALTH IN ORDER TO TURN THIS VISION INTO REALITY, WE'VE MADE JOURNEY ALONE. IT OUR MISSION TO BUILD BRIDGES OF CARE AND COMMUNICATION PROVIDING LOVE AND SUPPORT ON A HEALTH JOURNEY, FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: BENEFITS OF USE: SINCE JUNE 1997, NEARLY 1 MILLION CARINGBRIDGE PAGES HAVE BEEN CREATED. THREE HUNDRED THOUSAND (300,000) PEOPLE VISIT CARINGBRIDGE EVERY DAY TO GIVE OR RECEIVE SUPPORT. SIXTEEN HUNDRED (1,600) MESSAGES OF LOVE HOPE, AND SUPPORT ARE POSTED EVERY HOUR. CARINGBRIDGE OFFERS FOUR MAIN WAYS TO HELP: COMMUNICATE - SUPPORT THAT HELPS YOU CONNECT: COMMUNICATE TO EVERYONE ALL AT ONCE IN A SAFE AND PRIVATE SPACE, RELIEVING THE BURDEN OF INIDVIDUALLY UPDATING PEOPLE, CAPTURE - SUPPORT THAT HELPS YOU PROCESS: THE VERY ACT OF CAPTURING A LOVED ONES' HEALTH JOURNEY IMPROVES EMOTIONAL HEALTH AND SOCIAL SUPPORT. COORDINATE - SUPPORT THAT HELPS YOU ASK FOR HELP: MAKING IT EASY TO ASK FOR HELP, BECAUSE WE KNOW IT'S OFTEN THE MOST DIFFICULT THING TO ASK FOR. COMMUNITY - SUPPORT THAT HELPS YOU FEEL LESS ALONE: BRINGING TOGETHER THE COMMUNITY OF YOUR CHOICE TO RALLY SUPPORT AND CONNECT YOU WITH OTHERS WHO HAVE HAD SIMILAR EXPERIENCES.

332211 11-14-23

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

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** CARINGBRIDGE 42-1529394 FORM 990, PART VI, SECTION A, LINE 1A: THE ORGANIZATIONS EXECUTIVE COMMITTEE CONSISTS OF THE BOARD CHAIR, VICE CHAIR, THREE COMMITTEE CHAIRS AND IMMEDIATE PAST CHAIR. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OR DIRECTORS. WORKING CLOSELY WITH THE FULL BOARD, THE EXECUTIVE COMMITTEE OVERSEES FINANCIAL POSITION, OVERALL STRATEGIC DIRECTION, AND RESOURCE PLANNING/EVALUATION. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND A COMBINATION OF THE EXECUTIVE COMMITTEE AND THE FINANCE COMMITTEE PRIOR TO FILING WITH THE IRS. THE FORM 990 WILL BE DISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: WHEN DRAFTING THE AGENDA FOR EACH BOARD OR COMMITTEE MEETING, THE CHAIR AND CARINGBRIDGE STAFF REVIEW THE AGENDA AND ANY POSSIBLE CONFLICTS OF INTEREST. THE BOARD OR COMMITTEE REVIEWS ANY POSSIBLE CONFLICTS. THEN DETERMINES IF THERE IS AN ACTUAL CONFLICT OF INTEREST. THE CONFLICTED DIRECTOR/EMPLOYEE IS NOT PERMITTED TO PARTICIPATE IN DECISION MAKING OR VOTE ON THE TRANSACTION IN QUESTION. ALL PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE REFLECTED IN THE MEETING MINUTES. FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO INCLUDES ALL OF THE FOLLOWING ELEMENTS: (1) COMPENSATION IS REVIEWED BY AND APPROVED BY THE EXECUTIVE COMMITTEE; (2) COMPENSATION IS REVIEWED ON AN ANNUAL BASIS AND APPROVED USING DATA OF COMPARABLE PAY FOR SIMILARLY QUALIFIED PERSONS IN

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization	Employer identification number
CARINGBRIDGE	42-1529394
FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS; (2)	
THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO	
THE DELIBERATIONS AND DECISIONS REGARDING COMP ARRANGEMENTS IN EMAILS	
AND/OR THE MEETING MINUTES. THIS PROCESS WAS LAST CONDUCTED IN SUMMER OF	
2023 WITH A MARKET COMPENSATION REVIEW CONDUCTED BY AN INDEPENDENT	
CONSULTANT.	
THE PROCESS FOR MAKING COMPENSATION DECISIONS FOR OFFICERS AND KEY	
EMPLOYEES INCLUDES ALL OF THE FOLLOWING ELEMENTS: (1) COMP OF EACH	
INDIVIDUAL IS REVIEWED AND APPROVED BY THE CEO IN CONSULTATION WITH THE	
EXECUTIVE COMMITTEE WITH AND INFORM TO THE FULL BOARD OF DIRECTORS; (2)	
COMP OF EACH INDIVIDUAL IS REVIEWED ON AN ANNUAL BASIS AND APPROVED USING	
DATA OF COMPARABLE PAY FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY	
COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THIS PROCESS	
OCCURS EACH YEAR IN JANUARY.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OR,PA,RI,SC,TN	
UT,VA,WI,WV	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST	
POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, CURRENT AND PAST	
YEARS' AUDITED FINANCIAL STATEMENTS AND FORMS 990 ARE AVAILABLE ON THE	
ORGANIZATION'S WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OUTSOURCING:	

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Schedule O (Form 990) 2023		Page 2
Name of the organization CARINGBRIDGE		Employer identification number 42-1529394
PROGRAM SERVICE EXPENSES	141,322.	
MANAGEMENT AND GENERAL EXPENSES	29,143.	
FUNDRAISING EXPENSES	5,307.	
TOTAL EXPENSES	175,772.	
BUSINESS DEVELOPMENT:		
PROGRAM SERVICE EXPENSES	19,209.	
MANAGEMENT AND GENERAL EXPENSES	3,961.	
FUNDRAISING EXPENSES	721.	
TOTAL EXPENSES	23,891.	
RECRUITING:		
PROGRAM SERVICE EXPENSES	124,137.	
MANAGEMENT AND GENERAL EXPENSES	25,599.	
FUNDRAISING EXPENSES	4,662.	
TOTAL EXPENSES	154,398.	
PAYROLL PROCESSING:		
PROGRAM SERVICE EXPENSES	5,840.	
MANAGEMENT AND GENERAL EXPENSES	1,204.	
FUNDRAISING EXPENSES	219.	
TOTAL EXPENSES	7,263.	
CONTRACTED SERVICES:		
PROGRAM SERVICE EXPENSES	989,467.	
MANAGEMENT AND GENERAL EXPENSES	204,045.	
FUNDRAISING EXPENSES	37,158.	
TOTAL EXPENSES	1,230,670.	
332212 11-14-23	40	Schedule O (Form 990) 2023

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2023.03000 CARINGBRIDGE

Name of the organization CARINGER	Employer identification number 42–1529394			
		GOT 3	1 501 004	
TOTAL OTHER FEES ON FORM 990,	PART IX, LINE IIG,	COL A	1,591,994.	