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For the tax year ended: December 31, 2022

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DIDITO TNODECETON CODV

OMB No. 1545-0047 2 pen to Public Inspection

(d) Disbursements for charitable purposes (cash basis only)

1

0.

5,138.

1,853.

6,991. 33,000.

39,991.

					JELIC INSPEC				_
For	. Q	90-PF			Return of Private				OMB No. 1545-00
Den	-		D		ction 4947(a)(1) Trust Trea ocial security numbers on			de public.	
Inter	nal Re	t of the Treasury venue Service	(s.gov/Form990PF for instru	uctions and t	he latest info		Open to Public Inspe
For	caler	ndar year 2022 o	or tax year beginning			, and e	nding		
Na	me of	f foundation						A Employer identification	on number
т		adar Cara	a Daundat	ian T				47 220216	0
			es Foundat				Room/suite	47-228316	0
			Way, Suite		address)		Hoom/suite	B Telephone number 352-751-3	016
-			vince, country, and ZI		lostal codo				
		Villag		163				C If exemption application is	pending, check here
		all that apply:	Initial return		Initial return of a f	ormer nublic (harity	D 1. Foreign organization	ns, check here
u .	11001	tan that apply.	Final return		Amended return		manty		
			Address ch		Name change			2. Foreign organizations n check here and attach	neeting the 85% test, computation
H (Check	type of organiza		0	kempt private foundation			E If private foundation st	
	_	•••	nonexempt charitable		Other taxable private found	ation		under section 507(b)(
I F		() ()	assets at end of year		ing method: X Cash	Accr	ual	F If the foundation is in a	
(f	rom F	Part II, col. (c), lii			ther (specify)			under section 507(b)(
	\$				nn (d), must be on cash bas	sis.)			
Pa	art I	Analysis of R	evenue and Expenses	d (d) may not	(a) Revenue and		ivestment	(c) Adjusted net	(d) Disbursements for charitable purpos
			unts in columns (b), (c), an I the amounts in column (a		expenses per books	inco	ome	income	(cash basis only)
	1	Contributions,	gifts, grants, etc., recei	ved	7,619.			N/A	
	2		if the foundation is not required	to attach Sch. B					
	3								
	4		nterest from securities						
	5a	Gross rents							
	b	Net rental income	or (loss)						
ē	6a	Net gain or (loss) f Gross sales price	rom sale of assets not on	line 10					
Revenue	b	assets on line 6a							
Jev Sev			come (from Part IV, line 2)				0.		
_	8		capital gain						
	9	Gross sales less r	ations						
	10a	and allowances							
		Less: Cost of good							
			(loss)		54 141		0.		Statement
					<u>54,141.</u> 61,760.		0.		Statement
		Total. Add lines	-		01,700.		0.		
	13		officers, directors, trustees		0.		0.		
	14		salaries and wages						
se									
Operating and Administrative Expenses	108	Δοςομητίης foo	s St	mt 2	5,138.		0.		5,1
XD6			nal fees		5,150.		•		5,1
е									
ativ									
istr	19		d depletion						
nin	20								
Adr	21		nces, and meetings						
pu	22		blications						1
gal	23	Other expenses	St	mt 3	1,853.		0.		1,8
Itin	24		and administrative		_,				
)era					6,991.		0.		6,9
õ	25	-			33,000.				33,0
	26		and disbursements.						
			d 25		39,991.		0.		39,9
	27	Subtract line 26							

21,769.

0.

N/A

223501 12-06-22 LHA For Paperwork Reduction Act Notice, see instructions.

 \boldsymbol{a} Excess of revenue over expenses and disbursements

C Adjusted net income (if negative, enter -0-).

b Net investment income (if negative, enter -0-)_____

For	m 99	00-PF (2022) Parady Cares Foundation	, Inc.	47-2	2283160 Page 2
	art	II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of	year
P	art	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	59,219.	80,981.	80,981.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ş	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
Ř	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	59,219.	80,981.	80,981.
		Accounts payable and accrued expenses	7.		
		Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
-iat	21	Mortgages and other notes payable			
-	22	Other liabilities (describe)			
		Tatel Lishilities (add lines 17 through 00)	7.	0.	
_	23	Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here	1•	• •	
		and complete lines 24, 25, 29, and 30.			
Fund Balances	24		59,212.	80,981.	
alan	25		3372220		
B	20	Foundations that do not follow FASB ASC 958, check here			
ŭ		and complete lines 26 through 30.			
Ω	26	Capital stock, trust principal, or current funds			
ş	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
sse	28	Retained earnings, accumulated income, endowment, or other funds			
Net Assets	29	Total net assets or fund balances	59,212.	80,981.	
R				,	
	30	Total liabilities and net assets/fund balances	59,219.	80,981.	
Ρ	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	29		
	(mus	st agree with end-of-year figure reported on prior year's return)			59,212.
		r amount from Part I, line 27a			21,769.
		r increases not included in line 2 (itemize)		3	0.
4	hhΔ	lines 1 2 and 3			80 981

 4 Add lines 1, 2, and 3
 4
 0 ∪ ,

 5 Decreases not included in line 2 (itemize)
 5

 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29
 6

0.

		ady Cares Founda					47-	228	3160	Page 3
Pa	•	and Losses for Tax on Ir			(b) aut a a	autical 1				
	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					quired nase ition	(c) Date acqu (mo., day, y		(d) Date (mo., da	
1a										
b	NO	NE								
C										
d										
е										
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or othe plus expense				(h) Gain (((e) plus (f)			
a										
b					_					
C										
d										
e	Complete only for eccets abovi	ng goin in column (b) and owned by	the foundation on 12/2	1/60	_		<u> </u>			
	complete only for assets showing	ng gain in column (h) and owned by	1		_		(I) Gains (Col. (ol. (k), but not l			
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of over col. (j),				Losses (fro	m col. (h))	
 b										
 C										
d										
e										
3 N If		apital loss) ss) as defined in sections 1222(5) ar , column (c). See instructions. If (loss	- in Part I, line 7 nd (6):		} 2 } 3					
Pa	rt V Excise Tax Bas	sed on Investment Incon	ne (Section 494	0(a), 494	40(b), o	r 4948	- see inst	ructi	ons)	
1a	Exempt operating foundations	described in section 4940(d)(2), che	eck here 🔜 🔲 and	d enter "N/A	on line 1					
	Date of ruling or determination		tach copy of letter if n	-	see instru	ctions)	1			0.
b		enter 1.39% (0.0139) of line 27b. E								
	enter 4% (0.04) of Part I, line 1	12, col. (b)								0
	,	tic section 4947(a)(1) trusts and tax	able foundations only;	others, ente	er -0-)					0.
							3			0.
4		stic section 4947(a)(1) trusts and tax			er -0-)					0.
5		ome. Subtract line 4 from line 3. If ze	ro or less, enter -U				5			0.
	Credits/Payments:	and 2021 overpayment credited to 20	022 6a	I			o.			
		tax withheld at source								
		ktension of time to file (Form 8868)								
		ly withheld					0.			
		dd lines 6a through 6d		1						0.
8	Enter any penalty for underpay	yment of estimated tax. Check here	if Form 2220 is a							0.
9		and 8 is more than 7, enter amount								0.
10		e than the total of lines 5 and 8, enter								
11		be: Credited to 2023 estimated tax				Refunde				

Form 990-PF (20			Foundation,	Inc.
Part VI-A	Statements Reg	arding Ac	tivities	

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition			X
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		Х
c	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		x
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			X
	\mathbf{N}/\mathbf{A}	4b		<u> </u>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			x
Ŭ	If "Yes," attach the statement required by <i>General Instruction T</i> .	Ű		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
v	• By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	
'				
82	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	FL, CO			
ŀ	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
-	of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	05		
v	year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		x
12				
12		12		x
13	If "Yes," attach statement. See instructions Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		Х	- 23
10	Website address ParadyCares.org	13	21	
14	The books are in care of Kathleen Laseter, CPA, CFP Telephone no. 352-7	51-3	016	
14	Located at 340 Heald Way, Suite 226, The Villages, FL			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	2105		
10		N	/A	. ــــــا
10			Yes	No
10	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank,		165	No X
	securities, or other financial account in a foreign country?	16	L	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	orm 990		(2022)
	F	7111 23(/~~r	(2022)

_					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year, did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1a(1)		X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?		1a(2)		X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1a(3)		Х
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1a(4)		Х
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
	for the benefit or use of a disqualified person)?		1a(5)		Х
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	if the foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days.)		1a(6)		Х
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		
C	Organizations relying on a current notice regarding disaster assistance, check here				
C	I Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 2022?		1d		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
	defined in section 4942(j)(3) or 4942(j)(5)):				
a	At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines				
	6d and 6e) for tax year(s) beginning before 2022?		2a		Х
	If "Yes," list the years,,,,				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach				
	statement - see instructions.)	N/A	2b		
C	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	yy				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	during the year?		3a		Х
b	If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to disp	ose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,				
	Schedule C, to determine if the foundation had excess business holdings in 2022.)	N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose th	at			
	had not been removed from jeopardy before the first day of the tax year beginning in 2022?	<u></u>	4b		Х
		-	000		(0000)

Form 990-PF (2022)Parady Cares Foundation, Inc.47Part VI-BStatements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to:		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		Х
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,			
any voter registration drive?	5a(2)		Х
(3) Provide a grant to an individual for travel, study, or other similar purposes?			Х
(4) Provide a grant to an organization other than a charitable, etc., organization described in section			
4945(d)(4)(A)? See instructions	5a(4)		Х
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for			
the prevention of cruelty to children or animals?	5a(5)		Х
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See instructions N/A	5b		
c Organizations relying on a current notice regarding disaster assistance, check here			
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained			
expenditure responsibility for the grant? N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on			
a personal benefit contract?	6a		Х
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		Х
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		Х
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8 Is the foundation 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?	8		Х

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Gregory J. Parady	Trustee/Direc	tor		
340 Heald Way, Suite 226				
The Villages, FL 32163	16.00	0.	0.	0.
Jennifer Parady	Trustee/Direc	tor		
340 Heald Way, Suite 226				
The Villages, FL 32163	16.00	0.	0.	0.
Kathleen Laseter	Trustee/Direc	tor		
340 Heald Way, Suite 226				
The Villages, FL 32163	16.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
	4			

Form 990-PF (2022)

0

Total number of other employees paid over \$50,000

Part VII Information About Officers, Director Paid Employees, and Contractors (co	s, Trustees, Foundati Intinued)	on Managers, Highly	
3 Five highest-paid independent contractors for profession		NONE."	
(a) Name and address of each person paid more that	an \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of others receiving over \$50,000 for professional services		•	0
Part VIII-A Summary of Direct Charitable Activ	rities		-
List the foundation's four largest direct charitable activities during the ta number of organizations and other beneficiaries served, conferences co	x year. Include relevant statistica nvened, research papers produc	al information such as the ced, etc.	Expenses
1 N/A			
]
2			
			4
3			-
			-
4			
·			1
			1
Part VIII-B Summary of Program-Related Invest			
Describe the two largest program-related investments made by the foun	idation during the tax year on lin	es 1 and 2.	Amount
1 N/A			
			4
-			
2			-
			-
All other program-related investments. See instructions.			
3			
			1
]
			1
			4
			<u> </u>
Total. Add lines 1 through 3			0.

	-		_
Parady	Cares	Foundation,	Inc.

P	Art IX Minimum Investment Return (All domestic foundations must complete this part. Foreign fo	undations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	59,302.
	Fair market value of all other assets (see instructions)	1c	
	Total (add lines 1a, b, and c)	1d	59,302.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	59,302.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	890.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	58,412.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	2,921.
Ρ	Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here and do not complete this part.)	and certain	
1	Minimum investment return from Part IX, line 6	1	2,921.
2a	Tax on investment income for 2022 from Part V, line 5		
b			
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,921.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,921.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	2,921.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	39,991.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	39,991.

Form **990-PF** (2022)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X,	Corput		2021	
line 7				2,921.
2 Undistributed income, if any, as of the end of 2022:			0.	
a Enter amount for 2021 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:		•		
76 074				
eFrom 2020 6,105.				
f Total of lines 3a through e	321,667.			
4 Qualifying distributions for 2022 from				
Part XI, line 4: \$ 39,991.				
a Applied to 2021, but not more than line 2a			0.	
b Applied to undistributed income of prior			-	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		-		
(Election required - see instructions)	Ο.			
d Applied to 2022 distributable amount				2,921.
e Remaining amount distributed out of corpus	37,070.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a).)				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	358,737.			
b Prior years' undistributed income. Subtract	550,757.			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		Ο.		
e Undistributed income for 2021. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2022. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2023				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2017				
not applied on line 5 or line 7	111,238.			
9 Excess distributions carryover to 2023.				
Subtract lines 7 and 8 from line 6a	247,499.			
10 Analysis of line 9:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020 51,377. d Excess from 2021 6,105.				
e Excess from 2022 37,070.				

Form 990-PF (2022) Parady Ca	ares Found	ation, Inc.		47-22	83160 Page 10
Part XIII Private Operating Fou	Indations (see in:	structions and Part VI	-A, question 9)	N/A	
1 a If the foundation has received a ruling or de	etermination letter that	it is a private operating			
foundation, and the ruling is effective for 20)22, enter the date of t	he ruling			
b Check box to indicate whether the foundation				4942(j)(3) or 494	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	-	Prior 3 years		
income from Part I or the minimum	(a) 2022	(b) 2021	(c) 2020	(d) 2019	(e) Total
investment return from Part IX for					
each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI,					
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part IX, line 6, for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XIV Supplementary Inform			if the foundation	n had \$5,000 or mo	ore in assets
at any time during the	e year-see insti	uctions.)			

Information Regarding Foundation Managers: 1

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

None

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: 2 Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2022)Parady Cares Foundation, Inc.Part XIVSupplementary Information (continued)

3 Grants and Contributions Paid During the		Payment	-	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Angel Wigs of Hope, Inc.		PC	General Support	
655 Braga Way				10.00
The Villages, FL 32162				10,000
Hands of Mercy Everywhere, Inc.		PC	General Support	
6017 SE Robinson Road				
Belleview, FL 34220				1,000
Marine Toys for Tots Foundation		PC	General Support	
18251 Quantico Gateway Drive				10.000
Triangle, VA 22172				10,000
McKenzie's Moment, Inc.		PC	General Support	
4110 SE 39th Circle				
Ocala, FL 34480				10,000
Wildwood Prep Track & Field Club		PC	General Support	
607 Barwick Street				
Wildwood, FL 34785 Total See Co	ontinuation she		0.0	1,000 33,000
b Approved for future payment				55,000
None				
Total				000 DE (000

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.		d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a b c					
d e f					
g Fees and contracts from government agencies2 Membership dues and assessments					
a Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate: a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events			01	54,141.	
10 Gross profit or (loss) from sales of inventory				-	
11 Other revenue:					
a					
b					
C					
d					
12 Subtotal. Add columns (b), (d), and (e)		0.		54,141.	0.
13 Total . Add line 12, columns (b), (d), and (e)					54,141.
(See worksheet in line 13 instructions to verify calculations.)					
Part XV-B Relationship of Activities to	the Acco	mplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incom the foundation's exempt purposes (other than b			contrib	uted importantly to the accom	plishment of
	y providing full				

Parady Cares Foundation, Inc.

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

	Exempt organizations			
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)		Yes	No
	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		Х
	(2) Other assets	1a(2)		Х
b	Other transactions:	14. AN 1		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		Х
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		Х
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		Х
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		Х
C	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a)Line no	D.	(b) Amount involved	(c) Name o		e exempt organization	(d) Descriptio	n of transfers, transacti	ons, and sharing arrangements
				N/A				
	-							
2a Isth	ne four	dation directly or indirect	ly affiliated with, or	related to, one	or more tax-exempt organ	izations described		
in se	ection	501(c) (other than section	n 501(c)(3)) or in s	ection 527?				Yes X No
b lf"Y	'es," co	mplete the following sche	edule.					
		(a) Name of org			(b) Type of organization		(c) Description of re	elationship
		N/A						
	Unde	r penalties of perjury, I declare	that I have examined	this return, includi	ing accompanying schedules an	nd statements, and to th	e best of my knowledg	
Sign	and b	belief, it is true, correct, and co	omplete. Declaration of	preparer (other tha	an taxpayer) is based on all info	rmation of which prepar	er nas any knowledge.	return with the preparer shown below? See instr.
Here		46	T	•	04/11/2023	Director	r in the second s	🛛 Yes 🗌 No
	Sign	ature of officer or trustee	F		Date	Title		and the second
		Print/Type preparer's na	ime	Preparer's si	gnature	Date	Check if	PTIN
				121	1/2		self- employed	
Paid		Kaylyn A. V	arnum	Kaylı	n Varnim	04/03/23		P01691975
Prepa	rer	Firm's name Batt	s Morriso	on Wale	s & Lee, P.A	1.	Firm's EIN 20	-4193611
Use C	Only							
		Firm's address 801	North On	range A	venue, Suite	800		
			ando, FL					7-770-6000

Form 990-PF (2022)

223622 12-06-22

47-2283160 Page 13

Parady Cares	Foundation,	Inc.
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47-2283160

Part XIV Supplementary Information		,		200200
3 Grants and Contributions Paid During the Ye	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	Contribution	Amount
Wildwood Soup Kitchen, Inc.		PC	General Support	
P.O. Box 1762				
Wildwood, FL 34785				1,000.
Total from continuation sheets				1,000.
ו טומו ווטווו נטוונווועמנוטוו גוופפנג				±,000.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

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

2022

er

Name of the organizatio	n	Employer identification numb
	Parady Cares Foundation, Inc.	47-2283160
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 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.

_

Name of organization

Parady Cares Foundation, Inc.

Employer identification number

47-2283160

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	Gregg and Christine Baldwin 2304 Clearwater Run The Villages, FL 32162	\$6,248.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIF + 4	\$	Person Payroll On Noncash Occurrence (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Employer identification number

47-2283160

Parady Cares Foundation, Inc.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- 			

Schedule	B (Form 990) (2022)			Page 4	
Name of o	organization			Employer identification number	
Parad	y Cares Foundation, Inc.			47-2283160	
	Exclusively religious, charitable, etc., contribution	ons to organizations described in se			
	from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch	hrough (e) and the following line ent aritable, etc., contributions of \$1,000 or I	ry. For organizations ess for the year. (Enter this inf	o. once.) \$	
	Use duplicate copies of Part III if additional s	pace is needed.			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held	
Part I					
		(e) Transfer of gif	t		
	Transferee's name, address, an	d 7IP + 4	Relationshin of t	ransferor to transferee	
		[
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held	
·	I	(a) Transfor of sif	I		
		(e) Transfer of gif	L		
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
(a) No.			() -		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held	
		(e) Transfer of gif	t I		
	Transferee's name, address, an	d ZIP + 4	Relationship of t	transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held	
Part I		., .			
		(e) Transfer of gif	t		
	Transferee's name, address, an	d 7IP + 4	Relationship of t	ransferor to transferee	

Parady Cares Foundation, Inc.

Form 990-PF	Other 1	Income		Statement 1
Description		(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
Gross Income from Special Fundraising Events		54,141.	0.	
Total to Form 990-PF, Part I,	line 11	54,141.	0.	
Form 990-PF	Account	ing Fees		Statement 2
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Accounting Fees	5,138	. 0	•	5,138.
 To Form 990-PF, Pg 1, ln 16b =	5,138	. 0	- 	5,138.
Form 990-PF	Other I	Expenses		Statement 3
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Filing, Annual Report, & Reg. Fees Liability Insurance Bank Fees	75 1,314 464	. 0	•	75. 1,314. 464.
To Form 990-PF, Pg 1, ln 23	1,853	. 0		1,853.