

# Return of Organization Exempt From Income Tax

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

2023

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

<b>A</b> For the <b>2023</b> calendar year, or tax year beginning , 2023, and ending , 20	
<b>B</b> Check if applicable:	<b>C</b>
<input type="checkbox"/> Address change	<b>D</b> Employer identification number 59-2435059 <b>E</b> Telephone number (941) 639-5499 <b>G</b> Gross receipts \$ 2,175,441.
<input type="checkbox"/> Name change	
<input type="checkbox"/> Initial return	
<input type="checkbox"/> Final return/terminated	
<input type="checkbox"/> Amended return	
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: <b>MARIE HICKS</b> Same As C Above
<b>I</b> Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
<b>J</b> Website: <b>WWW.CAREFL.ORG</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. <b>H(c)</b> Group exemption number
<b>K</b> Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Year of formation: 1984 <b>M</b> State of legal domicile: FL

Part I Summary			
1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	43
	6	Total number of volunteers (estimate if necessary)	84
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
	Revenue		
		<b>Current Year</b>	
8		Contributions and grants (Part VIII, line 1h)	1,935,215.
9		Program service revenue (Part VIII, line 2g)	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,304.
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	389,911.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,365,430.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,406,553.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25)	242,604.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	559,488.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,966,041.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	399,389.
			<b>Beginning of Current Year</b>
			<b>End of Year</b>
20	Total assets (Part X, line 16)	3,777,763.	
21	Total liabilities (Part X, line 26)	161,305.	
22	Net assets or fund balances. Subtract line 21 from line 20	3,616,458.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date	
	MARIE HICKS		Chairwoman	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Tony J. Smith	Tony J. Smith		PTIN P01975198
	Firm's name	Ashley, Brown & Smith CPA'S PA		
	Firm's address	366 E. Olympia Ave Punta Gorda, FL 33950		
	Firm's EIN	65-0771429		
	Phone no.	(941) 639-6600		

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