

FORM 990-EZ

Department of Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt
From Income Tax

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

OMB No. 1545-1150

2025

Open To Public Inspection

A For the 2025 calendar year, or tax year beginning 01/01/2025, and ending 12/31/2025		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of Organization CANDY CARES INC	D Employer ID number 88-2387424
	Number and Street (or P.O. box, if mail is not delivered to street address) 5516 GREENEFIELD DR S	E Telephone number 7576060669
	City or town, state or country, and Zip + 4 PORTSMOUTH, VA 23703-3844	F Group Exemption Number
G Accounting method: ☒ Cash ☐ Accrual ☐ Other:		☐ Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: www.candycares.org		
J Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ☐ 4947(a)(1) ☐ 527		
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other:		

Reasonable cause explanation for late filing or another exception (optional; 9000 characters max):

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I. ☒

1	Contributions, gifts, grants, and similar amounts received.	\$	46933
2	Program service revenue including government fees and contracts	\$	0
3	Membership dues and assessments	\$	0
4	Investment income	\$	0
5a	Gross amount from sale of assets other than inventory	\$	0
5b	Less: cost or other basis and sales expenses	\$	0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	\$	0
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	\$	0
6b	Gross income from fundraising events (Not including 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	\$	0
6c	Less: direct expenses from gaming and fundraising events	\$	0
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	\$	0
7a	Gross sales of inventory, less returns and allowances	\$	0
7b	Less: cost of goods sold	\$	0
7c	Gross profit or (loss) from sales of inventory	\$	0
8	Other revenue	\$	70
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	\$	47003
10	Grants and similar amounts paid (list in Schedule O)	\$	0
11	Benefits paid to or for members	\$	0
12	Salaries, other compensation, and employee benefits	\$	0
13	Professional fees and other payments to independent contractors		0
14	Occupancy, rent, utilities, and maintenance	\$	8311
15	Printing, publications, postage, and shipping	\$	0
16	Other expenses (describe in Schedule O)	\$	32966
17	Total expenses Add lines 10 through 16	\$	41277
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	\$	5726
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior years return)	\$	13324
20	Other changes in net assets or fund balances (explain in Schedule O)	\$	-737
21	Net assets or fund balances at end of year. Combine lines 18 through 20	\$	18313

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☐

22	Cash, savings, and investments	\$ 6353	\$ 9315
23	Land and buildings	\$ 0	\$ 0
24	Other assets (describe in Schedule O)	\$ 6971	\$ 8998
25	Total assets	\$ 13324	\$ 18313
26	Total liabilities (describe in Schedule O)	\$ 0	\$ 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	\$ 13324	\$ 18313

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. ☐**What is the organizations primary exempt purpose?**

Charitable Candy Cares, Inc. serves the food-insecure members of our community. We provide free meals, operate a food pantry, and provide personal hygiene kits, clothing, shoes, and other basic needs.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Description:

(Grants: \$)

☐ If this amount includes foreign grants, check here**29 Description:**

(Grants: \$)

☐ If this amount includes foreign grants, check here**30 Description:**

(Grants: \$)

☐ If this amount includes foreign grants, check here**31 Other program services** (describe in Schedule O)

(Grants: \$)

☐ Check if this amount includes foreign grants**Expenses**
(Required for
section 501(c)(3)
and 501(c)(4)
organizations;**28a**
\$**29a**
\$**30a**
\$**31a****32 Total program service expenses** (add lines 28a through 31a)

\$ 0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Candace Harris, President	20.00	\$ 0	\$ 0	\$ 0
Adriane Ward, Treasurer	5.00	\$ 0	\$ 0	\$ 0
Michelle Gray, Secretary	5.00	\$ 0	\$ 0	\$ 0
Tim Edmonds, Board Member	5.00	\$ 0	\$ 0	\$ 0
AC Wright, Board Member	5.00	\$ 0	\$ 0	\$ 0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	☐	☒
34	Were any significant changes made to the organizing or governing documents? If Yes, attach a conformed copy of the amended documents if they reflect a change to the organization name. Otherwise, explain the change on Schedule O. See instructions	☐	☒
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	☐	☒
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	☐	☒
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	☐	☒

36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.	☐	☒
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	\$	0
37b	Did the organization file Form 1120-POL for this year?	☐	☒
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	☐	☒
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved.	\$	
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	\$	
39b	Gross receipts, included on line 9, for public use of club facilities	\$	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: Section 4911: Section 4912: section 4955:		
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1.	☐	☒
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualified persons during the year under sections 4192, 4955, and 4958.		
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	☐	☒
41	List the states with which a copy of this return is filed:		
42a	The organization books are in care of Candace Harris, Telephone no. 7576060669 Located at 5516 Greenefield Dr S, Portsmouth , VA, 23703		
42b	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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	☐	☒
42c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	☐	☒
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041: Enter the amount of tax-exempt interest received or accrued during the tax year.	☐	☒
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	☐	☒
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	☐	☒
44c	Did the organization receive any payments for indoor tanning services during the year?	☐	☒
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	☐	☒
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	☐	☒
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	☐	☒
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	☐	☒

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
47	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	☐	☐
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	☐	☐
49a	Did the organization make any transfers to an exempt non-charitable related organization?	☐	☐
49b	If "Yes," was the related organization a section 527 organization?	☐	☐
50	Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees, and key		

employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

-- none --

50f Total number of other employees paid over \$100,000

51 Complete this table for the organizations five highest compensated independent contractors who received more than \$100,000 of compensation from the organization. If there is none, enter "None."

-- none --

51d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A?

Note: All section 501(c)(3) organizations must attach a completed Schedule A.



Schedule A (Form 990 or 990-EZ) Department of 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. Attached to Form 990 or Form 990-EZ.	OMB No. 1545-0047
		2025
		Open To Public Inspection
Name of the organization: CANDY CARES INC		Employer identification number: 88-2387424

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1	☐	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	☐	A school described in section 170(b)(1)(A)(ii).
3	☐	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	☐	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5	☐	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).
6	☐	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	☒	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.)
8	☐	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9	☐	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 university:
10	☐	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.)
11	☐	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
12a	☐	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.
12b	☐	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.
12c	☐	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.
12d	☐	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.
12e	☐	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.
12f	Enter the number of supported organizations:	
12g	Provide the following information about the supported organization(s).	

(I) Name of supported organization	(II) EIN	(III) Type of organization (described in line 1-10 above)	(IV) Is the organization listed in your governing document?	(V) Amount of monetary support	(VI) Amount of other support
-- none --					

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) >		(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$ 0	\$ 1759	\$ 11115	\$ 46177	\$ 46933	\$ 105984
2	Tax revenues levied for the organizations benefit and either paid to or expended on its behalf	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
4	Total. Add lines 1 through 3	\$ 0	\$ 1759	\$ 11115	\$ 46177	\$ 46933	\$ 105984
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)						\$ 0
6	Public support. Subtract line 5 from line 4						\$ 105984

Section B. Total Support

Calendar year (or fiscal year beginning in) >		(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7	Amounts from line 4	\$ 0	\$ 1759	\$ 11115	\$ 46177	\$ 46933	\$ 105984
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
11	Total support. Add lines 7 through 10						\$ 105984
12	Gross receipts from related activities, etc. (see instructions)						\$ 0
13	First five years. If the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☒

Section C. Computation of Public Support Percentage

14	Public support percentage for 2025 (line 6, column (f) divided by line 11, column (f))	0 %
15	Public support percentage from 2024 Schedule A, Part II, line 14	0 %
16a	33 1/3% support test—2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
16b	33 1/3% support test—2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
17a	10%-facts-and-circumstances test—2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	☐
17b	10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	☐
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) >		(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organizations tax-exempt purpose	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
4	Tax revenues levied for the organizations benefit and either paid to or expended on its behalf	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
5	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0

6	Total. Add lines 1 through 5	\$	0	\$	0	\$	0	\$	0	\$	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	\$	0	\$	0	\$	0	\$	0	\$	0	0
7b	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	\$	0	\$	0	\$	0	\$	0	0
7c	Add lines 7a and 7b	\$	0	\$	0	\$	0	\$	0	\$	0	0
8	Public support. (Subtract line 7c from line 6.)									\$		0

Section B. Total Support

	Calendar year (or fiscal year beginning in) >	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9	Amounts from line 6	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
10b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
10c	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
11	Net income from unrelated business activities, whether or not the business is regularly carried on	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
13	Total support. Add lines 7 through 10	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0
12	Gross receipts from related activities, etc. (see instructions)						\$ 0
13	First five years. If the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☒

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f) divided by line 13, column (f))	0 %
16	Public support percentage from 2024 Schedule A, Part III, line 15	0 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2025 (line 10c, column (f) divided by line 13, column (f))	0.00 %
18	Investment income percentage from 2024 Schedule A, Part III, line 17	0.00 %
19a	33 1/3% support test—2025. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	☐
19b	33 1/3% support test—2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	☐
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organizations supported organizations listed by name in the organizations 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 (b) and (c) below.	☐	☐
3b	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.	☐	☐
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	☐	☐

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	☐	☐
4b	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.	☐	☐
4c	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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	☐	☐
5b	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?	☐	☐
5c	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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	☐	☐
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	☐	☐
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	☐	☐
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	☐	☐
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	☐	☐
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	☐	☐
10b	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.)	☐	☐
11	Has the organization accepted a gift or contribution from any of the following persons?		
11a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	☐	☐
11b	A family member of a person described in (a) above?	☐	☐
11c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	☐	☐

Section B. Type I Supporting Organizations

1	Did the directors, trustees, or membership of one or 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	☐	☐
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	☐	☐

Section C. Type II Supporting Organizations

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).	☐	☐
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Section D. All Type III Supporting Organizations

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	☐	☐
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	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).	☐	☐
3	By reason of the relationship described in (2), 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 supported organizations played in this regard.	☐	☐

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
1a	The organization satisfied the Activities Test. Complete line 2 below.	☐	
1b	The organization is the parent of each of its supported organizations. Complete line 3 below.	☐	
1c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	☐	
2	Activities Test. Answer (a) and (b) below.		
2a	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.	☐	☐
2b	Did the activities described in (a) 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.	☐	☐
3	Parent of Supported Organizations. Answer (a) and (b) below.		
3a	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? Provide details in Part VI.	☐	☐
3b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	☐	☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Section A. Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	\$ 0	\$ 0
2	Recoveries of prior-year distributions	\$ 0	\$ 0
3	Other gross income (see instructions)	\$ 0	\$ 0
4	Add lines 1 through 3.	\$ 0	\$ 0
5	Depreciation and depletion	\$ 0	\$ 0
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)	\$ 0	\$ 0
7	Other expenses (see instructions)	\$ 0	\$ 0
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	\$ 0	\$ 0
Section 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):		
1a	Average monthly value of securities	\$ 0	\$ 0
1b	Average monthly cash balances	\$ 0	\$ 0
1c	Fair market value of other non-exempt-use assets	\$ 0	\$ 0
1d	Total (add lines 1a, 1b, and 1c)	\$ 0	\$ 0
1e	Discount claimed for blockage or other factors (explain in detail in Part VI):	\$ 0	\$ 0
2	Acquisition indebtedness applicable to non-exempt-use assets	\$ 0	\$ 0
3	Subtract line 2 from line 1d.	\$ 0	\$ 0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	\$ 0	\$ 0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	\$ 0	\$ 0
6	Multiply line 5 by .035.	\$ 0	\$ 0
7	Recoveries of prior-year distributions	\$ 0	\$ 0

8	Minimum Asset Amount (add line 7 to line 6)	\$	0	\$	0
Section C - Distributable Amount					Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	\$			0
2	Enter 85% of line 1.	\$			0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	\$			0
4	Enter greater of line 2 or line 3.	\$			0
5	Income tax imposed in prior year	\$			0
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	\$			0
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			☐	

Schedule B (Form 990 or 990-EZ) Department of Treasury Internal Revenue Service	Schedule of Contributors Attached to Form 990 or Form 990-EZ.	OMB No. 1545-0047
		2025
		Open To Public Inspection

Name of the organization: CANDY CARES INC	Employer identification number: 88-2387424
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Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 501(c)(3)(enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributors 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 or 990-EZ), 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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
-- none --			

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
-- none --			

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 information once. See instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-- none --			

Schedule O (Form 990 or 990-EZ) Department of Treasury Internal Revenue Service	Supplemental Information to Form 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attached to Form 990 or Form 990-EZ.	OMB No. 1545-1150
		2025
		Open To Public Inspection

Name of the organization:	Employer identification number:
CANDY CARES INC	88-2387424

Additional information, entered into Schedule O:

Part I, line 16:

Basic Needs Giveaways 6824 Bank Fees 1 Insurance Expense 1215 IT Expense 2000 Accounting Fees 5750 Legal Fees 85 Office Expense 1165 Supplies Expense Meals 5056 Supplies Expense Food Pantry 9031 Telephone Expense 688 Travel Expense 152 Meetings Expense 520 Training Expense 475

Part I, line 20:

Accum Depreciation -737

Part II, line 24:

Assets Furniture Fixtures 3068 Equipment 6668