PUBLIC DISCLOSURE COPY

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

AF	or the	2022 calendar year, or tax year beginning and	enaing		
<b>В</b> с	heck if pplicable	C Name of organization		D Employer identifi	cation number
	Addres	CARACOLE, INC.		]	
	Name change	Doing business as		31-12105	24
	Initial return		Room/suite	E Telephone numbe	
	Final return/ termin-	4138 HAMILTON AVENUE		513-761-	
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	13,740,071.
	_return	CINCINNAII, OH 45225		H(a) Is this a group re	
	_tion _pendin	F Name and address of principal officer: LINDA SEITER		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	1 '	list. See instructions
	<u>Vebsit</u>		1	H(c) Group exemptio	
		organization: X Corporation Trust Association Other  Summary	L Year	of formation: 190/	M State of legal domicile: OH
		Briefly describe the organization's mission or most significant activities: WE Po	OCTTT1	TELV CHANCE	TTVEC TN
e		THE FIGHT AGAINST HIV/AIDS THROUGH PREVEN			
Jan		Check this box if the organization discontinued its operations or dispose			
veri				3	28
Ĝ		Number of independent voting members of the governing body (Part VI, line 1b)			28
ع د		Fotal number of individuals employed in calendar year 2022 (Part V, line 2a)			86
itie		Fotal number of volunteers (estimate if necessary)			179
Activities & Governance				7a	0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)		4,907,297.	6,054,056.
Revenue	9	Program service revenue (Part VIII, line 2g)		6,236,640.	6,143,817.
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		338,419.	252,838.
Ж	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		84,970.	57,981.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,567,326.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,709,151.	1,587,901.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,988,671.	4,951,285.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b ·	Total fundraising expenses (Part IX, column (D), line 25) 173,62			5 044 050
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,554,247.	6,211,059.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,252,069.	12,750,245.
	19	Revenue less expenses. Subtract line 18 from line 12		315,257.	-241,553 <b>.</b>
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
ssel Bala	20	Fotal assets (Part X, line 16)		7,131,053.	7,415,822. 1,901,583.
let A	21	Total liabilities (Part X, line 26)		504,837. 6,626,216.	5,514,239.
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20		0,020,210.	3,314,233.
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the hest of my	knowledge and helief it is
		tions of perjury, I declare that I have examined this return, including accompanying senedals, and complete. Declaration of preparer (other than officer) is based on all information of wh			, knowledge and belief, it is
ii uo,	001100	, and complete. Books attended of property (care than onlow) to become on an information of wi	non propuror	nao any knowleago.	
Sigr	,	Signature of officer		Date	
Her		LINDA SEITER, CHIEF EXECUTIVE OFFICER			
	·	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		STEPHANIE ALLGEYER STEPHANIE ALLGEY	YER 1	.0/05/23 if self-employ	P00761973
Prep	1	Firm's name VONLEHMAN & COMPANY INC.		Firm's EIN 3	1-0905417
Use		Firm's address 810 WRIGHT'S SUMMIT PARKWAY, SUIT	E 300		
		FORT WRIGHT, KY 41011		Phone no. (8	59) 331-3300
May	the IF	S discuss this return with the preparer shown above? See instructions	<del>.</del>		X Yes No

Form	1 990 (2022) CARACOLE, INC.	31-1210524	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	WE POSITIVELY CHANGE LIVES IN THE FIGHT AGAINST HIV/AI	DS THROUGH	
	PREVENTION, HOUSING AND CARE.		
	Did the organization undertake any significant program services during the year which were not listed on the		
2			X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.		5 [21] 140
2		002 Vos	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? tes	S ZZ NO
4	If "Yes," describe these changes on Schedule O.	an management by avenages	
4	Describe the organization's program service accomplishments for each of its three largest program services		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	otners, the total expenses, a	ana
4-	revenue, if any, for each program service reported.  (Code:) (Expenses \$11,994,670. including grants of \$1,587,901. ) (including grants of \$1,587,901. )	Revenue \$ 6,143,	917
4a	(Code:) (Expenses \$11,994,670. including grants of \$1,587,901.) (IDURING 2022, OUR RESOURCES AND ATTENTION WENT TOWARDS)		01/•
	IMPLEMENTING THE ENDING THE EPIDEMIC GRANT AWARDED IN		
			NTTD
	COMPLEX PROJECT REQUIRED HIRING NEW STAFF AND CHANGING		UK
	CASE MANAGEMENT AND PREVENTION SERVICES, ENSUING THAT		10
	NEWLY DIAGNOSED OR HAVE FALLEN OUT OF CARE RECEIVE INT	ENSIVE SERVICE	15
	TO FULLY ENGAGE THEM.		
	TH 0000 GIRIRGOID		
	IN 2022 CARARCOLE:		
	SERVED 1,284 CLIENTS LIVING WITH HIV IN CASE MANAGEMEN		
	SERVED 167 HOUSEHOLDS REPRESENTING 222 INDIVIDUALS IN	PERMANENT	
	SUPPORTIVE HOUSING.		
4b	(Code:) (Expenses \$) (including grants of \$)	Revenue \$	
4c	(Code: ) (Expenses \$ including grants of \$ ) (	Revenue \$	
	(Codd) / (Expended		
	·		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$\frac{\(\text{including grants of \$\}\)}\) (Revenue \$\frac{\(\text{Revenue \$\}\)}{\(\text{Revenue \$\}\)}	)	
40	Total program sonice expanses 11 994 670.		

Form 990 (2022) CARACOLE, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	١.,		<b> </b> ₩
	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		Х	
	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		
f	3		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		X
12	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 13		X
13		14a		X
		144		125
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	├ <i>ं′</i>		<u> </u>
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u>ٿ</u>		
	,	19		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2022) CARACOLE, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			۱
	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		$\vdash$
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	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			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			X
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_^
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
29	"Yes," complete Schedule L, Part IV	28c 29	Х	
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<del></del>		
<b>JZ</b>	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	$\alpha \alpha \alpha$	

Form 990 (2022) CARACOLE, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 86			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	,			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
^	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

31-1210524

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 28 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 28 **b** Enter the number of voting members included on line 1a, above, who are independent ..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OH 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 Upon request Own website \_\_\_ Other (explain on Schedule O) Another's website Describe on 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 ADAM FISCHER - 513-761-1480 4138 HAMILTON AVENUE, CINCINNATI OH 45223

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Form 990 (2022) CARACOLE, INC.

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Name and title	(A)	(B)	Jiga	. 112a		CO11 C)	ipci	ioatt	(D)	(E)	(F)
Note   Process   Note   Process   Note   N			(4)		Pos	itior		one			
Company   Comp		1 .	box	, unle	ss per	rson i	s both	n an		•	
Chief Executive Spricer				cer ar	nd a di	irecto	r/trus T	tee)			
Chief Executive Spricer		1 '	rector							•	•
Chief Executive Spring		1	or di	le e			sated		_	,	
Chief Executive Spricer			ruste	ll trus		/ee	m pen		,	1099-1420)	"
Chief Executive Spricer		1 ~	dualt	utiona	-	oldm	st co	er	13001120,		
Color   Colo		line)	Indivi	Instit	Office	Key e	Highe	Form			
Q1 MARK MCCOMAS 1/1/22 - 9/30/22	(1) LINDA SEITER	40.00									
CHIEF FINANCIAL OFFICER	CHIEF EXECUTIVE OFFICER				Х				159,307.	0.	0.
SELIE SINCLETON	(2) MARK MCCOMAS 1/1/22 - 9/30/22	40.00									
CHIEF DEVELOPMENT OFFICER	CHIEF FINANCIAL OFFICER				Х				93,827.	0.	0.
CHIEF PROGRAM OFFICER	(3) ELLIE SINGLETON	40.00									
CHIEF PROGRAM OFFICER	CHIEF DEVELOPMENT OFFICER				Х				90,245.	0.	0.
S   RINA SAPERSTEIN	(4) MIDGE HINES	40.00									
CHIEF ADMINISTRATIVE OFFICER	CHIEF PROGRAM OFFICER				Х				87,429.	0.	0.
CHIEF MARKETING OFFICER	(5) RINA SAPERSTEIN	40.00									
CHIEF MARKETING OFFICER	CHIEF ADMINISTRATIVE OFFICER				Х				80,471.	0.	0.
CT   ADAM FISCHER 11/8/22-12/31/22	(6) PATRICIA BATH	40.00									
CHIEF FINANCIAL OFFICER	CHIEF MARKETING OFFICER				Х				70,884.	0.	0.
Resident	(7) ADAM FISCHER 11/8/22-12/31/22	40.00									
Name	CHIEF FINANCIAL OFFICER				X				12,198.	0.	0.
O	(8) LEE ANN CONARD, RPH, DO, MPH	0.50									
VICE PRESIDENT	PRESIDENT		Х		Х				0.	0.	0.
Color	(9) CHARLA B WEISS, PHD	0.50									
X	VICE PRESIDENT		Х		X				0.	0.	0.
TREASURER	(10) WENDY CARPENTER	0.50									
X	SECRETARY		Х		X				0.	0.	0.
12   CHRIS THALGOTT	(11) RICK KAY	0.50									
BOARD MEMBER	TREASURER		Х		X				0.	0.	0.
DOARD MEMBER   D.50		0.50								_	_
BOARD MEMBER   X	BOARD MEMBER		Х						0.	0.	0.
Columb   C	(13) LYDIA MORGAN	0.50								_	_
BOARD MEMBER         X         0.         0.         0.           (15) DUANE LEWIS, DMD         0.50         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.           (16) DR. CORINNE LEHMANN, MD, MED         0.50         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.           (17) DARNELL PIERRE BENJAMIN         0.50         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.	BOARD MEMBER		Х						0.	0.	0.
DOLL   DUANE LEWIS, DMD	(14) THORSTEN SCHROEDER	0.50								_	_
BOARD MEMBER         X         0.         0.         0.           (16) DR. CORINNE LEHMANN, MD, MED         0.50         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.	BOARD MEMBER		Х						0.	0.	0.
Composition	•	0.50	1							_	_
BOARD MEMBER         X         0.         0.         0.           (17) DARNELL PIERRE BENJAMIN         0.50         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.			Х						0.	0.	0.
(17) DARNELL PIERRE BENJAMIN  BOARD MEMBER  0.50  X  0.0.  0.	(16) DR. CORINNE LEHMANN, MD, MED	0.50								_	_
BOARD MEMBER X 0. 0. 0.		<u> </u>	Х						0.	0.	0.
		0.50									
	BOARD MEMBER		Х						0.	0.	

Form 990 (2022) CARACOLE	, INC.								31-1210	524	Pa	age <b>8</b>
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	j Hiç	ghes	t Co	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Es	stimate	:d
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	1	nount (	of
	week (list any				II CCIO	174143		from	from related	1	other	L:
	hours for	direct				_		the organization	organizations (W-2/1099-MISC/	1	pensation the	
	related	trustee or director	stee			nsate		(W-2/1099-MISC/	1099-NEC)	1	anizati	
	organizations	trust	nstitutional trustee		yee	Highest compensated employee		1099-NEC)	,		d relate	
	below	Individual 1	tution	Je.	key employee	lest c	ner			orga	anizatio	วทร
	line)	Indi	Insti	Officer	Key	High	Former					
(18) ESLY S CALDWELL MD	0.50							_	_			
BOARD MEMBER		Х						0.	0.	<u> </u>		0.
(19) KEITH BLEVINS-ROBERTS	0.50							_	_			
BOARD MEMBER		Х						0.	0.			0.
(20) ERIN DAVIS	0.50							_	_			
BOARD MEMBER		Х						0.	0.	<u> </u>		0.
(21) LEE BOWER	0.50							_	_			
BOARD MEMBER		Х						0.	0.			0.
(22) CHRIS DEABLER	0.50							_	_			
BOARD MEMBER		Х						0.	0.			0.
(23) MIKE BUTLER	0.50	l										_
BOARD MEMBER		Х						0.	0.			0.
(24) HERIC FLORES	0.50	l										_
BOARD MEMBER		Х						0.	0.			0.
(25) MARK HAGGARD	0.50	l										_
BOARD MEMBER		Х						0.	0.	<u> </u>		0.
(26) KEVIN CELAREK	0.50	l										_
BOARD MEMBER		X						0.	0.	<u> </u>		0.
1b Subtotal								594,361.	0.	<u> </u>		0.
c Total from continuation sheets to Part VI								0.	0.			0.
d Total (add lines 1b and 1c)								594,361.	0.			0.
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												1
											Yes	No
3 Did the organization list any former officer,												
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a							elate	d organization or individual	dual for services			y
randared to the argonization? If IIV. II											1 1	х

3	Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X
6	stion B. Indonendent Contractors			

#### 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 NONE	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than 

Forr	n 9	990

Column   C	Form 990 CARACOLE	, INC.								31-121	0324
(A) Name and title  (B) Name and title  (Name and t	Part VII   Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	ees (continued)	
Name and title				, ,	(F)						
Nours   Per   Week   (list any hours for related organizations below line)   2											
Per   Week (list any)   Per   Per   Week (list any)   Per	rame and the	1	(cl					lv)	•		
Week   Sist any   Fig.   Sis			(0.	T	T		<u> </u>	.,,	<u> </u>		
Gist any   Fig.   Gist any   Fig.   Fig.   Gist any   Fig.   Fig.   Gist any   Fig.							ee ee			1	
127   SEAN J GUILFOILE			tor				yold		1		
127   SEAN J GUILFOILE			direc				d em			(** = ** * * * * * * * * * * * * * * * *	
127   SEAN J GUILFOILE			ee or	stee			nsate		(** =* ********************************		
127   SEAN J GUILFOILE		organizations	trust	al tru		yee	m pe				
127   SEAN J GUILFOILE			idua	ution	 	om plc	esto	er			· ·
(27) SERM J GUILFOILE (28) RANISHA SHITH, MFS (28) RANISHA SHITH, MFS (29) ANNE LENIS, MHA (30) ESTELLE MONAIR (30) ESTELLE MONAIR (31) ANAR FATEL, MD, MS (32) TAMMY MILLER WOHL, BEN, RN, MHA (32) TAMMY MILLER WOHL, BEN, RN, MHA (33) BLIG GALLAGHER (34) TRIEN R, TAYLOR, MFH (35) MATTHEW D, WENKER, MD (36) BOARD MEMBER (37) MATTHEW D, WENKER, MD (38) MATTHEW D, WENKER, MD (39) MATTHEW D, WENKER, MD (30) ESTELLE MONAIR (31) ANAR PATEL, MD, MS (32) CAN MEMBER (33) BLIG GALLAGHER (34) TRIEN R, TAYLOR, MFH (35) MATTHEW D, WENKER, MD (36) MATTHEW D, WENKER, MD (37) MATTHEW D, WENKER, MD (38) MATTHEW D, WENKER, MD (39) MATTHEW D, WENKER, MD (30) MATTHEW D, WENKER, MD (31) MATTHEW D, WENKER, MD (32) MATTHEW D, WENKER, MD (33) MATTHEW D, WENKER, MD (34) TRIEN D, WENKER, MD (35) MATTHEW D, WENKER, MD (36) MATTHEW D, WENKER, MD (37) MATTHEW D, WENKER, MD (38) MATTHEW D, WENKER, MD (39) MATTHEW D, WENKER, MD (31) MATTHEW D, WENKER, MD (32) MATTHEW D, WENKER, MD (33) MATTHEW D, WENKER, MD (34) MATTHEW D, WENKER, MD (35) MATTHEW D, WENKER, MD (36) MATTHEW D, WENKER, MD (37) MATTHEW D, WENKER, MD (38) MATTHEW D, WENKER, MD (39) MATTHEW D, WENKER, MD (39) MATTHEW D, WENKER, MD (31) MATTHEW D, WENKER, MD (31) MATTHEW D, WENKER, MD (32) MATTHEW D, WENKER, MD (33) MATTHEW D, WENKER, MD (34) MATTHEW D, WENKER, MD (35) MATTHEW D, WENKER, MD (36) MATTHEW D, WENKER, MD (37) MATTHEW D, WENKER, MD (38) MATTHEW D, WENKER, MD (39) MATTHEW D, WENKER, MD (30) MATTHEW D, WENKER, MD (3		line)	Indiv	Instit	Office	Key 6	High	Form			
BOARD MEMBER	(27) SEAN J GUILFOILE	0.50									
(28) RANISHA SMITH, MPS BOARD MEMBER  (29) ANNEL LEWIS, MHA D.SO SOARD MEMBER  (30) ESTELLE MCNAIR BOARD MEMBER  (31) ANNE PATEL, MD, MS BOARD MEMBER  (32) TAMMY MILLER WOHL, BSN, RN, MHA D.SO BOARD MEMBER  (33) BLL CALLAGHER DEAR OF STATEMENT ST			х						0.	0.	0.
BOARD MEMBER		0.50								0.1	
(29) ANNIE LEWIS, MHA		0.30	x						0.	0.	0.
BOARD MEMBER		0.50							•	•	•
(30) ESTELLE MCNAIR BOARD MEMBER  (31) ANAR PATEL, MD, MS BOARD MEMBER  (32) TARMY MILLER WOHL, BSN, RN, MHA BOARD MEMBER  (33) BIL GALLACHER BOARD MEMBER  (34) TYRINA R. TAYLOR, MPH BOARD MEMBER  (35) MATTEN D. WENKER, MD BOARD MEMBER  (36) MATTEN D. WENKER, MD BOARD MEMBER  (37) MATTEN D. WENKER, MD BOARD MEMBER  (38) MATTEN D. WENKER, MD BOARD MEMBER  (39) MATTEN D. WENKER, MD BOARD MEMBER  (30) MATTEN D. WENKER, MD BOARD MEMBER  (31) MATTEN D. WENKER, MD BOARD MEMBER  (32) MATTEN D. WENKER, MD BOARD MEMBER  (33) MATTEN D. WENKER, MD BOARD MEMBER  (34) TYRINA R. TAYLOR, MPH BOARD MEMBER  (35) MATTEN D. WENKER, MD BOARD MEMBER  (36) MATTEN D. WENKER, MD BOARD MEMBER  (37) MATTEN D. WENKER, MD BOARD MEMBER  (38) MATTEN D. WENKER, MD BOARD MEMBER  (39) MATTEN D. WENKER, MD BOARD MEMBER  (30) MATTEN D. WENKER, MD BOARD MEMBER  (31) MAR D.		0.30	x						0.	0.	0.
BOARD MEMBER		0.50	22						0.	0.	<u>.</u>
(31) ANAR PATEL, MD, MS BOARD MEMBER  (32) TANMY MILLER WOHL, BSN, RN, MHA BOARD MEMBER  (33) BILL GALLAGHER BOARD MEMBER  (34) TYRINA R. TAYLOR, MPH BOARD MEMBER  (35) MATTHEW D. WENKER, MD BOARD MEMBER  (36) MARIBER  (37) MARIBER  (38) MATTHEW D. WENKER, MD BOARD MEMBER  (38) MARIBER  (39) MARIBER  (30) MEMBER  (30) MEMBER  (30) MEMBER  (31) MARIBER  (32) MARIBER  (33) MARIBER MD  (34) MEMBER  (35) MARIBER MD  (36) MEMBER  (37) MARIBER MD  (38) MARIBER MD  (39) MEMBER MD  (30) MEMBER MD  (30) MEMBER MD  (31) MEMBER MD  (32) MEMBER MD  (33) MEMBER MD  (34) MEMBER MD  (35) MARIBER MD  (36) MEMBER MD  (37) MEMBER MD  (38) MEMBER MD  (39) MEMBER MD  (30) MEMBER MD  (31) MEMBER MD  (32) MEMBER MD  (33) MEMBER MD  (34) MEMBER MD  (35) MEMBER MD  (36) MEMBER MD  (37) MEMBER MD  (38) MEMBER MD  (39) MEMBER MD  (30) MEMBER MD  (31) MEMBER MD  (32) MEMBER MD  (33) MEMBER MD  (34) MEMBER MD  (35) MEMBER MD  (36) MEMBER MD  (37) MEMBER MD  (38) MEMBER MD  (39) MEMBER MD  (30) MEMBER MD  (31) MEMBER MD  (32) MEMBER MD  (33) MEMBER MD  (34) MEMBER MD  (35) MEMBER MD  (36) MEMBER MD  (37) MEMBER MD  (38) MEMBER MD  (39) MEMBER MD  (30) MEMBER MD  (31) MEMBER MD  (32) MEMBER MD  (33) MEMBER MD  (34) MEMBER MD  (35) MEMBER MD  (36) MEMBER MD  (37) MEMBER MD  (38) MEMBER MD  (39) MEMBER MD  (30) MEMBER MD  (31) MEMBER MD  (31) MEMBER MD  (32) MEMBER MD  (33) MEMBER MD  (34) MEMBER MD  (35) MEMBER MD  (36) MEMBER MD  (37) MEMBER MD  (38) MEMBER MD  (39) MEMBER MD  (30) MEMBER MD  (31) MEMBER MD  (31) MEMBER MD  (31) MEMBER MD  (31) MEMBER MD  (32) MEMBER MD  (33) MEMBER MD  (34) MEMBER MD  (35) MEMBER MD  (36) MEMBER MD  (37) MEMBER MD  (38) MEMBER MD  (39) MEMBER MD  (30) MEMBER MD  (31) MEMBER MD  (31) MEMBER MD  (31) MEMBER MD  (31) MEMBER MD  (32) MEMBER MD  (33) MEMBER MD  (34) MEMBER MD  (35) MEMBER MD  (36) MEMBER MD  (37) MEMBER MD  (38) MEMBER MD  (39) MEMBER MD  (30) MEMBER MD  (31) MEMBER MD  (31) MEMBER MD  (32) MEMBER MD  (33) MEMBER MD  (34) MEMBER MD  (35) MEMBER MD  (36) MEMBER MD  (37) MEMBER MD  (38) MEMBER MD		0.30	v						_	0	n
BOARD MEMBER		0.50	Λ						0.	0.	0.
(32) TAMMY MILLER WOHL, BSN, RN, MHA		0.50	v							0	n
BOARD MEMBER		0 50	Λ						0.	0.	0.
33   BILL GALLAGHER		0.50	37							_	•
BOARD MEMBER		0 50	X	_					0.	0.	0.
Company		0.50								•	•
BOARD MEMBER	-	0.50	X						0.	0.	0.
(35) MATTHEW D. WENKER, MD D. O.		0.50									
BOARD MEMBER  X  0.  0.  0.  0.			X						0.	0.	0.
	(35) MATTHEW D. WENKER, MD	0.50									
Total to Part VII, Section A, line 1c	BOARD MEMBER		Х						0.	0.	0.
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c											
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Total to Part VII, Section A, line 1c		<u> </u>						<u> </u>			
Total to Part VII, Section A, line 1c											
	Total to Part VII, Section A, line 1c										

31-1210524

Form 990 (2022) CARACOLE, INC.
Part VIII Statement of Revenue

			Check if Schedule O	conta	ins a ı	response	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									Tarrottori Tovorido	Business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns			1a	75,002.				
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues			1b					
		С	Fundraising events			1c					
						1d					
		е	Government grants (contri	ibutio	ons)	1e	5,540,254.				
Sign		f	All other contributions, gifts,	grants	s, and						
bet the			similar amounts not included	abov	е	1f	438,800.				
E G		g	Noncash contributions included in	lines 1	a-1f	1g \$	65,922.				
a S		h	Total. Add lines 1a-1f					6,054,056.			
							Business Code				
ġ.	2	а	PHARMACY SALES TO CI	LIEN'	TS		621300	6,126,431.	6,126,431.		
ē Š		b	CLIENT RENT				721310	17,386.	17,386.		
S		С									
am		d									
Program Service Revenue		е									
₫		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f					6,143,817.			
	3		Investment income (include	ling c	divider	nds, intere	est, and				
			other similar amounts)					109,321.			109,321.
	4		Income from investment of	of tax-	-exem	pt bond p	proceeds				
	5		Royalties								
					(i)	) Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)	) <u></u>							
	7	а	Gross amount from sales of		.,	ecurities	(ii) Other				
			assets other than inventory	7a	1,2	279,462.					
		b	Less: cost or other basis								
an l				7b		.35,945.					
Ş.			Gain or (loss)	7с		43,517.					
æ			Net gain or (loss)			<u></u>		143,517.			143,517.
ther Revenue	8	а	Gross income from fundraising	ng eve	ents (n	ot					
δ			including \$			of					
			contributions reported on		,		450.000				
			Part IV, line 18								
			Less: direct expenses				95,434.	E7 034			E7 024
	_		Net income or (loss) from					57,934.			57,934.
	9	a	Gross income from gamin								
		<b>L</b>	Part IV, line 19								
			Less: direct expenses  Net income or (loss) from				<u> </u>				
	40										
	10	а	Gross sales of inventory, l								
		h	and allowances								
			Less: cost of goods sold  Net income or (loss) from:				<b>~</b> I				
$\dashv$		U	THOSE INCOMES OF 11033) ITOM	oaico	, 01 1110	onitory .	Business Code				
sno	11	a	MISCELLANEOUS				900099	47.			47.
neo	• •	b						-7.			
Miscellaneous Revenue		c									
isce			All other revenue								
Σ			Total. Add lines 11a-11d					47.			
	12		Total revenue. See instruction					12,508,692.	6,143,817.	0.	310,819.

# Form 990 (2022) CARACOLE, INC. Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).					
	Check if Schedule O contains a respor					
	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	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations		·		·	
	and domestic governments. See Part IV, line 21					
2	Grants and other assistance to domestic					
	individuals. See Part IV, line 22	1,587,901.	1,587,901.			
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees	594,361.	541,675.	36,436.	16,250.	
6	Compensation not included above to disqualified					
	persons (as defined under section $4958(f)(1)$ ) and					
	persons described in section 4958(c)(3)(B)					
7	Other salaries and wages	3,286,872.	2,995,511.	201,497.	89,864.	
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)	761 5-1	<b>70.5</b> 0.5 5	25 21:		
9	Other employee benefits	761,954.	726,038.	25,344.	10,572.	
10	Payroll taxes	308,098.	293,575.	10,248.	4,275.	
11	Fees for services (nonemployees):					
а	Management					
b	Legal					
С	Accounting					
d	, 0					
е	Professional fundraising services. See Part IV, line 17					
f	Investment management fees					
g	Other. (If line 11g amount exceeds 10% of line 25,	170 020	00 721	01 001		
	column (A), amount, list line 11g expenses on Sch O.)	179,932.	98,731. 109,763.	81,201. 93,058.	2 020	
12	Advertising and promotion	205,860.	109,763.	93,058.	3,039.	
13	Office expenses	164 700	122 075	29,952.	1 765	
14	Information technology	164,792.	133,075.	29,952.	1,765.	
15	Royalties	331,206.	308,723.	16,305.	6,178.	
16	Occupancy	22,523.	21,666.	283.	574.	
17	Travel	22,323.	21,000.	203.	3/4•	
18	Payments of travel or entertainment expenses					
40	for any federal, state, or local public officials  Conferences, conventions, and meetings	7,035.	3,690.	3,345.		
19		862.	431.	431.		
20 21	Interest Payments to affiliates	002.		±21.		
22	Depreciation, depletion, and amortization	17,911.		17,911.		
23	Insurance	25,235.	18,136.	6,939.	160.	
24	Other expenses. Itemize expenses not covered			0,000		
	above. (List miscellaneous expenses on line 24e. If					
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)					
а	PHARMACY SERVICES	4,864,650.	4,864,359.	89.	202.	
b	SUPPLIES	125,162.	111,368.	13,349.	445.	
c	EQUIPMENT RENT & MAINTE	68,909.	53,996.	13,645.	1,268.	
d	IN KIND GOODS CONTRIBUT	65,922.	31,762.	900.	33,260.	
е	All other expenses	131,060.	94,270.	31,018.	5,772.	
25	Total functional expenses. Add lines 1 through 24e	12,750,245.	11,994,670.	581,951.	173,624.	
26	Joint costs. Complete this line only if the organization					
	reported in column (B) joint costs from a combined					
	educational campaign and fundraising solicitation.					
	Check here if following SOP 98-2 (ASC 958-720)					

Form 990 (2022)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			756,665.	1	636,519.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			35,407.	3	58,467.
	4	Accounts receivable, net			1,604,785.	4	1,598,002.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual	ified per				
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			39,557.	8	
As	9	B			103,805.	9	17,546.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	393,548.			
	b			144,273.	165,021.	10c	249,275.
	11	Investments - publicly traded securities			4,399,313.	11	3,730,555.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			26,500.	15	1,125,458.
	16	Total assets. Add lines 1 through 15 (must equ	ıal line 3	33)	7,131,053.	16	7,415,822.
	17	Accounts payable and accrued expenses			491,503.	17	687,705.
	18	Grants payable				18	
	19	Deferred revenue			13,334.	19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
iab		controlled entity or family member of any of the		22			
_	23	Secured mortgages and notes payable to unrel		23			
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X	0		1 010 070
		of Schedule D			0.	25	
	26	Total liabilities. Add lines 17 through 25	<u></u>	<b>V</b>	504,837.	26	1,901,583.
s		Organizations that follow FASB ASC 958, che	eck her	e X			
JCe		and complete lines 27, 28, 32, and 33.			6,546,635.	0=	E 220 040
<u>a</u>	27				79,581.	27	5,329,848. 184,391.
e B	28	Net assets with donor restrictions			13,301.	28	104,391.
Ë		Organizations that do not follow FASB ASC 9	oo, cne	eck nere			
Net Assets or Fund Balances	20	and complete lines 29 through 33.				20	
ets	29	Capital stock or trust principal, or current funds				29	
\sse	30	Paid-in or capital surplus, or land, building, or e				30	
et A	31	Retained earnings, endowment, accumulated in			6,626,216.	31 32	5,514,239.
ž	32	Total liabilities and not assets/fund balances			7,131,053.	33	7,415,822.
	33	Total liabilities and net assets/fund balances			1,131,033.	აა	1,413,044.

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12	,50	8,6	92.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	75	0,2	45.
3	Revenue less expenses. Subtract line 2 from line 1	3		-24	1,5	53.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	,62	6,2	16.
5	Net unrealized gains (losses) on investments	5		-87	2,1	24.
6	Donated services and use of facilities	6			2,2	00.
7	Investment expenses	7			-5	00.
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	5	,51	4,2	39.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule (	O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

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

Inspection **Employer identification number** Name of the organization CARACOLE 31-1210524 INC. 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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				on failed to qualify	under Part III. If the	organization
Sec	ction A. Public Support	71	,	,			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(u) 2010	(6) 2010	(0) 2020	(4) 2021	(6) 2022	(i) rotar
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
•	column (f)						-
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(a) 2010	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(i) Total
8	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
60	organization, check this box and stop						
	etion C. Computation of Publi			(6)			0.4
	Public support percentage for 2022 (I					14	%
	Public support percentage from 2021 33 1/3% support test - 2022. If the						%
102	stop here. The organization qualifies						
r	33 1/3% support test - 2021. If the		-		d line 15 is 33 1/3%		
_	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te				•		
b	10% -facts-and-circumstances test	-				17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicl	y supported organi	ization	
18	<b>Private foundation.</b> If the organization	on did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s

# Schedule A (Form 990) 2022 CARACOLE, INC. 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

Sec	ction A. Public Support	alow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3699556.	4403146.	5508330.	4907297.		24572385.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5671564.	5926600.	6150695.			30128916.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	9371120.	10329746.	11659025.	11143537.	<u> 12197873.</u>	54701301.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	19,178.	19,866.	11,551.	13,098.	13,422.	77,115.
t	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						0.
c	Add lines 7a and 7b	19,178.	19,866.	11,551.	13,098.	13,422.	77,115.
	Public support. (Subtract line 7c from line 6.)						54624186.
Sec	ction B. Total Support			<u> </u>	Г	Γ	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			11659025. 108,700.			
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	140,612.	140,449.	108,700.	249,266.	109,321.	748,348.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	41.	114,063.	58,290.	94,184.	57,981.	
	Total support. (Add lines 9, 10c, 11, and 12.)			11826015.			•
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, t	tourth, or fifth tax y	ear as a section 5	U1(c)(3) organization	on,
<u>S</u>	check this box and stop here ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (li			column (f))		15	97.94 %
16	Public support percentage from 2021	, , , , , , , , , , , , , , , , , , , ,	•			16	98.03 %
	ction D. Computation of Inves					1 10 1	2 2 3 2 2 70
	Investment income percentage for 20			ne 13, column (f))		17	1.34 %
	Investment income percentage from 2					18	1.44 %
	33 1/3% support tests - 2022. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	nd <b>stop here.</b> The	organization quali	fies as a publicly s	upported organiza	tion	X
20	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						

#### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Var	NI.
	Yes	No
1		
2		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
G		
8		
9a		
9b		
0-		
9c		
10a		
. 54		
10b		
 Δ (Forn	n 000)	2022

Sche	dule A (Form 990) 2022 CARACOLE, INC.	31-121052	4 P	age <b>5</b>
Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one su			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		_	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>C</u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ir	structions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	entity (see instruction	1 '	T
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u>.</u>		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete s	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

instructions).

С	From 2019		
d	From 2020		
е	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i_	Carryover from 2017 not applied (see instructions)		
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D,		
	line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if		
	any. Subtract lines 3g and 4a from line 2. For result greater		
	than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
<u> </u>	Excess from 2022		
		Sc	chedule A (Form 990) 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 2018 AMOUNT: \$ 41. 114,063. 2019 AMOUNT: \$ 2020 AMOUNT: \$ 58,290. 2021 AMOUNT: \$ 5,031. 2022 AMOUNT: \$ 47. NET FUNDRAISING 89,153. 2021 AMOUNT: \$ 57,934. 2022 AMOUNT: \$

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

**Employer identification number** 

2022

INC. 31-1210524 CARACOLE, Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

# CARACOLE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 27,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$0,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CARACOLE,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No. 7	Name, address, and ZIP + 4	\$\$(C	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8			Person X Payroll		
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
No. 9	Humo, audi 633, and £if T T	\$6,744.	Person X Payroll Noncash Complete Part II for concash contributions.)		
(a)	(b)	(c)	(d)		
No. 10	Name, address, and ZIP + 4	\$5,082.	Person X Payroll Noncash Complete Part II for concash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11			Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12		\$5,000.	Person X Payroll  Noncash Complete Part II for concash contributions.)		

# CARACOLE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14		\$7,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15		\$	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 16	Name, address, and ZIP + 4	\$ 25,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

CARACOLI	E, INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_		\$6,691.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	- Trumo, dudi coo, dire En 1 1	\$6,826.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 5,440.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# CARACOLE, INC.

See instructions   See instructions   See instructions	Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
Sacrada   Sacr			FMV (or estimate)	
(a) Some part in the property given in the p		GALA SILENT AUCTION - 4 PAOLO DATE NIGHT EXPERIENCE		
(a) No. rom Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (d) Date received  (e) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (f) FMV (or estimate) (See instructions.)  (g) Date received  (h) Date received  (g) Date received	<u>17</u>	PACKAGES	_	
No. (b) (c) (d) Date received  (a) No. (c) (b) (c) FMV (or estimate) (see instructions.)  (a) No. (b) (c) FMV (or estimate) (see instructions.)  (b) (c) FMV (or estimate) (see instructions.)  (c) FMV (or estimate) (see instructions.)  (d) Date received  (e) No. (c) FMV (or estimate) (see instructions.)  (a) No. (c) FMV (or estimate) (see instructions.)  (a) No. (c) FMV (or estimate) (see instructions.)  (b) Date received  (c) FMV (or estimate) (see instructions.)  (d) Date received  (e) No. (c) FMV (or estimate) (see instructions.)  (a) No. (c) FMV (or estimate) (see instructions.)  (b) Date received  (c) FMV (or estimate) (see instructions.)  (d) Date received  (e) No. (c) FMV (or estimate) (see instructions.)  (d) Date received				10/29/22
(a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)	No. from		FMV (or estimate)	
No. rom Description of noncash property given  (a) No. (b) (c) FMV (or estimate) (See instructions.)  (a) No. (b) Description of noncash property given  (b) Co FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. (b) Description of noncash property given  (a) No. (c) FMV (or estimate) (See instructions.)  (a) No. (b) Description of noncash property given  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. (b) Description of noncash property given  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)				
No. from Description of noncash property given  (a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (a) No. from Description of noncash property given  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)				
(a) No. (b) FMV (or estimate) (See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. (See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (a) No. (c) FMV (or estimate) (See instructions.)	No. from		FMV (or estimate)	
(a) No. from Description of noncash property given \$			_	
No. from Part I  (a) No. from Part I  (b) FMV (or estimate) (See instructions.)  (a) No. from Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (d) Date received  (e) FMV (or estimate) (See instructions.)  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions)  (d) Date received  (e) FMV (or estimate) (See instructions)				
(a) No. from Part I  (a) No. (b) FMV (or estimate) (See instructions.)  (b) Date received  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. (b) FMV (or estimate) (c) FMV (or estimate) (see instructions)  (d) Date received	No. from		FMV (or estimate)	
(a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions)  (d) Date received			_	
(a) No. from Part I  (a) No. (b) FMV (or estimate) (See instructions.)  (b) Date received  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. (b) FMV (or estimate) (c) FMV (or estimate) (see instructions)  (d) Date received			_	
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No. from Description of noncash property given See instructions.)  (a) No. from Description of noncash property given See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (C) FMV (or estimate) (See instructions.)		-	_   Ψ	
(a) No. (b) FMV (or estimate) (See instructions ) Date received			FMV (or estimate)	
(a) No. (b) FMV (or estimate) (See instructions ) Date received			_	
No. (b) (c) (d) FMV (or estimate) (See instructions ) Date received	_		_   \$	
No. (b) (c) (d) FMV (or estimate) (See instructions ) Date received	(a)			
Description of noncash property given (See instructions ) Date received	No.			
		Description of noncash property given		Date received
			_	
			_	

Name of organization **Employer identification number** CARACOLE, INC. 31-1210524 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

CARACOLE, INC.

**Employer identification number** 31-1210524

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring	
	impermissible private benefit?		Yes No	
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreating	tion or education) Preservation o	f a historically important land area	
	Protection of natural habitat	Preservation o	f a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form		
	day of the tax year.		Held at the End of the Tax Year	
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax	
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year	
_			(1) (1) (2) (3)	
8	Does each conservation easement reported on line 2(d) above			
_				
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the	
Par	organization's accounting for conservation easements.  t III   Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets	
	Complete if the organization answered "Yes" on Form			
	If the organization elected, as permitted under FASB ASC 95		and halance sheet works	
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finar			
h	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	oxination, education, or rescaron in fact	norance of public scrivice,	
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea		al gain provide	
_	the following amounts required to be reported under FASB A		g, provide	
а	Revenue included on Form 990, Part VIII, line 1		\$	
	Assets included in Form 990, Part X			

<ul> <li>Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):</li> <li>a Public exhibition</li> <li>b Scholarly research</li> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part</li> </ul>	: XIII.
<ul> <li>a Public exhibition</li> <li>b Scholarly research</li> <li>c Preservation for future generations</li> <li>d Loan or exchange program</li> <li>e Other</li> <li>The other of the organization of t</li></ul>	: XIII.
<ul> <li>b Scholarly research</li> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part</li> </ul>	: XIII.
<ul> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part</li> </ul>	XIII.
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part	: XIII.
	XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	
to be sold to raise funds rather than to be maintained as part of the organization's collection?	Yes No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV,	line 9, or
reported an amount on Form 990, Part X, line 21.	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included	
on Form 990, Part X?	Yes X No
<b>b</b> If "Yes," explain the arrangement in Part XIII and complete the following table:	
	Amount
c Beginning balance	
d Additions during the year 1d	
e Distributions during the year	
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_ Yes       No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	( ) Farm many book
(a) Current year (b) Prior year (c) Two years back (d) Three years back	, , , , , , , , , , , , , , , , , , ,
1a Beginning of year balance         4,393,685.         3,869,651.         3,339,646.         2,601,130.	
<b>b</b> Contributions 5,649. 249,685.	· · · · · · · · · · · · · · · · · · ·
c Net investment earnings, gains, and losses -668,298. 524,034. 524,356. 488,831.	-81,644.
d Grants or scholarships	
e Other expenditures for facilities	
and programs	2 200
f Administrative expenses  g End of year balance  3,725,387. 4,393,685. 3,869,651. 3,339,646.	2,208. 2,407,513.
• ,	2,407,513.
<ul> <li>2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:</li> <li>a Board designated or guasi-endowment</li> <li>99.4718</li> <li>%</li> </ul>	
=	
c Term endowment%	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	Yes No
organization by:	
(i) Unrelated organizations	<del>''</del>
<ul><li>(ii) Related organizations</li><li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li></ul>	<del></del>
Describe in Part XIII the intended uses of the organization's endowment funds.	. [30]
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
Description of property (a) Cost or other (b) Cost or other (c) Accumulated	(d) Book value
basis (investment) basis (other) depreciation	(a) Book value
1a Land	
b Buildings	
c Leasehold improvements 260,869. 51,238.	209,631.
d Equipment 54,765. 40,195.	14,570.
e Other 77,914. 52,840.	25,074.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	249,275.

Schedule D (Form 990) 2022

Part VII	Investments -	Other	Securities.

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 end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<u>(1)</u>		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(8) (9)

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 ' '
(1) SECURITY DEPOSITS	26,500.
(2) RIGHT OF USE ASSET - OPERATING LEASE	1,098,958.
(3)	
<u>(4)</u>	
<u>(5)</u>	
<u>(6)</u>	
(8)	
<u>(9)</u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,125,458.

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINE OF CREDIT	101,039.
(3) OPERATING LEASE LIABILITIES	1,112,839.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,213,878.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2022 CARACOLE, INC.			31-	1210524 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With			<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			_1_	11,638,268.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-872,124.		
b	Donated services and use of facilities	2b	2,200.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-869,924.
3	Subtract line 2e from line 1			3	12,508,192.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	500.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	500.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	12,508,692.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			_1_	12,750,245.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	12,750,245.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	12,750,245
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	•		; Part ː	X, line 2; Part XI,
PAI	RT V, LINE 4:				
IT	SHALL BE THE PURPOSE OF THE FUND TO PROVI	DE FINZ	ANCIAL SUPP	ORT	FOR
CAI	RACOLE TO PERMIT IT TO CONTINUE TO MEET TH	E CURRI	ENT, EVOLVI	NG .	AND
UNI	FORESEEN NEEDS OF INDIVIDUALS AFFECTED BY	HIV/AII	OS IN THE G	REA	TER
CI	NCINNATI AREA AND TO ASSIST CARACOLE IN OT	HER CH	ARITABLE AC	TIV	ITIES
WH:	ICH IT MAY FROM TIME TO TIME UNDERTAKE.				
PAI	RT X, LINE 2:				

THE ORGANIZATION IS AN OHIO NONPROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO THE INTERNAL REVENUE

Schedule D (Form 990) 2022 CARACOLE, INC.

Part XIII Supplemental Information (continued)

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF THE ACCOUNTING
PRONOUNCEMENT RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE
ORGANIZATION RECOGNIZED NO INTEREST OR PENALTIES IN THE STATEMENTS OF
ACTIVITIES FOR EITHER OF THE YEARS ENDED DECEMBER 31, 2022 OR 2021. IF
THE SITUATION AROSE IN WHICH THE ORGANIZATION WOULD HAVE INTEREST TO
RECOGNIZE, IT WOULD RECOGNIZE THIS AS INTEREST EXPENSE AND PENALTIES WOULD
BE RECOGNIZED IN OTHER EXPENSES. CURRENTLY, THE PRIOR THREE YEARS ARE
OPEN UNDER FEDERAL AND STATE STATUTES OF LIMITATIONS AND REMAIN SUBJECT TO
REVIEW AND CHANGE. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT, NOR HAS
THE ORGANIZATION BEEN CONTACTED BY THESE JURISDICTIONS.
BASED ON EVALUATION OF THE ORGANIZATION'S TAX POSITIONS, MANAGEMENT
BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION.
THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS
BEEN RECORDED FOR EITHER OF THE YEARS ENDED DECEMBER 31, 2022 OR 2021
PART V - ENDOWMENT FUND - BEGINNING OF YEAR
THE PRIOR YEAR BEGINNING BALANCE (COLUMN B) DOES NOT EQUAL THE TWO YEAR
BACK ENDING BALANCE (COLUMN C) DUE TO A PRIOR PERIOD ADJUSTMENT ON THE
FORM 990 REPORTING.

### SCHEDULE G (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

CARACOL	E, INC.				31-1210	524
Part I Fundraising Activities.	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this part						
<ul> <li>Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or</li> </ul>	e Solicitat f Solicitat g Special	tion of tion of fundra	non-g gover aising (	overnment grants nment grants events	tees, or	
<ul><li>key employees listed in Form 990, Pa</li><li>b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li></ul>	art VII) or entity in connection with priduals or entities (fundraisers) pursu	rofessi	onal fu	undraising services?	Yes	<u> </u>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						
3 List all states in which the organizatio or licensing.				or has been notified	it is exempt from re	gistration

CARACOLE, INC. Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through 5K FOR AIDS GALA col. (c)) (event type) (event type) (total number) 52,539. 95,979. 148,518. Gross receipts 2 Less: Contributions 52,539. 95,979. 148,518. 3 Gross income (line 1 minus line 2) 4 Cash prizes 259. 259. 5 Noncash prizes Direct Expenses 6 Rent/facility costs 8,720. 8,720. 32,500. 32,500. 7 Food and beverages 1,700. 1,700. 8 Entertainment 13,560. 9,859. 23,419. 9 Other direct expenses 66,598. **10** Direct expense summary. Add lines 4 through 9 in column (d) ..... 81,920. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ...... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	nedule G (Form 990) 2022 CARACOLE,	INC. 3	1-121052 <b>4</b> Pag	e <b>3</b>
11	Does the organization conduct gaming activities with	nonmembers?	Yes	No
12		a trust, or a member of a partnership or other entity formed		
12	to administer charitable gaming?	in	Yes	No
			13a	%
				<del>//</del>
		res the organization's gaming/special events books and records:		
	Name			
	Address			
15a	a Does the organization have a contract with a third par	ty from whom the organization receives gaming revenue?	Yes	No
b	b If "Yes," enter the amount of gaming revenue received	by the organization \$ and the amount	nt	
	of gaming revenue retained by the third party \$ _			
C	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee	Independent contractor		
17	Mandatory distributions:			
а	a Is the organization required under state law to make of	charitable distributions from the gaming proceeds to		
				No
b	•	law to be distributed to other exempt organizations or spent in the	ne	
Pa	organization's own exempt activities during the tax yeart IV Supplemental Information. Provide t	ar \$ he explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III. lines 9, 9b, 10l	
		ovide any additional information. See instructions.		-,

Schedule G	i (Form 990)	CARACOLE,	INC.	31-1210524	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)			

#### **SCHEDULE I** (Form 990)

### **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public

OMB No. 1545-0047

Internal Revenue Service

Attach to Form 990. Department of the Treasury Inspection Go to www.irs.gov/Form990 for the latest information. **Employer identification number** Name of the organization 31-1210524 CARACOLE, INC. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other)

								1			
								1			
2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table										
3	Enter total number of other organizations listed in the line 1 table										

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASE MANAGEMENT AND COPAYS	1284	413,868.	0.		
HELTER PLUS CARE PROGRAM	137	624,245.	0.		
ERMANENT SUPPORTIVE HOUSING	199	343,561.	0.		
ARACOLE HOUSE	25	206,227.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION DIRECTLY PROVIDES ASSISTANCE TO INDIVIDUALS AFFECTED BY OR

AT RISK FOR HIV. FOR ANY CLIENT ENROLLED IN OUR CASE MANAGEMENT OR HOUSING

PROGRAMS, INDVIDUALS ARE REQUIRED TO PROVIDE EVIDENCE OF A POSITIVE HIV

TEST FOR ENROLLMENT. A LIMITED AMOUNT OF DIRECT ASSISTANCE IS PROVIDED TO

CLIENTS IN OUR PREVENTION PROGRAMS, IN WHICH IT DOES NOT REQUIRE THAT

CLIENTS MUST BE HIV POSITIVE.

## SCHEDULE J (Form 990)

# **Compensation Information**

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

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

CARACOLE, INC.

Part I Questions Regarding Compensation

Employer identification number 31-1210524

	Questions negariting compensation		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		100	110
	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			1
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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			1
	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			1
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		
	1094144010 0004011 00.7000 0(0)1			

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 CARACOLE, INC. 31-1210524

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LINDA SEITER	(i)	159,307.	0.	0.	0.	0.	159,307.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							_
	(ii)							_
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Schedule J (Form 990) 2022	CARACOLE,	INC.					31-1210524	Page 3
Part III Supplemental Informa	tion							
Provide the information, explanat	on, or descriptions req	uired for Part I, lines 1	a, 1b, 3, 4a, 4b, 4c, 5	a, 5b, 6a, 6b, 7, and	d 8, and for Part II. Als	so complete this p	eart for any additional informa	ition.
						<u> </u>		

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

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public

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.

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

. Inspection Employer identification number

	CARACOLE, IN	С.			31-1	.210524	Į.
Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - 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	Х	21	31,461.			
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ( SPECIAL EVENT I )	X	46	34,461.			
26	Other ()						
27	Other ()						
28	Other (						
29	Number of Forms 8283 received by the organiz	-	•				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement <b>29</b>			
						Yes	No_
30a	During the year, did the organization receive by			,	*		
	must hold for at least 3 years from the date of						1,7
	exempt purposes for the entire holding period?					30a	<u> </u>
	If "Yes," describe the arrangement in Part II.					_	37
31	Does the organization have a gift acceptance p	•	*	•	ons?	31	<u> </u>
32a	Does the organization hire or use third parties						٠,,
	contributions?					32a	<u> </u>
	If "Yes," describe in Part II.		_				
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	tor which column (a) is chec	ked,		

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CARACOLE, INC.

Employer identification number 31-1210524

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVED 24 HOUSEHOLDS WITH MORTGAGE, UTILITY AND RENTAL ASSISTANCE IN

SHORT TERM HOUSING ASSISTANCE.

TESTED 1,451 INDIVIDUALS IN HIV TESTING.

PROVIDED HARM REDUCTION SERVICES TO 1,291 IN SYRINGE SERVICES PROGRAM.

PROVIDED HARM REDUCTION SUPPLIES FOR 856 PARTICIPANTS WITH OUR HARM

REDUCTION VENDING MACHINE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD RECEIVES A COPY OF THE 990 PRIOR TO FILING THE RETURN. BOARD MEMBERS HAVE THE OPPORTUNITY TO ASK QUESTIONS AND VOICE CONCERNS.

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

EMPLOYEES SIGN A CONFLICT OF INTEREST STATEMENT WHEN THEY BEGIN EMPLOYMENT.

BOARD MEMBERS AND OFFICERS SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY

AT A BOARD MEETING. IN MORE INDIRECT CONFLICT SITUATIONS, A SIMPLE

ACKNOWLEDGEMENT THAT THE CONFLICT EXISTS IS MADE KNOWN BEFORE VOTING. FOR

MORE DIRECT CONFLICTS AND ANY FINANCIAL CONFLICTS, A MEMBER IS NOT ALLOWED

TO VOTE.

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

THE EXECUTIVE COMMITTEE DISCUSSES CHIEF EXECUTIVE OFFICER'S PERFORMANCE AND THE CHAIR OF THE BOARD DELIVERS THAT EVALUATION TO THE EXECUTIVE DIRECTOR.

KEY EMPLOYEES RECEIVE AN ANNUAL PERFORMANCE EVALUATION BY THE EXECUTIVE DIRECTOR AND GET THE SAME PERCENTAGE INCREASE AS ALL OTHER EMPLOYEES.

NON-PROFIT SALARY INFORMATION IS OBTAINED FROM THE UNITED WAY AND EMPLOYERS

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** CARACOLE, INC. 31-1210524 RESOURCE ASSOCIATION. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THEY ARE ALSO PROVIDED TO CURRENT AND PROSPECTIVE FUNDING SOURCES WHEN REQUESTED. THE FINANCIAL STATEMENTS ARE POSTED ON GUIDESTAR WHICH CAN BE ACCESSED THROUGH THE ORGANIZATION'S WEBSITE. THE FINANCIALS ARE ALSO AVAILABLE UPON REQUEST. PART XII LINE 2C THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.