# **Open To Public Inspection**

Form **990** 

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For the	2018 calendar year, or tax year beginning and	d ending			
В	Check if applicabl	C Name of organization		D Employer identific	cation number	
	Addre chang Name					
L	chang	Doing business as		42-1	529394	
F	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) 2750 BLUE WATER ROAD	E Telephone number 651-452-7940			
<u> </u>	termir ated		275		8,059,769.	
Γ	Amen			G Gross receipts \$		
=	return Applic tion			H(a) Is this a group re		
L	tion pendi	SAME AS C ABOVE.			? Yes X No	
_	T-11			H(b) Are all subordinates in	<del></del>	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) te: ► WWW • CARINGBRIDGE • ORG	or 527		list. (see instructions)	
_			1	H(c) Group exemptio		
	art I	organization: X Corporation Trust Association Other ►  Summary	L Year	of formation: ZUUZIN	M State of legal domicile: MN	
	1	Briefly describe the organization's mission or most significant activities: TO	MPLIFY	THE LOVE, I	HOPE AND	
Activities & Governance		COMPASSION IN THE WORLD, MAKING EACH HEAD				
nai	2	Check this box Fig. if the organization discontinued its operations or dispo				
Ver	3			3	17	
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			16	
8	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			52	
itie	6	Total number of volunteers (estimate if necessary)			1000	
ċŧi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			1,024.	
Ř	ь	Net unrelated business taxable income from Form 990-T, line 38	***************************************	7b	0.	
				Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		7,401,615.	7,818,052.	
ne	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		46,530.	47,425.	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		195,822.	194,292.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,643,967.	8,059,769.	
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,664,278.	4,923,132.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		70,000.	117,900.	
pen	b	Total fundraising expenses (Part IX, column (D), line 25) ►861 , 8		, 0 , 0 0 0 0	<u> </u>	
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,584,450.	3,725,707.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,318,728.	8,766,739.	
		Revenue less expenses. Subtract line 18 from line 12		325,239.	-706,970.	
10		The state of the s		ginning of Current Year	End of Year	
sets (	20	Total assets (Part X, line 16)		5,672,165.	6,509,649.	
ASS		Total liabilities (Part X, line 16)		650,478.	2,227,401.	
Net	7	Net assets or fund balances. Subtract line 21 from line 20		5,021,687.	4,282,248.	
P	art II			3702270071	1/202/2401	
Und	ler pena	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	nts, and to the best of my	knowledge and helief, it is	
		t, and complete. Declaration of pytherer (Other than officer) is based on all information of w			t 1	
	<u> </u>	Name U. Valu	man proparor	4	14/19	
Sig	n .	Signature of officer		Date		
Her		LIWANAG Q. OJALA, CHIEF EXECUTIVE OFF	CER			
	Ū	Type or print name and title				
		Print/Type preparer's name  Preparer's signature		ate , Check	PTIN	
Paid	d	LAWRENCE H. MOHR, CPA		3/9/9 if self-employe		
	parer	Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP	<u> "/ ' ! .   .   .   .   .   .   .   .   .   .</u>	Firm's EIN	39-0859910	
	Only	Firm's address > 225 S 6TH ST #2300		I HIII 9 LIIV	00 00000110	
		MINNEAPOLIS, MN 55402		Phone no 61	2.876.4500	
May	v the IF	S discuss this return with the preparer shown above? (see instructions)		I i none no. o ± .	X Yes No	

	1990 (2018) CARINGBRIDGE 42-1529394 Page 2
Pa	tt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO AMPLIFY THE LOVE, HOPE AND COMPASSION IN THE WORLD, MAKING EACH
	HEALTH JOURNEY EASIER.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
J	If "Yes," describe these changes on Schedule O.
4	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,887,769. including grants of \$) (Revenue \$)
	CARINGBRIDGE (THE ORGANIZATION) IS A GLOBAL NONPROFIT SOCIAL NETWORK
	DEDICATED TO HELPING FAMILY AND FRIENDS COMMUNICATE WITH AND SUPPORT
	LOVED ONES DURING A HEALTH JOURNEY. THANKS TO OUR COMPASSIONATE DONORS,
	ANYONE, ANYWHERE CAN CREATE A FREE PERSONAL WEBSITE TO EASILY SHARE
	UPDATES AND RECEIVE THE LOVE AND STRENGTH THEY NEED FROM THEIR
	COMMUNITY DURING AN ILLNESS OR INJURY. A FREE PERSONAL WEBSITE CAN BE
	STARTED AT ANY TIME TO SHARE IMPORTANT INFORMATION QUICKLY DURING ANY
	TYPE OF HEALTH CRISIS.
	BENEFITS OF USE:
	ONE PLACE TO DO IT ALL: A FREE CARINGBRIDGE WEBSITE HAS ALL THE TOOLS
	NEEDED TO KEEP FAMILY AND FRIENDS UPDATED DURING A DIFFICULT TIME.
	BECAUSE CARINGBRIDGE IS A NONPROFIT, WE PUT OUR USERS' NEEDS FIRST.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ▶ 6 , 887 , 769 .
	Form 990 (2013)

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			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	Ì		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 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	_		37
7	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,			x
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	
٥	, ,	8		X
9	Schedule D, Part III	l-°		<u> </u>
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		1
	endowments, or 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, VII, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	<del></del>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148	-	- 22
~	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	ļ	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
	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	990	(2010)
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Pai	tiv Checklist of Required Schedules (continued)			·
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			4,7
	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			٠,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			٦,
07	complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			3.7
00	of any of these persons? If "Yes," complete Schedule L, Part III	_27_		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-	х	
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30				х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		
01	If "Yes," complete Schedule N, Part I	24		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
UZ.	· · ·	32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	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	- 33		
04	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	004		
. ~	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?	555		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
. =	Note. All Form 990 filers are required to complete Schedule O	38	x	
Par				·
	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 in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
="	(gambling) winnings to prize winners?	1c		
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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			T	
		ı		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 52			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)		**	
3a			3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C		3b	X	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at		١.		37
	financial account in a foreign country (such as a bank account, securities account, or other financial at If "Yes," enter the name of the foreign country:	ccount)?	4a		X_
Ü		A D A D A D A D A D A D A D A D A D A D			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, ,	F-		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	+ian0	5a		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5b		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		5c		<del></del>
Ua			6-		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribution		_6a		
· ·	the state of the s	•	Gh.		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		Х
	TERRY III TELLI		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	e required	10	l —	
Ū	to file Form 8282?		7c		Х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		-23
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	***************************************	7f		X
a	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
			8		
9	Sponsoring organizations maintaining donor advised funds,				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did it is a second of the seco		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b		Ī	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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			
	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 in Schedule		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.				
	excess parachute payment(s) during the year?		_15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.		<u> </u>	000	
			Form	990	(2018)

#### Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed LI, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website \_\_\_\_ Another's website X Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ELIZABETH OLSON - 651-789-2308 2750 BLUE WATER ROAD, SUITE 275 EAGAN,

Form 990 (2018)

X

No

Nο

X

#### CARINGBRIDGE

#### 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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

  • List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C) Position						(D)	(E)	(F)	
Name and Title	Average hours per		(do not check more than one box, unless person is both an					Reportable compensation	Reportable compensation	Estimated amount of	
	week	officer and a director/trustee)				r/trus	tee)	from	from related	other	
	(list any	sctor						the	organizations	compensation	
	hours for	trustee or director	92			ated		organization	(W-2/1099-MISC)	from the	
	related	ustee	truste		es.	pens		(W-2/1099-MISC)		organization	
	organizations below	lual tr	tional		nploye	it com	_			and related organizations	
	line)	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) BILL MCKINNEY	2.00										
BOARD CHAIR		X		X				0.	0.	0.	
(2) KRIS LARSON	2.00					İ					
BOARD VICE CHAIR		X		X				0.	0.	0.	
(3) JOHN ORNER	2.00										
BOARD TREASURER		X		X				0.	0.	0.	
(4) JOHN WERNZ	2.00										
BOARD SECRETARY		X		Х				0.	0.	0.	
(5) DR. SHARON BERRY	1.00										
BOARD MEMBER		X						0.	0.	0.	
(6) JIM CUENE	1.00										
BOARD MEMBER		X						0.	0.	0.	
(7) BERIT FRANCIS	1.00										
BOARD MEMBER		X						0.	0.	0.	
(8) JODI HUBLER	1.00										
BOARD MEMBER	·	X						0.	0.	0.	
(9) MIKISHA NATION	1.00										
BOARD MEMBER		X						0.	0.	0.	
(10) JASON VAN DE LOO	1.00					ĺ					
BOARD MEMBER		Х						0.	0.	0.	
(11) DR. VERONIQUE ROGER	1.00										
BOARD MEMBER		X						0.	0.	0.	
(12) LEE ROPER-BATKER	1.00										
BOARD MEMBER		X						0.	0.	0.	
(13) PETE SEGAR	1.00										
BOARD MEMBER		X						0.	0.	0.	
(14) BRUCE SMITH	1.00										
BOARD MEMBER		X						0.	0.	0.	
(15) PETE SOMMERNESS	1.00										
BOARD MEMBER		X						0.	0.	0.	
(16) WESLEY STORY	1.00										
BOARD MEMBER		X				ļ		0.	0.	0.	
(17) KATHY PERSIAN	1.00	_									
BOARD MEMBER		X						0.	0.	0. Form 990 (2018)	

832007 12-31-18

Form **990** (2018)

Form 990 (2018) CARINGBR	IDGE								42-1529	394 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	l Hig	hes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Posi heck r			ne	Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	amount of	
	week (list any	┢	JOF ELI	u a u	0010	/ <b>u</b> u a		from	from related	other
	hours for	director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	36 07 (	stee			satec		(W-2/1099-MISC)	(***2/1099***********************************	organization
	organizations	Individual trustee or	nstitutional trustee		yee	Highest compensated employee		(** =/ , ********************************		and related
	below	idual	tutior	18:	Key employee	est co loyee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(18) HITESH PATEL	1.00									
BOARD MEMBER		X						0.	0.	0.
(19) DON LIU	1.00									_
BOARD MEMBER	1 00	X						0.	0.	0.
(20) KATHY TAVITIAN BOARD MEMBER	1.00	х							•	
(21) LIWANAG Q. OJALA	40.00							0.	0.	0.
CHIEF EXECUTIVE OFFICER	40.00			х				202,101.	0.	34,295.
(22) ELIZABETH OLSON	40.00			21				202,101.	0.	34,293.
CHIEF FINANCIAL OFFICER	20100			х				154,713.	0.	32,493.
(23) BRIGID BONNER	40.00									32/1331
CHIEF EXPERIENCE OFFICER					Х			178,099.	0.	30,578.
(24) MIKE THYKEN	40.00									
CHIEF TECHNOLOGY OFFICER					X			166,657.	0.	12,831.
(25) DALE DURHAM	40.00									
SOLUTIONS ARCHITECT						X		145,953.	0.	31,025.
(26) MING TAN	40.00									
DIRECTOR OF IT; DELIVERY	L					Х		136,684.	0.	21,726.
1b Sub-total								984,207.	0.	162,948.
c Total from continuation sheets to Part VI							<b>&gt;</b>	390,066.	0.	53,149.
d Total (add lines 1b and 1c)							<u> </u>	1,374,273.	0.	216,097.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove)	) wh	o re	ceived more than \$100,	000 of reportable	4 =
compensation from the organization										15
3 Did the organization list any former officer.	discatar or two	nto.	ادما							Yes No
3 , , , , , , , , , , , , , , , , , , ,								-		з Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	<i>ucn maniauai</i> ım of reportabl	 22 e	mne	neat	tion	and	oth	er compensation from the	ne organization	3 X
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a	iccrue compen	satio	וויטווי nn fr	nm ៖	anv I	<i>uul</i> e unre	u K late	or sucri iridividual d organization or individ	ual for services	4 22
rendered to the organization? If "Yes," com										5 X
Section B. Independent Contractors	PICIE OF IGUILE	(	<i>u</i> 50	<i>-111</i>	0100	<u> </u>				

Section B. Independent Contractors 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	<b>(C)</b> Compensation
HOLLSTADT CONSULTING, 1333 NORTHLAND	MULTIPLE IT	
DRIVE, SUITE 220, MENDOTA HEIGHTS, MN	CONSULTANTS TO SUPPL	291,652.
FAHREN	CONSULTING ON MOBILE	
18320 48TH AVE N, PLYMOUTH, MN 55446	APP AND CONSULTANT	123,904.
NEXT AFTER, 5810 TENNYSON PARKWAY, SUITE	DEVELOPMENT	
102, PLANO, TX 75024	CONSULTING/FUNDRAISI	118,979.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2018)

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CARINGBRIDGE Form 990 42-1529394

									42-152	
Part VII Section A. Officers, Directors, Tru	<u>ıstees, Key Er</u>	nplo	yee	s, aı	nd F	ligh	est	Compensated Employe	es (continued)	
<b>(A)</b> Name and title	(B) Average hours	(C) Position (check all that apply)					ly)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
		Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations
27) PHILIP NOYED	40.00	ļ						4.4	_	
IRECTOR OF UX CREATIVE 28) JASON COLEMAN	40.00					Х		134,983.	0.	17,666
EAD SOFTWARE ENGINEER	40.00					х		130,603.	0.	21 261
29) AMANDA MARK	40.00					1		130,003.	0.	31,261
R DIRECTOR OF DEVELOPMENT						Х		124,480.	0.	4,222
								· · · · · · · · · · · · · · · · · · ·		
				_						
									17.17	······································
				_		<del></del>				
	1									

Fa	II L V	111							<del></del> 1
			Check if Schedule O conta	ains a response	or note to any lir	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
, Grants	1	а	Federated campaigns	1a					
ran		b	Membership dues	1b			1 12 1		B
9,5	1	С	Fundraising events	1c		4	1.514		
ij.	1		Related organizations					46.4	
9,5			Government grants (contributi				4.2.2.E.	54	
Ö	1		All other contributions, gifts, grant				A FEED SOL	III -	
her			similar amounts not included abov		818,052.		44.0	2 11	
<u> </u>	3	a	Noncash contributions included in lines 1					4 I E E E	1.1
Contributions, Gifts, and Other Similar A			Total, Add lines 1a-1f		****	7,818,052.			
				- Control	Business Code			1 1	
ģ	2	а							
Ş.	J	b							
Set		С							
Program Service Revenue		d							
		е					,		
Ā		f	All other program service rever	nue					
		g	Total, Add lines 2a-2f				323		
	3		Investment income (including	dividends, intere	st, and		"		
			other similar amounts)		<b>&gt;</b>	47,425.			47,425.
	4		Income from investment of tax	exempt bond p	roceeds >				
	5		Royalties		<u></u>	188,192.			188,192.
			•	(i) Real	(ii) Personal	10 B			
	6		Gross rents						
	l		Less: rental expenses						
			Rental income or (loss)				1 1		
	ı		Net rental income or (loss)		<b>&gt;</b>				
	7	a	Gross amount from sales of	(i) Securities	(ii) Other	2000	- ALE		
			assets other than inventory				53.3		100
		b	Less: cost or other basis				441	154	
			and sales expenses				45.315		
			Gain or (loss)		<u> </u>	32			
			Net gain or (loss)		······				
ē	8	a	Gross income from fundraising			22.2			
evenue			including \$			38.0			
e Be			contributions reported on line						100
Other Re		١.	Part IV, line 18						
₽			Less: direct expenses						54
			Net income or (loss) from fund Gross income from gaming act		<b>P</b>		1000		
	"	a	Part IV, line 19			200	- 33	B 1 3 3 1	175
		h		a b		2007/00/00 PM	445		
	Į.		Net income or (loss) from gami						
	l		Gross sales of inventory, less r						
			and allowances						
		h		b			4.48		2.00
			Net income or (loss) from sales		<b>.</b>				
		•	Miscellaneous Revenue		Business Code	-		22	
	11	a	OTHER INCOME		900099	5,076.		***************************************	5,076.
		b	HALLMARK COMMIS	SION RE	541800	1,024.		1,024.	
		С							
		d	All other revenue						
		е	Total. Add lines 11a-11d			6,100.			
	12		Total revenue. See instructions		<b>&gt;</b>	8,059,769.	0.	1,024.	240,693.
83200	9 12-3	31-	18						Form <b>990</b> (2018)

# Form 990 (2018) CARINGBRIDGE Part IX Statement of Functional Expenses

Seci	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All oth	er organizations must cor	nplete column (A).	
	Check if Schedule O contains a respon-			<u> </u>	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			22	
	and domestic governments. See Part IV, line 21			200	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				1. 章 · · · · · · · · · · · · · · · · · ·
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			142	
5	Compensation of current officers, directors,				
	trustees, and key employees	811,766.	675,496.	71,006.	65,264.
6	Compensation not included above, to disqualified				<u> </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,326,044.	2,800,577.	256,893.	268,574.
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	130,194.	100,147.	19,871.	10,176.
9	Other employee benefits	308,072.	236,973.	47,021.	24,078.
10	Payroll taxes	347,056.	266,960.	52,971.	27,125.
11	Fees for services (non-employees):	32770300	200,500.	52,571.	4/,14/
''a					
b		15,725.		15,725.	
		17,821.		17,821.	
	Accounting	17,021.		17,021.	
d		117,900.			117,900.
e		117,500.			117,900.
f	Investment management fees				
g		1 105 157	1 021 222	146 204	10 001
40	column (A) amount, list line 11g expenses on Sch O.)	1,195,157. 526,155.	1,031,222.	146,204.	<u>17,731.</u>
12	Advertising and promotion		508,540.	1,621.	15,994.
13	Office expenses	239,493. 753,045.	81,824.	13,917.	143,752.
14	Information technology	/53,045.	693,918.	8,945.	50,182.
15	Royalties	156 056	121 116	10 566	40 ==4
16	Occupancy	156,256.	131,116.	12,566.	12,574.
17	Travel	46,028.	22,024.	12,029.	11,975.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	326,112.	305,197.	10,454.	10,461.
23	Insurance	29,389.	24,661.	2,363.	2,365.
24	Other expenses. Itemize expenses not covered	200	ACT CONTROL CO	34 BE 1	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)			E E Land	
	amount, list line 24e expenses on Schedule O.)	41		100 mg da	
а	CREDIT CARD FEES	303,352.		303,352.	
b	SERVICE MATERIALS	74,794.	1,323.	49.	73,422.
С	LICENSES AND PERMITS	23,239.	209.	15,100.	7,930.
d	MISCELLANEOUS	19,141.	7,582.	9,191.	2,368.
е	All other expenses	-	- · · · · · · · · · · · · · · · · · · ·	,	
25	Total functional expenses. Add lines 1 through 24e	8,766,739.	6,887,769.	1,017,099.	861,871.
26	Joint costs. Complete this line only if the organization		,		,
	reported in column (B) joint costs from a combined			ļ	
	educational campaign and fundraising solicitation.			1	
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-31-18				Form <b>990</b> (2018

Pa	rt X .	Balance Sheet				
		Check if Schedule O contains a response or note to any li	ne in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,672,593.	1	1,707,653.
	2	Savings and temporary cash investments	***************************************	1,789,320.	2	2,451,713.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	15,986.	4	13,540.	
	5	Loans and other receivables from current and former offic				
		trustees, key employees, and highest compensated employees	200			
		Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified person	1 100			
		section 4958(f)(1)), persons described in section 4958(c)(3	)(B), and contributing			
		employers and sponsoring organizations of section 501(c)		104 115		
ts		employees' beneficiary organizations (see instr). Complete			6	
Assets	7	Notes and loans receivable, net			7	
¥	8	Inventories for sale or use		1,300.	8	871.
	9			78,668.	9	121,477.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b	3,781,522.			
	b			763,159.	10c	857,927.
	11	Investments - publicly traded securities		1,335,839.	11	1,341,168.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		15 200	14	45 000
	15	Other assets. See Part IV, line 11	15,300.	15	15,300.	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		5,672,165. 301,947.	_16	6,509,649.
	17	Accounts payable and accrued expenses	301,94/.	17	857,247.	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20 21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of S	Pahadula D		20	,
	22	Loans and other payables to current and former officers, of			21	
Liabilities	~~	key employees, highest compensated employees, and dis				4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
ÞI		Complete Part II of Schedule L			22	
Lia	23	Secured mortgages and notes payable to unrelated third p			23	
	24	Unsecured notes and loans payable to unrelated third par			24	
	25	Other liabilities (including federal income tax, payables to			2.7	
		parties, and other liabilities not included on lines 17-24). C				
		Schedule D		348,531.	25	1,370,154.
	26	Total liabilities. Add lines 17 through 25	,,	650,478.	26	2,227,401.
		Organizations that follow SFAS 117 (ASC 958), check h				45
ά		complete lines 27 through 29, and lines 33 and 34.		2000 C		200
nče	27	Unrestricted net assets		4,812,143.	27	4,069,991.
ala	28	Temporarily restricted net assets	9,544.	28	12,257.	
d B	29	Permanently restricted net assets	200,000.	29	200,000.	
ᆵ		Organizations that do not follow SFAS 117 (ASC 958), o		4		
Net Assets or Fund Balances		and complete lines 30 through 34.	2.6532			
ets	30	Capital stock or trust principal, or current funds			30	
\SS(	31	Paid-in or capital surplus, or land, building, or equipment f	und		31	
et /	32	Retained earnings, endowment, accumulated income, or o			32	
Z	33	Total net assets or fund balances		5,021,687.	33	4,282,248.
	34	Total liabilities and net assets/fund balances		5,672,165.	34	6,509,649.

Form 990 (2018)

Form 9	990 (2018) CARINGBRIDGE	42-1529	394	Pag	<sub>1e</sub> 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
	Total revenue (must equal Part VIII, column (A), line 12)		,059		
	Total expenses (must equal Part IX, column (A), line 25)	2 8	,766		
	Revenue less expenses. Subtract line 2 from line 1	3	-706		
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_ 4 _ 5	,021		
	Net unrealized gains (losses) on investments	_ 5	-32	,46	<u> 59.</u>
6 [	Donated services and use of facilities	6			
7 I	Investment expenses	7			
8 F	Prior period adjustments	8			
9 (	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10 1	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10 4	,282	, 24	18.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1 /	Accounting method used to prepare the Form 990: 🔲 Cash 🛛 🗓 Accrual 🔲 Other				
ŀ	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a \	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
i	f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
5	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b V	Were the organization's financial statements audited by an independent accountant?		2b	Х	
li li	f "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				
c li	f "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	$\mathbf{x}$	
	f the organization changed either its oversight process or selection process during the tax year, explain in Sche				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		3a		Х
	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			$\neg$	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	Tope to to a livery a such addition		Form 9	90 (	2018)

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

CARINGBRIDGE

See section 509(a)(2). (Complete Part III.)

g Provide the following information about the supported organization(s)

(ii) EIN

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

42-1529394 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 I section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in

	J.	nes 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting
		organization. You must complete Part IV, Sections A and B.
b		Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
		control or management of the supporting organization vested in the same persons that control or manage the supported
		organization(s). You must complete Part IV, Sections A and C.
С		Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,
		its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d		Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)
		that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness
		requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
е		Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III
		functionally integrated, or Type III non-functionally integrated supporting organization.
f	Enter	the number of supported organizations

(iii) Type of organization

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

(described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

(i) Name of supported

iv) Is the organization listed

(v) Amount of monetary

(vi) Amount of other

Schedule A (Form 990 or 990-EZ) 2018 CARINGBRIDGE 42-1529394 Page 2

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

	(Complete only if you checke fails to qualify under the tests				n failed to qualify u	inder Part III. If the	organization
<u></u>		s listed below, plea	se complete Part I				<del></del>
	ction A. Public Support	T			1	T	,
	indar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	6440070	6668000	5511050	<b>5404646</b>		
	include any "unusual grants.")	6442078.	6667238.	6614360.	7401616.	7818052.	34943344.
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	6442078.	6667238.	6614360.	7401616.	7818052.	34943344.
5	The portion of total contributions		42 5				
	by each person (other than a	-					
	governmental unit or publicly	1.5					
	supported organization) included	A &		E			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		- 1		14 B		
	column (f)	32 3 5	1 1 2			7	
_6	Public support. Subtract line 5 from line 4.			100			34943344.
Se	ction B. Total Support						-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	6442078.	6667238.	6614360.	7401616.	7818052.	34943344.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	80,533.	125,037.	144,317.	238,968.	235,617.	824,472.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			12,360.	859.	1,024.	14,243.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	9,869.	26,949.	1,392.	2,525.	5,076.	45,811.
11	<b>Total support.</b> Add lines 7 through 10	1,000					35827870.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	1 501(c)(3)	
<u></u>	organization, check this box and storetion C. Computation of Publi	here			www		<b>&gt;</b>
	Public support percentage for 2018 (I					14	97.53 <sub>%</sub>
	Public support percentage from 2017					15	97.80 %
16a	33 1/3% support test - 2018. If the	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>&gt;</b> X
b	33 1/3% support test - 2017. If the				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances test			heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ne "facts-and-circur	nstances" test, ch	eck this box and	<b>stop here.</b> Explain	in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test. 1	he organization or	ialifies as a nublic	ly supported organ	nization	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

# Schedule A (Form 990 or 990-EZ) 2018 CARINGBRIDGE 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

Se	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(a) 2010	(f) Total
	Gifts, grants, contributions, and	(a) 2014	(b) 2010	(6) 2016	(u) 2017	(e) 2018	<b>(f)</b> Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
_	***************************************					1	
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in	ا ز					
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness 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						
	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
		1.0014	41.0045	( ) 0040	4 11 0047	T ,,,,,,,,,	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
IU	dividends, payments received on						
	securities loans, rents, royalties.						
	and income from similar sources				_		
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is fo	r the organization's	first second third	d fourth or fifth ta	x vear as a sectio	n 501(c)(3) organiza	tion
•					•	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LION,
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2018 (			column (f))		15	
	Public support percentage from 2017				**************************	16	<u>%</u>
	ction D. Computation of Inves					101	%
				20 12 politima (A)		17	
	Investment income percentage for 20					17	
	Investment income percentage from					18	%
198	33 1/3% support tests - 2018. If the					·	is not
	more than 33 1/3%, check this box as						<b>-</b> L
k	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see in:	structions	<b>&gt;</b>
					0.4		000 531 0040

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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)? /f "Yes." answer (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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		No
2	\$	
3a		
3b 3c		
4b		
4c		Control of the Contro
5a 5b	177	
5c		
7		35. 24.5
8		
02		
9b		
9c	i.	
100		
10a 10b		
1 990 or 99	0-EZ)	2018

Schedule A (Form

832025 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

Sch	edule A (Form 990 or 990-EZ) 2018 CARINGBRIDGE	4	42-1529394 Page 6		
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI.) See instructions. All	
	other Type III non-functionally integrated supporting organizations must co			•	
Sec	tion 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			
Sec	tion 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			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6			
_7_	Recoveries of prior-year distributions	7			
_8_	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	4 104		
2	Enter 85% of line 1	2	1 27 E		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	100		
4	Enter greater of line 2 or line 3	4	15.5		
5	Income tax imposed in prior year	5	75 20400 		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		1 2		
	emergency temporary reduction (see instructions)	6	tabali i		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting organ	nization (see	

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018 CARINGBRIDGE 42-1529394 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported

organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations

4 Amounts paid to acquire exempt-use assets

5 Qualified set-aside amounts (prior IRS approval required)

6 Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.

9 Distributable amount for 2018 from Section C, line 6

10 Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6		1 2 2 2	
2 Underdistributions, if any, for years prior to 2018 (reason-			
able cause required- explain in Part VI). See instructions.	444 111		
3 Excess distributions carryover, if any, to 2018	100 Told 100	14 14 15 15	
a From 2013	200	1 7 7 1 1 1	
<b>b</b> From 2014		19 1 B 1 G 1	
c From 2015		12512	
d From 2016			43 200
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)		0.000 (0.	
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D,	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
line 7:		47. 29.5	
a Applied to underdistributions of prior years			F 7
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if			
any. Subtract lines 3g and 4a from line 2. For result greater	5 T 1980		
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in	Section 1	144	
Part VI. See instructions.	46 (202)		
7 Excess distributions carryover to 2019. Add lines 3j			
and 4c.			
8 Breakdown of line 7:		4.4	
a Excess from 2014	44.24		
b Excess from 2015			
c Excess from 2016			
d Excess from 2017	70 47 55		
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 CARINGBRIDGE	42-1529394 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this (See instructions.)	D; Part II, line 17a or 17b; Part III, line 12; V, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V.
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER	R INCOME:
MISCELLANEOUS REVENUE	
2014 AMOUNT: \$ 9,869.	
2015 AMOUNT: \$ 26,949.	
2016 AMOUNT: \$ 1,357.	
2017 AMOUNT: \$ 25.	
2018 AMOUNT: \$ 5,076.	·
CARINGBOOK REVENUE	
2016 AMOUNT: \$ 35.	
SPEAKER FEES	·
2017 AMOUNT: \$ 2,500.	
	•
•	
1	

### **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 Open to Public Inspection

Name of the organization

CARINGERIDGE

Employer identification number 42-1529394

Pa	rt.I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		Or Accounts. Complete if the
-		(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 advise	ed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	_ <del>-</del>	•
	impermissible private benefit?		Yes
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	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 (e.g., recreation or e	ducation) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation eas		
-5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it	***************************************	
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	ervation easements during the year
7	Amount of expanses incurred in monitoring, inspecting, hand	ling of violations, and antoning are well	to a second division Man
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	ning of violations, and emorcing conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	e setisfy the requirements of section 170/b	\/ 4\/D\/i\
Ü			
9	In Part XIII, describe how the organization reports conservation	on essements in its revenue and evnence of	Yes No
Ū	include, if applicable, the text of the footnote to the organizat		
	conservation easements.	ion a mandal diatements that describes th	to organization a accounting for
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	•	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 11		-
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		> \$
	For Paperwork Reduction Act Notice, see the Instructions	-	Schedule D (Form 000) 2019

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Sche	dule D (Form 990) 2018 CARINGB					4	2-152	<u> 29394</u>	Page 2
Pai	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, or	Othe	r Similar <i>i</i>	Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	are a si	gnificant use	e of its co	ollection it	ems
	(check all that apply):			_		_			
а	Public exhibition	d	Loan or ex	change progra	ms				
b	Scholarly research	е	Other	<u> </u>					
С	Preservation for future generations							-	
4	Provide a description of the organization's co	ollections and explain	how they further t	he organizatio	n's exer	nnt nurnose	in Part )	XIII	
5	During the year, did the organization solicit o						· iii · ai · ·	<b></b>	
Ū	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	TIV Escrow and Custodial Arran	gements. Comple	te if the organizati	on answered "	Ves" on	Form 990	Part IV li		<u> NO</u>
	reported an amount on Form 990, Par	t X. line 21.	te ii tile organizati	on answered	165 011	i i onn 550, i	raitiv, ii	ne 5, 0!	
10	Is the organization an agent, trustee, custodi		any for contribution	as or other ass	ota not	included			
Id	- · · · · · · · · · · · · · · · · · · ·		•					1	
	on Form 990, Part X?						🗀	Yes	No
a	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						<b></b>
	D. Austrial I.					-		Amount	<del></del>
С.	Beginning balance								<del></del>
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo					lity?	L_	Yes	☐ No
4400444,940000000	If "Yes," explain the arrangement in Part XIII.								
Pal	t V Endowment Funds. Complete i	f the organization ans				10.			
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three year	ars back	(e) Four y	ears back
1a	Beginning of year balance	209,544.	207,172	. 203	,147.	19	9,585.	2	200,793.
b	Contributions								
С	Net investment earnings, gains, and losses	2,713.	2,372	. 4	,025.		3,562.		-1,208.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	212,257.	209,544	. 207	,172.	20	3,147.	1	.99,585.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	.00	%	"					
b	Permanent endowment ▶ 94.23	%	•						
		5.77 %							
·	The percentages on lines 2a, 2b, and 2c short								
3a	Are there endowment funds not in the posse	•	tion that are held a	nd administer	ed for th	ne organizati	ion		
ou.	by:	ocion of the organizat	ion indiai aro noid c	ara dariminotore	30 101 11	io organizati	011	L.	es No
	(i) unrelated organizations							3a(i)	X
	(1)				•••••			1	X
h	(ii) related organizations	tions listed as require	nd an Schadula D2					3a(ii)	<u> </u>
4	Describe in Part XIII the intended uses of the			***************************************			•••••	3b	
	t VI Land, Buildings, and Equipm		villent lunus.						
	Complete if the organization answered		Dart IV line 11a	Saa Earm 000	Davt V	line 10			
	Description of property	(a) Cost or ot basis (investm	1 , ,	st or other		ccumulated		(d) Book	value
			iony Dasis	(other)	ae	preciation			
	Land								
b	Buildings			12 452		484 5:	_  _		
	Leasehold improvements			23,458.		174,74			<u>,716.</u>
d	Equipment			00,951.		569,95			<u>,994.</u>
	Other			7,113.		<u>178,89</u>	6.		<u>,217.</u>
Total	. Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990. Part X	K. column (B), line	10c.)			<b></b>	857	,927.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 CARINGBRIDG	}E	4	2-1529394 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	nd-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, col. (B) line 12.) ► Part VIII Investments - Program Related.		A Printed and the second and the sec	
	Leve Ferrer 000 Deat N/ Heavy	44-0 5 000 5 17 1 40	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)	(b) Book value	(c) Welfied of Valuation, Cost of C	nd-or-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		Marie Control of the	
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	,
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			'
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	<u>e 15.)</u>	<u></u>	<b>&gt;</b>
Complete if the organization answered "Yes"			25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DEFERRED LEASEHOLD IMPROV		221,503.	
(3) DEFERRED GRANT REVENUE		1,148,651.	
(4)			
(5)			
(6)			
(7)			45.0
(8)			
(9)			
Total, (Column (b) must equal Form 990, Part X, col. (B) line	e 25 )	1,370,154.	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

	dule D (Form 990) 2018 CARINGBRIDGE				L529394	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•		,		
1				1	8,729	<u>,730.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	20.460			
a	Net unrealized gains (losses) on investments		-32,469. $702,430.$	-		
b	Donated services and use of facilities	2b	702,430.			
C	Recoveries of prior year grants			-		
d	Other (Describe in Part XIII.)				660	0.61
	Add lines 2a through 2d			2e	8,059	<u>,961.</u>
3 4	Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	0,000	, 103.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)			-		
	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,059	
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per l	Return	) <u>,</u>	
(	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	9,469	,169.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a	Donated services and use of facilities	2a	702,430.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	702	<u>,430.</u>
3	Subtract line 2e from line 1			3	8,766	<u>,739.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)			-		0
5	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			4c	8,766	730
	tXIII Supplemental Information.			] 5	0,700	, 133.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV lines 1h	and 2h: Part V line 4	. Part X	line 2: Part X	<u> </u>
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			r, r uit A	, III (C Z, I CIII /	ч,
			1410111			
PAF	T V, LINE 4:					
THE	PURPOSE OF THE ENDOWMENT FUND IS TO PROVI	DE ONC	OING FINAN	CIAL	SUPPOF	ЯΤ,
THE	INCOME OF WHICH SHALL BE USED TO FURTHER	THE EX	KEMPT CHARI	TABI	ıΕ	
PUF	POSES OF CARINGBRIDGE.					
***	H V					
PAF	T X, LINE 2:					
marr	TAMEDALL DELIENTE GENLLOS ILAG DEMENATADO O	DIT 3 CO C 2				
T.H.E	INTERNAL REVENUE SERVICE HAS DETERMINED	LHAT, CA	KTNGBKTDGF	TR	EXEMP'I.	
ED/	M PEDERAL TMCOME MAY IMPER CECUTON FOI/C/	(2 \ OE		NTITITITI	) N T N T	
rKC	M FEDERAL INCOME TAX UNDER SECTION 501(C)	(3) OF	THE U.S. 1	M.T.E.F.	CNAL	
REZ	ENUE CODE. IT IS ALSO EXEMPT FROM STATE IN	JCOME T	ниямон удч	!R Z	MV	
7777	HAGE CODE. II ID MEDO EXEMIT TROW DIATE II	ACOME .	TAX. HOWEVE	it, r	71.1 T	
UNF	ELATED BUSINESS INCOME MAY BE SUBJECT TO	יאאחדת	N. THERE W	AS N	10	
			,_,,,, v	L		
UNF	ELATED BUSINESS INCOME TAX RECORDED FOR TH	IE YEAI	RS ENDED DE	CEME	BER 31.	
	100				/	
<u>20</u> 1	8 AND 2017.					

<u>Schedule D (Form 990) 2018</u> <u>CARINGBRIDGE</u> 42-1529394 Page 5
Part XIII Supplemental Information (continued)
THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN
ENATINATING INIGEDMATH MAY DOGTETONG MATERIAL DESCRIPTION DESCRIPTION
EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION
THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX
POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT
CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE
ORGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2018 AND 2017.
THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY
FEDERAL AND STATE AUTHORITIES.
I IDDIGIT TO DITTE TO HOLL I IID.

#### **SCHEDULE G**

(Form 990 or 990-EZ)

#### **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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-FZ.

Department of the Treasury Internal Revenue Service	<b>▶</b> Go	to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	Inspection
Name of the organization	***************************************					Employer i	dentification number
20 - Value 20 20 20 20 20 20 20 20 20 20 20 20 20	CARINGB					42-152	
	i <b>ng Activities.</b> complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-	EZ filers are not
1 Indicate whether the a X Mail solicitati b X Internet and c C X Phone solicit d X In-person soli 2 a Did the organization key employees liste b If "Yes," list the 10	e organization rais ons email solicitations ations icitations n have a written c ed in Form 990, P highest paid indi	sed funds through any of the followin  e X Solicita:  f Solicita:  g Special  or oral agreement with any individual lart VII) or entity in connection with providuals or entities (fundraisers) pursuividuals or entities (fundraisers)	tion of tion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	XY	
compensated at lea	of individual	(ii) Activity	(iii) fundr have c or con contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)	to (or retained by)
NEXT AFTER, LCC - 6	175 MAIN		Yes	No			<del>                                     </del>
STREET SUITE 385, F	RISCO, TX	CONSULTING		Х	0.	118,97	9118,979.
						•	
							*******
		<u> </u>	L				
						118,97	
<ol><li>List all states in which or licensing.</li></ol>	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from	registration
	O,CT,FL,	GA, HI, IL, KS, KY, ME, N	4D . M	[A , M	II.MN.MS.NH	NJ.NM.NY	, NC , ND , OH
		VA,WI,WV,WA,DC	_ , _,	,	,,		
		***************************************				<del>"</del>	
-							
HA For Paperwork De	duction Act Noti	ice see the Instructions for Form C	100 or	000 <u>-</u> E	7	Pahadula C /Fara	2 000 at 000 EZ) 2010

SEE PART IV FOR CONTINUATIONS

832081 10-03-18

	Γ	of fundraising event contributions and gro	(a) Event #1	(b) Event #2	c) Other events	
			(4) = 1 3.10 %	(2) 213/11/12	(o) outlos evente	(d) Total events (add col. (a) through
þ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
'n	5	Noncash prizes	-			
Direct Expenses	6	Rent/facility costs				
rect Ex	7	Food and beverages				
รี	8	Entertainment			1975.73 id N * 9 - 1 4	
	9 10	Other direct expenses  Direct expense summary. Add lines 4 through				
9	11 irt			rm 990, Part IV, line 19, or r		
- 1		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		
						L (d) Total gaming (add
enne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	2	Gross revenue	(a) Bingo		(c) Other gaming	
	2		(a) Bingo		(c) Other gaming	
		Cash prizes	(a) Bingo		(c) Other gaming	
	3	Cash prizes  Noncash prizes	(a) Bingo		(c) Other gaming	
	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs			(c) Other gaming  Yes%  No	col. (a) through col. (c
	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes9	bingo/progressive bingo    Yes%	Yes%	col. (a) through col. (c
	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes 9 No 5 in column (d)	bingo/progressive bingo  Yes%  No	Yes% No	col. (a) through col. (c
Direct Expenses	3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes9 No 5 in column (d)	bingo/progressive bingo  Wes%  No	☐ Yes % ☐ No	col. (a) through col. (c
a Direct Expenses	3 4 5 6 7 8 Entils t	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes9 No 5 in column (d) from line 1, column (d'	bingo/progressive bingo  Wes%  No  e states?	☐ Yes % ☐ No ▶	col. (a) through col. (d
a b	3 4 5 6 7 8 Entils t	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct the organization licensed to conduct gaming actions.	Yes9 No 5 in column (d) from line 1, column (d) cts gaming activities: tivities in each of these	bingo/progressive bingo  Wes% No  e states?	☐ Yes % ☐ No ▶	Yes No

Schedule G (Form 990 or 990-EZ) 2018 CARINGBRIDGE	42-1529394 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:
Name ▶	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of the amount of gaming revenue received by the organization ▶ \$ and the amount of the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization of gaming revenue received by the organizati	
of gaming revenue retained by the third party >	unt
c If "Yes," enter name and address of the third party:	
Name ►	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Department of positions provided •	
Description of services provided	
Director/officer Employee Independent contractor	
· · · · · · · · · · · · · · · · · · ·	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SERS:
	·
/T) NAME OF BUNDDATGED, MENU ARRED TOO	
(I) NAME OF FUNDRAISER: NEXT AFTER, LCC	
(I) ADDRESS OF FUNDRAISER:	
6175 MAIN STREET SUITE 385, FRISCO, TX 75034-2016	
200000 40 00 40	C/Ferro 000
832083 10-03-18 Schedule	G (Form 990 or 990-EZ) 2018

4 Page
***************************************

#### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

## **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.

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number CARINGBRIDGE 42-1529394 **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		10	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1111	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing 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 Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	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:			
a	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		10.0	
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	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	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

CARINGBRIDGE

Part III 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.

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(j)(a)	in column (B) reported as deferred on prior Form 990
(1) LIWANAG Q. OJALA	€	202,101.	0	0	6,480.	27,815.	236,396.	0
CHIEF EXECUTIVE OFFICER	<u>(ii)</u>	0		0	0	0	·I	0
(2) ELIZABETH OLSON	(i)	154,713.		0	4,950.	27,543.	187,206.	0
CHIEF FINANCIAL OFFICER	(ii)		• 0	0	0	0		0
(3) BRIGID BONNER	(i)	178,099.		0	5,670.	24,908.	208,677.	0
CHIEF EXPERIENCE OFFICER	(E)	0.		0	• 0	0		0
(4) MIKE THYKEN	(i)	166,657.	0.	0	4,442.	8,389.	179,488.	0
CHIEF TECHNOLOGY OFFICER	Œ		• 0	• 0	0	0	0	0.
(5) DALE DURHAM	(i)	145,953.	.0	0	4,673.	26,352.	176,978.	0
SOLUTIONS ARCHITECT	(ii)	0	0.	0	0	0	0	0
(6) MING TAN	(i)	136,684.	0.	0.	4,188.	17,538.	158,410.	0
DIRECTOR OF IT; DELIVERY	€	0.	0.	0	0	0	0	0
(7) PHILIP NOYED	ε	134,983.	0.	0	4,147.	13,519.	152,649.	• 0
DIRECTOR OF UX CREATIVE	(E)	0	0	0.	0	0	0	0
(8) JASON COLEMAN	(i)	130,603.	0.	0.	4,277.	26,984.	161,864.	0
LEAD SOFTWARE ENGINEER	⊞	0.	0.	.0	0	0	0 •	0.
	] (i)							
	Ξ							
	Ξ							
	Œ							
	Ξ							
	(ii)							
	Ξ							
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Schedule J (Form 990) 2018

33

832113 10-26-18

#### SCHEDULE L

## **Transactions With Interested Persons**

(Form 990 or 990-EZ)

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

OMB No. 1545-0047

► Attach to Form 990 or Form 990-EZ

Department of the Treasury Internal Revenue Service	<b>▶</b> G	o to w					tions and the	∟. Iate	est information.				spect	ion	HC.
Name of the organization										Em	ploye	ident	ificati	on nu	mber
	CARINGE									42	-15	293	94		
									(29) organization:						
	e organization						ine 25a or 25k	o, or	Form 990-EZ, Pa	art V, I	line 40	b.			
(a) Name of disqualified	d person	(b) Relationship between disqualifi person and organization			lified	(c) Description of transaction			(d) Co						
			portor and or							<del>.</del>			+ Y	es	No
													+	-+	
													1		
O Fisher the amount of the		1				11.61							Щ.	L	
2 Enter the amount of ta section 4958								_	=		<b>_</b> ¢				
3 Enter the amount of ta									••••••••••		<b>▶</b> \$				
						J									
	nd/or From	-													
						, Part∖	/, line 38a or F	orn	n 990, Part IV, lin	e 26;	or if th	e orga	nizatio	חנ	
	mount on Form			<del>/</del> -		<del>, ,</del>	) Out also at			,		(h) An	nroved		
(a) Name of interested person	(b) Relation with organiz		(c) Purpose of loan			e) Original cipal amount	(	(f) Balance due (g) In default?			(h) Ap by bo comm	ard or	agree	/ritten ment?	
	!			To	From					Yes	No	Yes	No	Yes	No
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<b>b</b>				ļ	ļ 								-		
	-				<del> </del>						<u> </u>		<del>                                     </del>	├─-	
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					<u> </u>			<u> </u>							
Total Part III   Grants or A	Assistance	Bene	efiting Inter	estec	1 Per	sons	> \$								
	e organization		_												
(a) Name of interester		1	) Relationship				c) Amount of		(d) Type	of		(e	Purp	ose o	•
	•		interested pers the organiza	on an			ássistance		assistan				assist		
		<u> </u>			***										
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

Part IV Business Transactions Inv		th or OOs	42-1529	<del></del>	<u>rage a</u>
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
JIM CUENE	J CUENE IS A MEMBER	123,904.	PAYMENT FOR	Yes	No X
Part V Supplemental Information.  Provide additional information for re	esponses to questions on Schedule L (see in	nstructions).	<u> </u>		1
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVING	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: JIM	CUENE				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	ON:		
J CUENE IS A MEMBER OF CA	ARINGBRIDGE'S BOARD OF	TRUSTEES			
(D) DESCRIPTION OF TRANSA	ACTION: PAYMENT FOR CO	NSULTING SE	RVICES OF		
FAHREN, A MARKETING FIRM	CO-FOUNDED BY CUENE				
PART IV, BUSINESS TRANSA	CTIONS INVOLVING INTER	ESTED PERSO	NS:		
JIM CUENE IS A MEMBER OF	THE CARINGBRIDGE BOAR	D, AND HE I	S ALSO		
CO-FOUNDER AND OWNER OF 1	FAHREN, A DIGITAL MARK	ETING CONSU	LTING FIRM.		
CARINGBRIDGE ENGAGED FAH	REN TO PROVIDE CONSULT	ING SERVICE	S WHEN A		-
CARINGBRIDGE STAFF MEMBER	R WENT ON TEMPORARY LE	AVE. THE C	ONSULTANT A	LSO	
PROVIDED CONSULTING SERV	CES ON CARINGBRIDGE'S	REVISED MO	BILE APP.	PHE_	
BUSINESS RELATIONSHIP BET	WEEN CARINGBRIDGE AND	CUENE'S MA	RKETING		
CONSULTANCY WAS DISCLOSED	O TO THE BOARD UPON EN	TERING INTO	THE		
ENGAGEMENT.					
				1111	
			,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

CARINGBRIDGE

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

Open to Public Inspection Employer identification number

42-1529394

Pa	TI Types of Property						
		(a) Check if applicable	(b)  Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash cor	(d) of determining ntribution amou	nts
1	Art - Works of art			, , , , , , , , , , , , , , , , , , , ,			
2	Art - Historical treasures						
3	Art - Fractional interests				"		
4	Books and publications					***************************************	
5	Clothing and household goods		Dr. September				
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	2	30,228.	PUBLICLY	TRADED	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or				"		,
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other				*		
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts ,				_		
23	Scientific specimens						
24	Archeological artifacts						
25	Other						_
26	Other						
27	Other						
28_	Other (						
29	Number of Forms 8283 received by the organiz	-	•	i i			_
	for which the organization completed Form 828	33, Part IV, [	Donee Acknowledg	jement29			0
						Yes	s No
30a	During the year, did the organization receive by			· ·			
	must hold for at least three years from the date		l contribution, and	which isn't required to be u	sed for		
	exempt purposes for the entire holding period?	• • • • • • • • • • • • • • • • • • • •				30a	X
	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p				tions?	31 X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is che	cked,		
	describe in Part II.						
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).	Sched	ule M (Form 99	0) 2018

Schedule M (Form 990) 2018 CARINGBRIDGE	42-1529394 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a c	33, and whether the organization
is reporting in Part I, column (b), the number of contributions, the number of items received, or a c this part for any additional information.	ombination of both. Also complete
uns part for any additional information.	
SCHEDULE M, PART I, COLUMN (B):	
THE NUMBER IN PART I, COLUMN (B) REPRESENTS THE NUMBER C	F
CONTRIBUTIONS.	
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#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CARINGBRIDGE

Employer identification number 42-1529394

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THROUGH A CARINGBRIDGE WEBSITE USERS CAN: SHARE NEWS AND UPDATES WITH EVERYONE AT THE SAME TIME, COMMUNICATE IN A PRIVATE, AD-FREE PLACE, ACTIVATE FRIENDS AND FAMILY AND COORDINATE HELP, AND RECEIVE EMOTIONAL STRENGTH AND SUPPORT. SAVE TIME AND REDUCE STRESS: A HEALTH CRISIS THROWS EVERYTHING INTO CHAOS. BECAUSE FAMILY AND FRIENDS CARE, QUESTIONS AND PHONE CALLS WON'T STOP AND STUFF BEGINS TO PILE UP. A CARINGBRIDGE WEBSITE GIVES PEOPLE ONE CENTRALIZED, PRIVATE PLACE TO SHARE HEALTH UPDATES AND REQUEST THE HELP THAT MAY BE NEEDED. DEDICATED TO HEALTH: A PERSONAL CARINGBRIDGE WEBSITE IS A PLACE TO SHARE HEALTH UPDATES, PHOTOS AND VIDEOS WITH THE PEOPLE WHO CARE ABOUT A LOVED ONE'S HEALTH JOURNEY. PRIVATE, PROTECTED AND AD-FREE: OUR USERS ARE IN CONTROL OF THEIR PRIVACY SETTINGS, SO ANY GIVEN WEBSITE IS AS PRIVATE OR PUBLIC AS THE AUTHOR/USER WANTS IT TO BE. PERSONAL DATA IS NEVER SOLD, AND THERE IS NO OUTSIDE ADVERTISING, SO THE FOCUS IS ALWAYS ON THE HEALTH JOURNEY, NOT THE LATEST ADVERTISEMENT. COORDINATE HELP: FAMILY AND FRIENDS WANT TO KNOW HOW THEY CAN HELP. THIS IS THE PLACE TO TELL THEM. LET THEM KNOW WHAT IS NEEDED, WHEN VISITORS ARE WELCOME, HOSPITAL OR FACILITY INFORMATION AND HOW TO CONTACT THE AFFECTED PEOPLE. CARINGBRIDGE WEBSITES CAN BE LINKED WITH

POPULAR TOOLS SUCH AS PERSONAL FUNDRAISERS OR CALENDARS.

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

Schedule O (Form 990 or 990-EZ) (2018)

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FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO INCLUDES ALL OF THE

Name of the organization CARINGBRIDGE

Employer identification number 42-1529394

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

FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS; (3)

THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO

THE DELIBERATIONS AND DECISIONS REGARDING COMP ARRANGEMENTS IN THE MEETING

MINUTES. THIS PROCESS WAS LAST CONDUCTED IN JANUARY, 2019.

THE PROCESS FOR DETERMINING COMPENSATION FOR THE SENIOR LEADERSHIP TEAM AND KEY EMPLOYEES INCLUDES ALL OF THE FOLLOWING ELEMENTS: (1) COMP OF EACH INDIVIDUAL IS REVIEWED AND APPROVED BY THE CEO IN CONSULTATION WITH HUMAN RESOURCES MANAGER AND THE DIRECT SUPERVISOR (WHERE DIFFERENT FROM CEO); (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 WAS LAST CONDUCTED IN JANUARY, 2019.

COMPENSATION DECISIONS FOR OFFICERS AND KEY EMPLOYEES ARE MADE BY

INDEPENDENT PERSONS, TAKING INTO ACCOUNT COMPARABILITY DATA OF SIMILAR JOB

DUTIES IN SIMILAR ORGANIZATIONS. DELIBERATION AND DECISIONS ARE

CONTEMPORANEOUSLY DOCUMENTED; THE LAST YEAR IN WHICH THIS TOOK PLACE WAS

2017, WHEN TWO NEW OFFICERS WERE HIRED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OH

OK,OR,PA,RI,SC,TN,UT,VA,WI,WV,WA,DC

FORM 990, PART VI, SECTION C, LINE 19:

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Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)  Name of the organization	Page 2
CARINGBRIDGE	Employer identification number 42–1529394
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	OF INTEREST POLICY
AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	JPON REQUEST. IN
ADDITION, FINANCIAL STATEMENTS AND FORMS 990 ARE AVAILABLE	ON THE
ORGANIZATION'S WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OUTSOURCING:	
PROGRAM SERVICE EXPENSES	103,970.
MANAGEMENT AND GENERAL EXPENSES	14,741.
FUNDRAISING EXPENSES	1,788.
TOTAL EXPENSES	120,499.
BUSINESS DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	31,064.
MANAGEMENT AND GENERAL EXPENSES	4,404.
FUNDRAISING EXPENSES	534.
TOTAL EXPENSES	36,002.
RECRUITING:	
PROGRAM SERVICE EXPENSES	95,332.
MANAGEMENT AND GENERAL EXPENSES	13,516.
FUNDRAISING EXPENSES	1,639.
TOTAL EXPENSES	110,487.
PAYROLL PROCESSING:	
PROGRAM SERVICE EXPENSES	3,492.
MANAGEMENT AND GENERAL EXPENSES	495.
FUNDRAISING EXPENSES	60.
832212 10-10-18 Scher	dule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization  CARINGBRIDGE	Employer identification number 42–1529394
TOTAL EXPENSES	4,047.
CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	797,364.
MANAGEMENT AND GENERAL EXPENSES	113,048.
FUNDRAISING EXPENSES	13,710.
TOTAL EXPENSES	924,122.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,195,157.
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